New Year, New Challenges, New Look

by Rob Nixon, Communications Manager

The New Year is always a time for new directions, and you’ll notice some changes with this issue of Survival News. The publication itself has undergone a facelift, thanks to the great work of our Editor and publication designer Eric L. Watts. Check his column inside for more about that.

By the time you receive this issue (or very shortly after), we will also have a new web site, redesigned for better readability and more user-friendly navigation. In addition to each issue of Survival News posted online in PDF format (download the free Adobe Acrobat Reader at www.adobe.com/products/acrobat/readstep2.html), we will have more frequently updated pages on events, treatment information and more. We hope you’ll bookmark our site and make it your comprehensive online resource for important tools for living with HIV.

We also have a new logo, crafted by Grammy Award-winning designer Susan Archie and officially introduced at our 15th Anniversary Gala on Saturday, November 15 (more about that, too, in this issue, with some great photos of the event). This isn’t simply a matter of a design whim; rather, it signals a new era for AIDS Survival Project as we meet the challenges facing us today and in the future.

The face of AIDS has changed over the past 15 years from that of a disease affecting primarily gay, urban males to one that disproportionately impacts communities of color and people living in small towns and rural areas. And so our work must evolve to meet the constantly changing needs and realities of people living with and affected by HIV across Georgia. Our new logo reflects this forward-thinking, statewide focus. You’ve read much about our proud 15-year history over the past months; now it’s time to talk about the future ahead of us.

That future began this summer with the launch of the Positive Action Network, AIDS Survival Project’s statewide program designed to increase the voice of disenfranchised populations in the formation of public policy. Lack of adequate funding and effective healthcare resources—compounded by the South’s longstanding poverty, conservatism and racial disparity—have led to a widely recognized crisis in our region of the U.S. In an effort to combat this increasing health emergency, the Positive Action Network trains individuals throughout Georgia to become their own self-empowered advocates. They will provide health advisory councils, policy-making panels, review boards, health departments and elected officials with a clear perspective on the issues and challenges that make the HIV/AIDS and STD epidemic unique in Georgia and the South.

CONTINUED ON PAGE 9

ASP Recognized for Excellence

by Rob Nixon, Communications Manager

Every year since 1984, the Community Foundation for Greater Atlanta has awarded its Managing for Excellence Award “to encourage effective nonprofit excellence and to recognize nonprofit organizations that model managerial improvement and achievement.” The winner of the award receives a $15,000 unrestricted grant and finalists each get a $1,000 unrestricted grant. AIDS Survival Project is proud to have been one of the two finalists for the 2003 award (along with Project Open Hand).

This year, 27 organizations submitted applications. The selection process is highly competitive and fairly stringent. The extensive review process includes two rounds of written applications and submission of a number of documents detailing financial matters, board and staff qualifications, etc. Thanks to the impressive efforts of ASP Development Director Greg Carraway, the organization proceeded to the next round, narrowing the field to those groups the Foundation felt warranted a lengthy interview and site visit.

Through more than 50 years of work in the nonprofit arena, the Community Foundation has learned that the most successful organizations have in common an active board at the center of a clear governance system; financial strength created by successful resource development; operations guided by mission, strategic planning and regular evaluation; actions that respect the contributions of volunteers and employees from diverse backgrounds; and a commitment to excellence. The award review panel was impressed that the winner (Cool Girls, Inc.) and the two finalists began as grassroots efforts and have grown to demonstrate mature com-

CONTINUED ON PAGE 12
I'd love to hear what you think of the new look. not quite so text-heavy and a bit easier on the eyes. is still here—just in a cleaner, fresher package that's come to expect and look forward to issue after issue together, introducing the new logo at the an- and the agency logo was being revised to reflect ASP's 15th anniversary celebration were already under way ever since AIDS Survival Project was kind enough to giving it vampin' from top to bottom, and quickly made it his own, re- and web site addresses (generally speaking, any text that is blue and/or underlined), will now either open a preaddressed e-mail window in your browser or take you directly to that web site. I hope you find this new functionality helpful and convenient.

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Survival News

Hopefully by now, you’ll have noticed Survival News’ fresh new look, a facelift that has been in the works for several months, ever since AIDS Survival Project was kind enough to bring me on board as editor of this distinguished publication last May. Because plans for the agency’s 15th anniversary celebration were already under way and the logo was being revised to reflect ASP’s new statewide outreach, we decided to bundle all three together, introducing the new logo at the anniversary gala in November and the new newsletter design in the very next issue. All the content you’ve come to expect and look forward to issue after issue is still here—just in a cleaner, fresher package that’s not quite so text-heavy and a bit easier on the eyes. I’d love to hear what you think of the new look.

No redesign of a publication as well-respected as Survival News would be complete without at least a brief recap of the newsletter’s history to this point, acknowledging the several talented men who have made it what it is today. Although AIDS Survival Project was originally chartered in 1988 as the Atlanta chapter of the National Association of People with AIDS, the fledgling agency didn’t publish its own independent newsletter until two years later, in 1990. Joey Potter was the first editor of Atlanta NAPWA Notes, which was simply printed on regular copy paper and distributed. When the newsletter took on its magazine-style format, it adopted the name Atlanta NAPWA News. My friend, the late Mark Bigler, was the newsletter’s second editor in the very early ’90s, and Jamey Rousey, who is now Program Manager for the Atlanta AIDS Partnership Fund, served as the publication’s third editor.

My friend Joe Greenwood took over as the fourth editor in August 1993 after volunteering at Atlanta NAPWA for about a year, including doing some newsletter production work and writing a few articles for a column called “Let’s Talk About Sex.” Soon thereafter, in January 1994, Atlanta NAPWA changed its name to AIDS Survival Project, and after a couple issues as the rather long-winded AIDS Survival Project News, this publication settled down as simply Survival News. Joe grabbed the newsletter and quickly made it his own, revamping it from top to bottom, more pages, rearranging its format, adding graphics and photos and having it printed on a better stock of paper. More importantly, with the encouragement and blessings of ASP executive directors Mark King and Jeff Graham, Joe expanded the content of Survival News to include coverage of emerging treatment therapies and local advocacy issues, as well as opinion columns written by HIV-afflicted folks about deeply personal issues. There is no question whatsoever that under Joe’s editorship, Survival News achieved its reputation as the most reliable resource for HIV/AIDS information in the Southeast.

Survival News’ last major facelift was introduced in April 1998 (which, coincidentally, also coincided with the introduction of a new agency logo), a design which served the publication well for the last five and a half years. When Joe retired as editor after a remarkable seven-year tenure in 2001, longtime columnist Gerry Hoyt took over as the fifth editor and for the next two years, did a wonderful job of maintaining the high-quality, informative and educational standards that Joe had established.

Those are undoubtedly some pretty big shoes to fill, and I’d like to thank Joey, Mark, Jamey, Joe and Gerry for all their tremendous work over the last 13 years to make Survival News a publication for which I am now honored and privileged to serve as editor number six. My goals for this publication are, of course, to maintain its quality and reputation as the number one resource for HIV/AIDS information in the Southeast, as well as to make it more visually interesting and easier to read, to reinforce its titular identity, to include more voices from HIV-affected individuals and to increase its circulation. As this is my fourth issue, I hope I’ve already made some progress on those goals. I’d love to hear from you; let me know what you think in an e-mail.

In closing, a note to all our online readers who download Survival News in PDF format from the ASP web site: Survival News is “hot”! All e-mail and web site addresses (generally speaking, any text that is blue and/or underlined), will now either open a preaddressed e-mail window in your browser or take you directly to that web site. I hope you find this new functionality helpful and convenient.

Live Long & Prosper! ☺
To date, some 22 million people have died of AIDS with an additional 46 million people estimated to be living with HIV around the world. I remember the outrage felt by the community back in 1990 when the number of AIDS deaths reached 100,000 in the United States. As the global number continues to march towards 100 million, I find myself wondering if there is still any sense of urgency and outrage left in our country’s attitude towards HIV/AIDS.

The coming year promises to be a key year in the future of the fight against AIDS. Although signs indicate that the economy is beginning to grow again, there remain record numbers of unemployed, uninsured and homeless in our country. Three years of a flagging economy and national spending priorities focused on security and war rather than healthcare and research have already begun to erode the gains the AIDS community experienced throughout the 1990s. Many people who benefited from early access to protease inhibitors and combination therapy are now finding themselves anxiously waiting for new medications to be released as their options begin to dwindle. Many more find themselves on waiting lists for medications, medical appointments and support services. Perhaps most disturbing of all, HIV infection rates are beginning to climb at levels not seen for a decade.

This is the backdrop for the upcoming election cycle. It has been a long time since HIV could be considered a partisan political issue; everyone has an opinion on how best to fight infections and keep people healthy. This new reality exemplifies the power that can be enjoyed when a community of concerned citizens speaks with a united voice. However, not every proposal is a good one, and there remain some deep ideological divisions regarding how best to move the fight against AIDS into the future.

As someone who is intimately aware of the range of issues facing people living with HIV, your opinion must be heard and respected. Registering to vote, knowing the issues and effectively expressing your opinions are vital to regaining the momentum the AIDS community seems to have lost over the past few years. Make the New Year a time of recommitting yourself to the fight for your health, for the lives of people just like you from around the world, and for the memories of our loved ones whose earlier struggles and successes serve as an example for us all.

CONTINUED ON PAGE 24

**New Web Site Describes Model HIV/AIDS Policies for Presidential Candidates**

Dozens of the nation’s leading HIV/AIDS service, advocacy and research organizations launched a new web site, AIDSVote.org, for World AIDS Day to educate candidates and voters in the 2004 presidential election of the public policies needed to make progress against HIV/AIDS in the U.S. and around the globe.

“AIDSVote.org has two goals,” according to Michael Kink of New York’s Housing Works. “The first is to educate and inform presidential candidates about the concrete steps necessary to ensure our country is the world leader on HIV/AIDS and public health. The second goal is to educate and inform voters on the stands taken by the candidates on these crucial issues.”

The web site includes a model presidential platform on HIV/AIDS developed by the groups to assist presidential candidates in developing their own positions to address the AIDS pandemic in the U.S. and globally. The site invites organizations and individuals to endorse the model platform. In early January, the web site will include responses from all declared candidates to an AIDSVote.org questionnaire on HIV/AIDS issues. Candidate responses will be posted in their entirety as a service to interested voters.

“Our next president must accept the awesome and solemn responsibility to lead the world to end the AIDS pandemic,” says Julie Davids of the Community HIV/AIDS Mobilization for Power (CHAMP). “Our next president must insist that all people living with HIV receive immediate and high-quality treatment. Our next president must assure that all who are at risk of contracting HIV are provided the best, scientifically proven tools to protect themselves from and educate themselves about HIV infection, regardless of whether they live in South Africa or South Carolina, the South Bronx or South Asia.”

“AIDSVote.org is an effort to ensure that AIDS issues figure prominently in the public debate surrounding the 2004 presidential election,” says David Munar of the AIDS Foundation of Chicago. “With the unabated spread of HIV around the world, fighting AIDS is an issue of national security, economy prosperity and public health. Presidential candidates need to articulate their plans to fight the pandemic.”

Visit AIDSVote.org now to see what dozens of our leading HIV/AIDS organizations demand of our next president and to endorse our platform,” according to Paul Feldman of the National Association of People with AIDS. “Come back to AIDSVote.org in a few weeks to see how presidential candidates respond to questionnaires which will demonstrate the extent of their knowledge of and commitment to ending the AIDS pandemic. AIDSVote.org also provides an easy link for those who need to register to vote online.”

“We’re uniting all regions of the country and domestic and global AIDS activism with this effort, and that’s a powerful thing,” said Amanda Diers Schall of The AIDS Institute (founded as Florida AIDS Action).

Organizations involved in creating AIDSVote.org include AIDS Foundation of Chicago; The AIDS Institute (founded as Florida AIDS Action); Community HIV/AIDS Mobilization for Power (CHAMP); Health GAP; Housing Works, New York; Gay Men’s Health Crisis (GMHC), New York City; the National Association of People with AIDS (NAPWA); Project Inform; and Stop AIDS Project San Francisco. Organizers expect the list of organizational and individual endorsers to grow as more people learn about the web site.

AIDS Survival Project is a proud endorser of the AIDSVote.org sample platform.
Dateline: ASP

A Night to Remember

This is the most incredible event AIDS Survival Project has ever done!” That was the sentiment expressed by many of the more than 200 people who attended our 15th Anniversary Gala on Saturday, November 15.

Yes, it really was us at downtown Atlanta’s elegant Commerce Club—a grassroots effort begun in the late ‘80s by a handful of concerned, passionate people living with AIDS that has become Georgia’s first AIDS service organization with a statewide reach. The event brought out local, regional, national and international AIDS advocates and community organizers; leaders in the fields of politics, business and research; and many of the individuals whose hard work and vision made AIDS Survival Project what it is today. As Edina Monsoon of Absolutely Fabulous would say, “Names, names, names, sweetie!” But beyond all the fun and glamour of the night, there was a common bond shared by everyone—a commitment to the long struggle in the AIDS fight and a celebration of this organization’s accomplishments and leadership.

First, there was time for mingling, dining, silent auction bidding, enjoying the entertainment by jazz singer Janet Metzger and her Trio, and looking over the beautiful commemorative program designed by Potosy Duncan. Then the evening’s commemorative presentation was kicked off by Executive Director Jeff Graham’s welcome and overview of ASP’s founding and history, followed by warm words of congratulations from Atlanta Mayor Shirley Franklin.

Awards crafted by Frabel Studios were presented to three individuals who have contributed vital support and vision to the AIDS Survival Project. Dr. Lawrence & Mrs. Carol Cooper, John Scott, executive director of the Elton John AIDS Foundation, honored Sandra Thurman, president of the International AIDS Trust (IAT) and author of the book, “AIDS and Women.” Assistant Director of ASP, Eileen Roche, presented to the late Ms. Thurman, a strong advocate for women living with HIV/AIDS and AIDS survivors nationwide.

AIDS Community Elder Award went to the late Carol Cooper, the University of Alabama professor and researcher who established and runs the 1917 AIDS Outpatient Clinic in Birmingham, Alabama. Finally, Kathleen Brockel, ASP’s first full-time executive director, presented an award to longtime supporter of ASP Jamey Rousey, Program Manager of the Atlanta AIDS Partnership Fund.

“At the time of AIDS Survival Project’s founding, I had never heard the word ‘empowerment,’ but when we crafted the mission, I knew I was in the right place and with the right people to do the work I chose, making my life and the lives of others with HIV better,” Rousey said, accepting his honor and expressing his hope that history will remember “those who created agencies like ASP and the foundation on which we still build, people like John Kappers, Dave Willis, David Wagner, Kurt Rahn and so many others.”

Gala guests also heard from George Burgess, who first came to the organization seven years ago for help and support, stayed on as one of the many valuable volunteers who are the backbone of our work and now serves on the staff as Treatment Education Assistant.

“They embraced me and loved me and taught me I could hold my head up and live positively,” Burgess said. “As we approach World AIDS Day, let’s lift our voices and say, ‘This still matters.’”

“We continue to support AIDS Survival Project because we experienced from the inside out the effect this agency has on the lives of people with HIV,” Board Vice President Susan Cornutt remarked on behalf of herself and Board President Eddie Young.

“As two HIV+ individuals whose lives have been improved by this agency, our heartfelt personal gratitude,” Young added.

It was a night everyone will long remember. But more important, it was an occasion for everyone to reenergize and recommit to this fight and to the important work of AIDS Survival Project.

CONTINUED ON PAGE 13
Happy 2004! To celebrate the New Year, I would like to recognize with appreciation all our volunteers for their help with all of last year’s activities. It was a busy year with all of the agency programs and events that we host and participate in and then, as if that wasn’t enough, we added in the move to a new building. Thanks to each and every one of you who helped out with all of the programs, events, trainings and the move. You are a wonderful group of volunteers and should celebrate the wonderful accomplishments we make each year because of your help.

Quarterly Volunteer Appreciation events

We all want to continue thanking you on a regular basis throughout the year, so we’ll be having quarterly Volunteer Appreciation events in 2004. In April, we will have what is becoming an annual tradition: our Volunteer Appreciation Bowling Party. In the summer, we will have either a picnic or pool party, and in the fall, we will have a volunteer/staff Halloween Bash, concluding the year, as usual, with the annual Holiday Party. Keep watching this column throughout the year for more details on these upcoming events.

What’s going on with volunteers, members and staff

• Joan Campitelli was named as AID Atlanta’s Volunteer of the week for the first week of December 2003. Congratulations, Joan, and keep up the good work!
• Teresa Nelson was recently elected to the East Point City Council. Way to go, Teresa!
• Congratulations to Mohammed A-R. and Bryant R. on completing their first semester after returning to college!
• Sarah Biel-Cunningham, our THRIVE! Weekend program manager, moved in to a new house in December. Congratulations, Sarah! Hope you’re all settled in now!
• Congratulations to Greg Smith for his cover story on the Positive Action Network in AGU Magazine!
• Kudos to George Burgess for being invited to speak at his daughter’s school for World AIDS Day!
• A big thank you to:
  • Susan Cornutt and Demetrice for speaking at the Emory University World AIDS Day vigil
  • Richard Anderson for his World AIDS Day interview on WGCL-TV Channel 46
  • Joe Greenwood for speaking with Commissioner Emma Darnell on Fulton County Television
  • All ASP staff and volunteers who worked very hard on World AIDS Day

Volunteer birthdays

Congratulations to volunteers and staff members who will be celebrating birthdays in January and February:

Sarah Biel-Cunningham  Tim B.
Aba Essuon (MSW intern)  Zachary B.
Lisa B.  Ken D.
Jim S.  Marcus F.
Lloyd P.  Michaela N.
Pam H.  Michael R.
Richard A.  Bob R.
Amanda M.  Terry R.
Bertha D.  Michael S.

Save the date(s)!

To help keep you educated and up-to-the-minute on the latest issues in the HIV world, here’s a list of upcoming ASP-sponsored educational opportunities to put on your calendar. At press time, most of these events were still in the planning stages, so call us at (404) 874-7926 for more information or to register. All events will be held in the Bruce Almond Community Room at 139 Ralph McGill Boulevard unless otherwise indicated.

THRIVE! Weekend—On Saturday and Sunday, January 24 and 25, the first THRIVE! Weekend of 2004 will be held. Please call us and sign up to attend or to volunteer. If you can’t make the January THRIVE!, they are held every other month. The next couple of dates are March 27-28 and May 15-16.

Healthy Choices = Healthy Lives—On Friday, January 30, the next Healthy Choices will be held. At press time, the speaker was unconfirmed, but it looks like the seminar will be in a brown bag format. Another Healthy Choices seminar is planned for Friday, February 27.

Third Thursday—On January 15, ASP’s Advocacy and Outreach programs will begin holding Third Thursday trainings, our newest education program. These monthly programs will cover topics of interest to those infected and affected by HIV/AIDS. Next month’s Third Thursday training will be held on February 19.

Martin Luther King, Jr. Day March

Come join the AIDS Survival Project team on Monday, January 19, as we march in the Annual MLK, Jr. March. This is always a time to help raise awareness of HIV/AIDS in Georgia, so please come join us. In past years, we have lined up at the corner of Peachtree and Ellis beside the Ritz Carlton at about 1:00 p.m. Please call for more definite information as the march approaches.

ASP Advocacy Day and Training

We will be sponsoring an Advocacy Day and Training session on Sunday and Monday, February 8 and 9, in Atlanta. Since there is at least one documented case of AIDS in every district, we need widespread representation from around the state. So, we would like to invite you to join us for these two days. We will be sponsoring a training session on ADAP issues and how to speak with your legislators on Sunday, February 8. On Monday, February 9, we will be visiting the State Capitol to speak with our lawmakers on this issue. Individuals who plan to attend the Advocacy Day on Monday must attend the Advocacy Training on Sunday. If you are interested in participating, please call Greg Smith at the AIDS Survival Project offices for more information.

Counseling Skills-Building Training

Interested in learning the basics of Peer Counseling? Come to the Counseling Skills Building Training on Saturday, February 21, from 9:00 a.m. to 4:00 p.m. For more information or to register, please call the ASP offices.

Finally, come by the office and say “hi” any time you get a chance! We’d love to see a member of our family and check in on how you’ve been. I hope you all had a great holiday season and are having a wonderful new year!

If you have exciting things going on in your life that you’d like us to know about, or if you know what’s going on in the lives of any ASP volunteers or members and know they would like to be mentioned in this column, please call Jeff Smith at (404) 874-7926 ext. 20 or e-mail him at JSmith@aidssurvivalproject.org.
HIV Naming Reporting Begins in Georgia

Beginning December 31, 2003, the State of Georgia will implement HIV names reporting. As a follow-up to a town hall meeting organized by AIDS Survival Project in August 2003, we have asked Dr. Luke Shouse, Department of Human Resources HIV/AIDS Surveillance Unit, to respond to questions commonly asked peer counselors about names reporting.

What is HIV naming reporting?

HIV naming reporting is a system of collecting information about the HIV epidemic. The Georgia Department of Human Resources Division of Public Health will begin collecting information such as age, gender, race, ethnicity, county of residence and transmission risks of persons diagnosed with HIV. This information will be utilized to understand the epidemic in Georgia and to aid in planning for HIV prevention and care activities such as HIV testing, prevention programs and Ryan White clinics. The information collected is also required to apply for federal funding like the Ryan White Title II grant. For a name-based system, the information is collected using a person’s name as the identifier. An identifier is necessary to ensure each report is unique and not a duplicate report so the count of infected people is more accurate.

Isn’t Georgia already doing this?

A 1988 law made HIV reportable, but without identifiers. Providers are required to report to the Division of Public Health the age, sex, race and county of residence of persons confirmed to be HIV+. Because these reports lack identifiers, they are unable to be de-duplicated, rendering them useless for many of public health’s needs. The reporting change will require reports to include identifying information.

Why is Georgia going to start doing this now?

Although Georgia has been reporting cases of AIDS by name for many years, Georgia is the last state in the nation to implement identified HIV reporting. With improved treatments, people with HIV are not progressing to AIDS and are not being included in our data of individuals with HIV/AIDS. This means the information collected does not represent the entire HIV epidemic, but only those who are the sickest or who have longstanding infections. The Division of Public Health needs data that represents the entire epidemic if we are to have targeted, effective prevention programs. It means many people with HIV are not represented in our requests for financial assistance to provide prevention and care services, but are still utilizing the services. As a result, Georgia’s HIV Prevention and Care program struggles to provide state-of-the-art services on a shoestring budget.

What kind of protection of confidentiality exists?

The data collected on individuals with HIV is protected by very strict security and confidentiality guidelines. There are physical, process and virtual protections to ensure the data are secure. In twenty years of collecting AIDS data by name, the Division of Public Health has not had a single breach. The data is collected and stored at the State Public Health office. The HIV Epidemiology office is behind locked doors to which only HIV Epidemiology staff has access. The entire staff has signed security agreements and is subject to criminal prosecution for any intentional breach. We do not share the identifying information we collect with any other individuals or organizations such as insurance companies, landlords or even physicians. Simply put: once reported to our office, your name would never leave.

The one exception is when the Division of Public Health de-duplicates our list with other states. For de-duplication purposes, we may have to verify if a particular individual has already been reported in Georgia so that national statistics are correct. In these situations, patient identifiers are only shared between HIV/AIDS surveillance staff in the two states and only following a verification process to identify the individual as appropriate surveillance staff of that state.

Why can’t we have unique identifiers like some other states?

The Centers for Disease Control and Prevention (CDC) evaluated unique identifier-based surveillance systems that did not include patient names and found several problems with such systems, including incomplete reporting, missing critical information, difficulty following up on specific cases and absence of behavioral risk data. Additionally, unique identifier-based systems are more cumbersome for private medical providers and have served as a barrier to reporting in some areas with unique identifier systems. Finally, Georgia utilizes names on all reports for all notifiable disease reporting, including AIDS. For these reasons and more, unique identifier systems provide less reliable and complete data for public health.

How can this be legal? Aren’t people’s medical records private? What about HIPPA?

HIV disease reporting is not new or unique and is authorized by law. States have the legal authority to establish which diseases will be reportable and how reporting should be done. In Georgia, there are more than sixty diseases or conditions reportable, including syphilis, meningitis, anthrax, influenza, smallpox, Hepatitis A, B, & C, West Nile virus and E. coli. All are reportable using the name of the individual with the disease. Information collected about individuals with these diseases is the basis for the Division of Public Health activities that seek to protect the public from these diseases. Recent examples include the anthrax terrorism, the Hepatitis A outbreak associated with green onions and the more virulent strain of influenza circulating this year.

Medical records are private. However, for purposes of notifiable disease reporting, your provider is required by law to share the information with the Division of Public Health. The Division of Public Health only requires the reporting of information that is absolutely necessary for disease surveillance and takes great precaution to protect the confidentiality of individuals. Additionally, laws protect the information collected by the Division of Public Health, ensuring the information’s security and confidentiality.

The Health Insurance Portability and Accountability Act (HIPAA) is federal legislation intended to protect an individual’s medical information. However, the legislation specifically states that the HIPAA Privacy Rule does not prohibit notifiable disease reporting.

Are people who go to a private doctor included in the reporting process?

Yes. Public health infectious disease reporting only works to provide accurate information on the entire epidemic if all providers offering HIV testing and care are included in the system.

Will people still be able to get an anonymous HIV test?

Yes! The Division of Public Health is committed to supporting anonymous testing throughout Georgia. Anyone should be able to request an anonymous HIV test at any public health facility offering

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The “down low” phenomenon is nothing new. As far back as the 1950s, there have been documented instances of secret societies where men could socialize and engage in sexual relations with other men without jeopardizing their public lives. In the past few years, attention to “down low” behavior has taken on new life, due in part to rising HIV infection rates in heterosexual African-American women. Since 2001, a lot of attention has been paid to black men who are having sex with men, but who do not self-identify as gay. Many of these men also have girlfriends or wives and do not use condoms while having sex. As a result of a cover story in The New York Times Magazine a few months ago, people are once again talking about the “down low” and more important, what can be done in an effort to understand this behavior and eliminate the rising statistics in the African-American community.

Last month, a collaboration was initiated between AIDS Survival Project’s Outreach and Advocacy programs to present forum discussions on timely topics. The program, to be known as “Third Thursdays,” will present issues that are important, particularly in communities of color. The aim is to begin to move towards developing outreach and prevention methods, as well as strategies that address specific concerns. Our first forum, entitled “Low Down on the Down Low,” presented a panel discussion. The panel included a woman living with HIV; a behavioral specialist who could speak to the rising statistics of heterosexual transmission of HIV, especially among African-American women; and two African-American men who self-identify as living a “down low” lifestyle.

The forum was well-received by an audience of almost 40 persons. Our target audience was representatives from various community service organizations. Many recommendations for providing effective services to this population were received. Regarding strategies, there was consensus that there needs to be a shift towards being less judgmental, utilizing harm reduction models, implementing behavior change, teaching responsibility and identifying when and why the phenomenon began. In terms of providing outreach, emphasis was placed on involving the church and reaching out to parents, as well as identifying the possibilities of women on the “down low.” Several interventions were also discussed, including youth education, socioeconomic empowerment, media presence and awareness, addressing homophobia and destigmatizing HIV testing.

Among the organizations represented at the forum were the National AIDS Education & Services for Minorities, Inc. Founded in 1990 by Rudolph H. Carns, NAESM runs prevention programs targeted to African-American men who have sex with men (MSM) in the metro Atlanta area. The mission of the organization is to educate communities of color (primarily African-Americans) on the facts concerning HIV/AIDS and making healthcare and social services available to people of color with early or advanced stages of HIV/AIDS, regardless of their sexual orientation. The programs and services offered include prevention/risk reduction workshops, community outreach, HIV testing, counseling and referrals, client advocacy, substance abuse counseling, emergency financial assistance, food pantry/grocery vouchers, nutritional information, clothing closet, MARTA tokens and long term/transitional housing. NAESM is located at 2001 Martin Luther King, Jr. Drive, Suite 602; Atlanta GA 30310. For further information, contact them at (404) 753-2900 or visit their web site at www.naesmonline.org.

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HIV tests. Private physicians may offer anonymous tests, as well as local community-based organizations in your area, such as AID Atlanta.

Will there be a list of names available to people like insurers, hospitals, jails, employers?

Absolutely not! The identity of persons with HIV or AIDS collected by the Division of Public Health is never shared with anyone outside the HIV/AIDS Epidemiology office. The names are never shared with insurance companies, Medicare, Medicaid, hospitals, physicians, jails, employers, family members or landlords. In certain circumstances, the law requires the Division of Public Health to notify an individual of another’s HIV+ status. For example, the Division of Public Health is required by law to notify a spouse of their spouse’s HIV status when the HIV+ spouse refuses to disclose their status to the spouse. The Division of Public Health is also required by law to notify a victim of a sexual crime if the sex offender tests positive for HIV.

Who can people contact if they have more questions about this?

Questions can be emailed to Luke Shouse, M.D., M.P.H., HIV Epidemiology Director at rlshouse@dhr.state.ga.us.

Will this apply to people who tested positive before Dec. 31, 2003?

Providers are not required to report individuals tested before December 31, 2003, but are allowed to do so if they choose. However, the HIV Epidemiology office will receive all laboratory reports indicative of HIV infection, such as CD4 lymphocyte tests and viral load tests. These reports will be followed up with the provider that ordered the tests. This follow-up will most often lead to a report, meaning many individuals living with HIV before December 31, 2003, will eventually be reported.

Does a person living with HIV have a way to find out if their name has been reported?

No. The Division of Public Health does not release information regarding who is in the HIV/AIDS database to anyone—even to an individual who is on the list. This operating procedure is to protect the privacy of individuals with HIV who may be in our database. If an individual is HIV+, they should assume they have been reported.
In the early 1980s, when AIDS began to descend upon our community, fear was everywhere. Innocent people were dying and modern day medicine failed at saving lives. The medical community began working to improve what was available in the way of medicines to help those who were fighting this disease. It was known from the start that a cure may not be found right away, but researchers were driven by the fact that therapies could be discovered to restore health and slow the disease process. With these newly discovered experimental treatments came opportunities for individuals to partake in clinical trials to help test the validity of the newly developed drug therapies. A lifeline was born, and for the first time there was hope through access to new therapies not widely available. Lives were saved and the success of the clinical trials benefited the community through the approval of the first drug therapy in 1987, AZT. Clinical trials played an important role in the history of AIDS, but it is even more crucial to understand that clinical trials are just as important to this fight as they were 20 years ago. It is through clinical trials that individuals receive access to options, ultimately influencing the direction of drug therapies for the greater community. Ironically, many people are still unsure what clinical trials are and how one can participate in clinical trials. This is a brief overview of clinical trials and how to decide if participating in one is right for you.

What is a clinical trial?

AIDS clinical trials are research studies in which new therapies for HIV/AIDS are tested in humans. Before new drug therapies can become available to the community to treat HIV, they must be proven both safe and effective. Clinical trials are designed to test these therapies on humans in order to provide results to the Food and Drug Administration (FDA) for approval. However, the first step is not to test in humans. New therapies are subjected to laboratory tests and tests that involve animals. If the results from these tests are good, the drug treatment is then moved into a clinical trial to be put through more testing involving human beings. Clinical trials are divided into three steps or phases. The first phase determines the treatments’ safety, which is assessed by using a small group of people. Phase two tests if the treatment works. Phase three assesses the long-term results of the treatment in humans.

Clinical trials are carefully governed medical processes based on rules and guidelines known as a protocol. The protocol describes what types of patients may participate in the clinical trial, schedules of tests and procedures, drugs and dosages, and the length of the study. The protocol describes exactly how the trial will be carried out. Participants in a clinical trial must agree to be treated by the terms of the protocol. This is part of the informed consent of the clinical trial, which is a tool developed to protect the participant within the clinical trial. By law, the researchers must provide you with a full written description of the clinical trial to read and sign before you agree to participate in the clinical trial. It is important to review all the information given to you and understand exactly what you are agreeing to within the clinical trial.

Who is eligible for participation?

The protocol defines the rules for participation in a clinical trial and each trial is unique in the requirements for participation. Some trials are specifically designed with one gender in mind, others sometimes require your CD4 or viral load count to be at a certain level, and still others are geared towards people who are currently not on any drug therapies. There are many different opportunities available and if you are interested in participating in a clinical trial, talk with your physician to find out what is available for you.

What are the benefits of participating?

• Access to new treatments before they are available to the public
• Access to medical care which monitors your health very carefully
• The possibility of receiving some or all of your medications free of charge
• Helping the community by contributing information about new treatments

Are there risks to being involved in clinical trials?

• The experimental drugs you have access to may not be effective.
• During clinical trials, new treatments are often compared to already existing treatments or non-existent treatments, also known as a placebo. Participants do not have the option to choose which part of the clinical trials they participate in nor do they know whether they are receiving the new treatment or the placebo. Therefore, access to the new treatments is not guaranteed by the researcher.
• You may be required to stop taking your already existing drug therapies that may be currently effective for you.
• The new treatments may have unanticipated side effects.
• The clinical trial you are participating in may require a lot of your time and frequent visits to the study site.

Should I participate in a clinical trial?

Clinical trials definitely have the potential to not only benefit you, but also provide information to help the greater community. However, it is important to recognize potential risks associated with clinical trials. If you are considering participation in a clinical trial, you and your physician should discuss whether this is the best decision for your health. Here is a list of questions to consider when making your decision:

• What is the purpose of the study?
• What other treatment options are available to me?
• Who will pay for the costs of the study?
• How often will I have to go to the clinic?
• What are the drug side effects?
• What was learned in previous studies of this particular treatment?
• Will I need to stop any drugs or other treatments I am in the process of using?
• Can I be reimbursed for travel?
• Where is the location of the clinic?
• Is childcare available?
• Will I be hospitalized for the trial?
• Will I be able to stay on the study treatment after the trial is over?
• How is my confidentiality protected?
• Am I committed to staying with the clinical trial until it is complete?

How to find information on clinical trials?

The following resources are available to you:

National
AIDSinfo . www.AIDSinfo.nih.gov . 1-800-448-0440
AIDS Treatment Information Service ......................................................... 1-800-874-2572

Metro Atlanta
AIDS Survival Project ......................... (404) 874-7926
AIDS Research Consortium of Atlanta (ARCA) ................................. (404) 876-2317
Emory Clinical AIDS Research .... (404) 616-6533

Author’s Note: The goal of this article is to provide a general overview of clinical trials and give resources to help you locate information about opportunities available. However, ultimately I would like to convey to all readers a sense of understanding of the importance of clinical trials and how crucial they are in the fight against AIDS, for without the hope provided through new developments, one could not even begin to imagine where we would be today. ❯
Some days I wish I could win the lottery and set up an endowment big enough to generate a million dollars a year in dividends to cover ASP’s budget. I’d have plenty left over to make up for putting myself out of a job, of course, not to mention the peace of mind that would come from knowing I’d spared at least one poor soul out there the torment of wondering how to keep the doors open. This scenario is highly unlikely to unfold. For one thing, I don’t play the lottery, but even if I did, such a wish would entirely miss the mark.

Why? Because no community-based organization (CBO) is an island, regardless of its focus. Thousands of individuals have gathered over the past 16 years to create the AIDS Survival Project we know and love. It is only reasonable and right that thousands of donors should contribute to the financial support of volunteers and staff as they provide life-saving, life-changing, life-affirming services to people living with HIV and AIDS. On behalf of us all—volunteers, board and staff—I want to start 2004 by thanking every one of you.

Thank you to the Healthcare Georgia Foundation, without whose support we would have been unable to launch the Positive Action Network. To the Atlanta AIDS Partnership Fund, for its commitment to our HIV Advocacy Program. To the BroadView Foundation and Broadway Cares, for their support of THRIVE! Weekend. To our friends and colleagues at Bristol-Myers Squibb, Abbott Laboratories, GlaxoSmithKline, Roche Pharmaceuticals, Pfizer/Agouron Pharmaceuticals, Boehringer Ingelheim and Serono, for supporting our treatment advocacy and education.

Thank each and every one of you. Your taxes and voices of support funded the Ryan White Title I CARE Act, without which the Treatment Resource Center, Peer Counseling and Community Outreach programs would have been severely curtailed or disbanded. If you live in Fulton County, your taxes and support funded Fulton County Human Services, without which THRIVE! Weekend would have been rendered a shadow of its former self.

Thank you for joining our AIDS Walk team and raising almost $10,000—with a very special congratulations to our top three team fundraisers: Susan Ullman, Joan Campitelli and Jeff Graham. For swatting tennis balls at the Atlanta Team Tennis Association’s “The Peach” tournament. For bidding on artist-decorated plates at the Art of Dining, donating the proceeds from your tickets to see Hedwig, and coming out to skate in Stone Mountain for the All American Skating Center’s first-ever AIDS charity event. Thank you for sending in your check for $10, $25, $500 in response to our seasonal donor appeals, giving to ASP at your workplace through Georgia Shares, using your Kroger Community Commitment card, and the countless other ways in which you remembered the importance and value of supporting the work we do.

A special thank you goes out to those who joined our LiveWell Fund family. You would not be holding Survival News in your hands—to note one among many examples—if not for the generous support of these special donors.

Finally, a thousand thank you’s to the many sponsors and attendees of the 15th Anniversary Gala (see Rob Nixon’s article on that fabulous event on page 4).
In November of 2003, AIDS Survival Project hosted our final two Treatment Forums of the year. The first, held on November 12, covered the new fusion inhibitor, Enfuvirtide, also known as Fuzeon. The following week, we hosted a forum on smoking cessation. Gerry Hoyt will review this Launch & Learn in this issue of Survival News. I will report on Fuzeon. I will also take this opportunity to remind our readers that as with all the programs presented by ASP, our Treatment Forums remain free to the public.

Roche sponsored this forum, which was coordinated through the Treatment Education Program. When planning this event with David Nathison, with whom we have coordinated treatment education forums in the past, he was excited to add this additional forum to our roster. He had said that having done similar patient panel discussions in other metropolitan areas, the response was very positive. He wanted to add this additional forum to make sure Atlanta was included in this very casual yet informative exchange of the advantages and disadvantages of this new drug. Fuzeon holds promise for the HIV+ person who has taken (and has had fail) other anti-HIV drugs in the past. Because Fuzeon targets HIV differently than currently available drugs, chances are that most people living with the virus—regardless of the medications they have taken in the past—will likely benefit from using Fuzeon.

Depending on whether you count new formulations of existing drugs, there are now between twenty and twenty-four anti-HIV drugs in the U.S., including Fuzeon (T-20). Fuzeon represents a new class of drug known as entry or fusion inhibitors. When it was FDA-approved in March 2003, it came with two major obstacles. T-20 had to be injected subcutaneously twice daily, and it has a retail price of $25,000 a year—nearly three times that of any existing drug.

The panelists were Steve Hightower, who is currently taking T-20 and a long-time patient at Pride Medical in Atlanta, Georgia; Dr. Jean Robinson, pharmacist and patient educator; and a Roche representative, who introduced the drug with a brief overview and who was there to answer technical questions. The following were the most asked questions.

Why is Fuzeon so expensive?

The Roche representative replied, “Fuzeon is the most difficult antiretroviral to make, requiring over 100 steps for each batch, thus requiring us to charge a higher price than other drugs on the market.”

Does the AIDS Drug Assistance Program (ADAP) cover Fuzeon?

No. On the web page www.HIVandHepatitis.com, eleven out of the fifty-six states and territories cover Fuzeon, while eight others plan to in the near future (early 2004). Georgia is discussing adding it to their formulary, but no immediate plans are confirmed at this time to include Fuzeon. For patient support, visit www.fuzeon.com or call (886) 487-8591. Should this situation change, Survival News will keep you informed.

How does Fuzeon work?

Fuzeon binds itself to a protein on HIV’s surface, called gp41. Once it does this, HIV cannot successfully bind with the surface of T-cells, preventing the virus from infecting healthy cells.

Can it be taken alone?

• Fuzeon must be used in combination with other anti-HIV drugs. If taken alone, resistance can develop quickly.
• Monotherapy is not recommended under the current standard of care.
• Fuzeon has not yet been approved by the FDA for HIV+ people who are new to treatment.

Does Fuzeon come in a pill form, and why does it need to be injected?

• One of the biggest challenges or obstacles with T-20 is that stomach acid breaks it down, so it can’t be taken in pill form. Because of its fragile structure (it’s a peptide), Fuzeon cannot be taken by mouth.
• It requires two shots (subcutaneous injections) a day, one in the morning and another 12 hours later at night.
• For people in recovery or who have a history of IV drug use, this can be an issue. Using a syringe regularly can possibly trigger their disease of addiction.

How is Fuzeon prepared?

• The drug comes as a powder that must be mixed with sterile water. It can take up to 15 to 45 minutes to dissolve correctly. The dose must not be shaken once mixed; however, two doses can be made at once if the second one is refrigerated.
• Mixing and injecting Fuzeon can be a difficult and time-consuming process and must be done correctly in order for the drug to be effective. Steve suggested mixing it in a warm room. He said, “the drug mixes easier and faster at room temperature.”

What about side effects, and do the injections hurt?

• One of the biggest side effects brought up in the session was injection-site reactions (ISR). Almost all people using Fuzeon get ISR. The reactions usually happen within the first week of treatment; one injection site can be irritated for up to seven days. You can experience pain if the injection is given deeper in the muscle than it should be.
• Fuzeon should be given as a subcutaneous (under the skin) injection and should not be injected repeatedly in the same site. Steve suggested “changing different sides of the body, going left to right on a weekly basis.” He went on to explain, “I can’t stress enough the importance of massaging the site after the injection.” He then went on to remind us to never inject into moles, scar tissue, bruises or the navel. Other ISRs include itching, swelling, redness, tenderness, hardened skin and bumps (nodules).
• Fuzeon can cause serious allergic reactions, including trouble breathing, blood in your urine, fever with vomiting, skin rash and swelling of the feet.
• Patients are more likely to get bacterial pneumonia while using Fuzeon if they have had a low number of CD4 cells, an increased amount of HIV in the blood, intravenous drug use (IDU), smoking or lung disease in the past. It is unclear if Fuzeon plays a part.

Our thanks to Steve for his willingness to speak plainly about his experience with Fuzeon and to Jean, who also volunteers with THRIVE/Weekend.

The Treatment Resource Center (TRC) at ASP features a complete binder on Fuzeon, which includes information on drug interactions, when and who should consider taking it and injection tips. For Fuzeon’s patient support, visit www.fuzeon.com or call toll-free 1-877-438-9366. I encourage you to give us a call at (404) 874-7926 or come visit us in the TRC for more information on Fuzeon, as well as the latest information on other treatments. Of course, if you can’t visit, we will mail any information you need.

Watch for our upcoming Treatment Forums in Survival News. As I reflect on 2003, a thought comes to mind: The Good, the Bad and the Ugly.

• The Good: Four drugs were FDA-approved in the year 2003
• The Bad: The challenges of ADAP nationwide
• The Ugly: It is estimated that ADAP will suffer from possible shortfalls in the fiscal year 2004

As always, keep safe! .calls you
Last April, I met with my predecessor, Dan Dunable, to review the upcoming forums for 2003. As we came to the end of the list and much to my chagrin, I saw Smoking Cessation was scheduled for November 20—The Great American Smoke-Out. Laughingly, I accused Dan of sticking this last forum on the calendar so I would have to face my own addiction to tobacco. Whether he even thought of this is immaterial, because in the planning of this Lunch & Learn, I did begin to take a serious look at why I continued to consume a product that brought me no pleasure anymore.

I would like to tell you that I just “bucked up” and quit “cold turkey,” but that would be a big lie, and we will talk more about what helped me quit later. In the planning of this forum, I had several conversations with our speaker, Cheryl N. Page, who is the Program Manager for the Fulton County Department of Health and Wellness Tobacco Use Prevention Program. During these planning talks, I told her that we did not want to do the horror show of slides of cadavers’ lungs blackened from decades of cigarette smoking that I remembered from high school health class. In fact, we promoted this as a “guilt-free” forum, presenting options for those considering quitting smoking. As a confirmed consumer of one of the poisonous products manufactured and marketed by the nation’s most insidious industries, I knew no one would attend a gathering where guilt is served up with lunch.

Ms. Page did an outstanding job explaining how the tobacco industry targets teens now that most adults know better than to begin smoking. They have to maintain their market and are reaching out to an audience whose youth and need for acceptance clouds their choices (no pun intended). She asked the eighteen attendees at our forum to tell why they began smoking. I shared that I remember how cool I thought I looked at 15 smoking my first cigarette, and pretty when some unwanted advances were made by a less-than-attractive suitor. Nothing will make someone leave you alone more than a direct hit of exhaled smoke right in their face.

But things are different today. I don’t pretend to be young and pretty, and I am living with HIV and had a cardiac “incident” about three years ago. Additionally, my physician casually mentioned to me last August that my latest chest x-ray indicated the early stages of emphysema. All of these factors were neatly filed away in my memory until I had the opportunity to look at why I smoked. I suppose that is a polite way of expressing how I came out of denial.

I was determined that when Ms. Page began her presentation, I would not have had a cigarette for at least 24 hours. Fortunately, about three weeks earlier, my physician added Wellbutrin XL to my daily regimen to treat depression, which was presenting in spite of 100 mg of Zoloft. My previous experience with Wellbutrin was horrible, with panic attacks and mood swings. However, in combination with Zoloft, I found I was less depressed and I had the added benefit of a tool that might help me quit smoking. Following the directions for Zyban, GlaxoSmithKline’s repackaging of Wellbutrin as a medication to help you stop smoking, I waited a couple of weeks and set a quit date. This allowed me to psychologically prepare for a behavioral change, as well as allowing enough of the medication to build up in my system to effect this change. What I found was that as my quit date approached, I had already cut back to less than ½ pack per day and the cigarettes had begun to taste bad. Apparently, Wellbutrin interacts with a receptor in the brain that is connected with the pleasure derived from nicotine ingestion. The PDR says that it is not known exactly how this drug works with smoking cessation. For me, that is not an issue. I have found that as I approach Day 12 without a cigarette, the cravings are fewer and if I ignore them or eat a piece of candy, they don’t last long. I find this amazing.

What we wanted folks to take away from this smoking cessation forum was the knowledge that there are tools to help one quit and very few smokers are successful if they don’t take advantage of these tools. Only about 2% of those who stay smoke-free do so “cold turkey.” There are five choices of medications, including pills, gums, nasal inhalers and sprays, as well as patches that are shown to be effective in helping smokers who are motivated to quit.

At www.surgeongeneral.gov/tobacco, there is a list of the “Five Common Myths About Smoking.” I think these may be helpful to anyone who is entertaining kicking the habit.

**Myth 1: Smoking is just a bad habit**

**Fact:** Tobacco use is an addiction. According to the U.S. Public Health Service Clinical Practice Guideline Treating Tobacco Use and Dependence, nicotine is a very addictive drug. For some people, it’s as addictive as heroin or cocaine.

**Myth 2: Quitting is just a matter of willpower**

**Fact:** Because smoking is an addiction, quitting is often very difficult. A number of treatments are available, however.

**Myth 3: If you can’t quit the first time you try, you will never be able to quit for good.**

**Fact:** Quitting is hard. Usually, people make two or three tries or more before being able to quit for good. (This was my second attempt, the first lasting 18 months about ten years ago.)

**Myth 4: The best way to quit is “cold turkey”**

**Fact:** The most effective way to quit smoking is by using a combination of counseling and nicotine replacement therapy or non-nicotine medicines (such as Zyban). Your health care provider can advise which is best for you.

**Myth 5: Quitting is expensive**

**Fact:** Treatments cost from $3 to $10 a day. A pack-a-day smoker spends almost $1,000 per year. Check with your health insurance plan to find out if smoking cessation medications and/or counseling are covered.

A few other interesting facts I found doing research for my journey into a smokeless and ashless existence include:

- In a report from the Community AIDS Treatment Exchange in Canada, researchers found that Poz folks were much more likely to develop emphysema
- Tobacco is the only legal product that when used as intended, kills more than a third of its longtime consumers
- A UCLA survey of 55,000 people found that gays and lesbians were 70% more likely to smoke than their heterosexual counterparts
- Smoking has a number of known negative biological effects that may affect the progression of HIV disease
- An International Association of Physicians in AIDS Care (IAPAC) study on TheBody.com found that among PWHAs, more than half reported that they smoked, twice the proportion of smokers in the general population

I quit because I was ready and because I utilized a tool available to me. I already feel better and I know that as with any addiction, one must take it one day at a time. Now, with all the money I am saving, I may just get those new hardwood floors I have wanted by next summer!
Case Management Changes: What Can You Expect?

By Amy Richter, Client Services Supervisor, AID Atlanta, Inc.

Case management may be one of the most-used and least-understood services offered to HIV+ individuals living in the Atlanta area. This year, a task force convened by the Ryan White Title I Metropolitan Planning Council of the Atlanta Eligible Metropolitan Area and comprising AID Atlanta staff members, HIV+ community leaders, other case management agencies and agencies providing medical services decided to sit down and talk case management. The goal of these discussions was to clarify misconceptions about case management, to improve access to case management services to the most needy individuals and to focus case management on the business of promoting healthcare. As a result of these conversations, a Standard of Care for case management services has been created and adopted by the primary funder of case management services in the Atlanta area, the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, to be implemented by March 1, 2004. These standards mark a change in the services that HIV+ individuals can expect from their case manager.

First and foremost, the task force decided to implement a new model of case management services that incorporates the Behavioral Change model. This new model focuses on helping clients to improve their access and adherence in medical care. In the past, the case manager acted primarily as an information center, allowing clients to access the resources they need when a crisis arises. In this new model, the case manager works with the client to avert the crisis in the first place. By teaching the client how to find resources on their own and how to problem-solve, the goal of case management becomes one of self-sufficiency, with the client eventually “graduating” from case management. Each client will be asked to work with the case manager to decide which areas need to be worked on and the best way to achieve goals in those areas.

As case management agencies implement this behavioral change model, many clients currently using case management services may no longer need services. Many clients already have the skills and resources necessary to be self-sufficient, but need help every once in a while finding additional resources. Each client will work with a case manager to determine his/her level of need by working on a “treatment plan.” The treatment plan includes an assessment of the each individual’s situation, problem areas, personal resources, support network and ability to solve problems with minimal guidance. The information gathered during the treatment plan allows the case manager to “level” each client into one of four levels. Levels 1 and 2 are considered low need, while levels 3 and 4 are considered high need. Although level 1 and 2 individuals will still be given assistance locating additional resources, they will no longer be eligible for long-term case management services. Over the next several months, clients of case management services who fall into these low need levels will be graduating from case management with lists of phone numbers, additional resources to contact for help and information on how to get back into case management services should their situations change. Additionally, clients of any level can access peer counselors at AIDS Survival Project at (404) 874-7926 for assistance in locating community resources.

Finally, since the goal of case management services is to promote access to healthcare, the task force decided to mandate participation in primary care services as a requirement of case management services. In order to be eligible for case management, each individual must attend at least one visit with a medical provider every six months. Clients can register for case management services without a medical provider, but will be required to get into care within the first six months of enrollment in services.

Starting next year, several trainings will be held to ensure that clients of HIV case management agencies and other interested parties have access to information about case management and about other community resources. Keep a lookout at AIDS Survival Project for future training dates. In the meantime, if you have any questions about case management, your services or about resources, please do not hesitate to contact the Georgia AIDS Information Line at 1-800-551-2728 or an on-call case manager at AID Atlanta at (404) 870-7800.
John Scott, director of the Elton John AIDS Foundation, presented an award to Sandra Thurman.

ASP staffer George Burgess related his personal journey with ASP.

Dawn Averitt and honoree Dr. Michael Saag.

John Scott, director of the Elton John AIDS Foundation, presented an award to Sandra Thurman.

It was a fun evening for (from left) Executive Director Jeff Graham, honoree Jamey Rousey and presenter Kathleen Brockel.

Above Left: Some of the many community leaders attending the Gala: (from left) Michael Banner of Our Common Welfare, Carolyn Thomas and John Thomas of St. Joseph’s Mercy Care Services, and Patricia Clark of the Morehouse School of Medicine and SisterLove, Inc.

Above Right: Longtime volunteer Richard Cruce (left) and ASP Outreach Program Manager Sheryl Johnson had warm smiles for Gala guests.

Positive Beginnings Dental Care
Being Your Own Advocate Substance Use
Issues For Long Term Survivors Safer Using
Women’s HIV Medical Food Safety
Safer Sex Legal
Antiretrovirals HIV Overview
Family Friends Caregivers Nutrition
Clinical Trials Opportunistic Infections
Disclosure From Survive To THRIVE!
Social Security Complementary Therapies

To register, call: ....... (404) 874-7926
TTY .................. (404) 524-0464
Toll-Free ............... 1 (877) 243-7444

THRIVE! Weekends are free, interactive gatherings organized by AIDS Survival Project and led by men and women living with HIV. Join us for two full days of candid group discussions and empowering presentations on HIV/AIDS. Professional child care and meals provided. ASL by request.

2004 THRIVE! Weekend Dates
January 24–25, 2004
March 27–28, 2004
May 15–16, 2004

July 17–18, 2004
September 18–19, 2004
November 6–7, 2004

Funded in part by the Fulton County Board of Commissioners under the guidance of the Fulton County Human Services Grants Program, Broadway Cares/Equity Fights AIDS, Dr. Richard Hudson, Roche Laboratories, Inc. and the Bristol-Myers Squibb Company.
## Community Forum

### HIV/AIDS Support Groups

This list of HIV/AIDS-related support groups in the metropolitan Atlanta area is updated and published in Survival News annually. If your group would like to be listed in future editions of this list or if you would like additional copies of this list, please contact an ASP peer counselor at (404) 874-7926.

<table>
<thead>
<tr>
<th>HIV/PLWA</th>
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<tbody>
<tr>
<td>HIV/AIDS Group .................................................. Thursday ................................ 11:30 AM - 1:00 PM ................ Closed; 3-month commitment, call David</td>
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<tr>
<td>A Center for Relationship Therapy ...................... Thursday ................................ 11:30 AM - 1:00 PM ................ Closed; 3-month commitment, call David</td>
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<tr>
<td>Long Term Survivors ....................................... 2nd &amp; 4th Thursdays .................. 7:30 - 9:30 PM ............... Call to preregister</td>
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<tr>
<td>AID Gwinnett .................................................. Lawrenceville ......................... (770) 962-8396</td>
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<tr>
<td>PWA Group ....................................................... Every other Friday .................... 7:00 PM .................. Call for information; ask for Lola</td>
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<td>AIDS Alliance of NWGA .................................. Cartersville ......................... (770) 606-0953</td>
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<tr>
<td>Peer Counseling ............................................ Monday - Friday ...................... 10:00 AM - 5:00 PM ....... Trained HIV+ volunteers provide support, info</td>
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<tr>
<td>AIDS Survival Project ................................... Atlanta ......................... (404) 874-7926</td>
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<tr>
<td>Co-Ed Peer Support (male and female) ............. Wednesday ......................... 6:00 - 7:00 PM ............... Open; call Rhonda Irving</td>
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<tr>
<td>ANIZ, Inc. .................................................... Atlanta ......................... (404) 221-0272</td>
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<tr>
<td>Adult Interpersonal Psychotherapy Group .......... Tuesday ................................ 5:30 - 7:00 PM ............... Open; call Scott Conkright</td>
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<tr>
<td>Atlanta Therapy ............................................ Atlanta ......................... (404) 315-7150</td>
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<td>Directions (newly diagnosed/coming out of denial) .. Call for information</td>
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<td>Peer Counseling ............................................ Monday - Friday ...................... 10:00 AM - 5:00 PM ....... Trained HIV+ volunteers provide support, info</td>
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<tr>
<td>BRAC Center ................................................. Atlanta ......................... (404) 264-9011</td>
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<tr>
<td>HIV+ Support ................................................. Every 2nd Wednesday .................. 6:00 - 7:00 PM ............... Open</td>
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<td>Every 4th Thursday ........................................ 6:00 - 7:00 PM ............... Open</td>
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<tr>
<td>Marietta Community Health Center ................... Marietta ................. (770) 514-2464</td>
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<tr>
<td>Common Ground Day Program ..................... Monday - Friday ...................... 10:00 AM - 3:30 PM ....... Open; lunch and activities</td>
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<tr>
<td>Michael Brunson, Common Ground .................... Atlanta ......................... (404) 874-6425</td>
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<tr>
<td>Psychotherapeutic for PWAs ......................... Thursday ................................ 1:00 - 2:00 PM ............... Open; call first</td>
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<td>Michael Brunson, Common Ground .................... Atlanta ......................... (404) 874-6425</td>
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<tr>
<td>PWAs Group ................................................. Monday - Friday ...................... 11:00 AM - 12:00 PM .... Lunch follows; open; call first</td>
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<tr>
<td>Michael Brunson, Common Ground .................... Atlanta ......................... (404) 874-6425</td>
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<tr>
<td>PWAs Group .................................................. Every 2nd Tuesday .................... 6:00 - 8:00 PM .......... Open, call first</td>
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<td>Michael Brunson, Common Ground .................... Atlanta ......................... (404) 874-6425</td>
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<tr>
<td>National AIDS Education Services for Minorities .... Call for support group information</td>
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<tr>
<td>NAESM .................................................... Atlanta ......................... (404) 753-2900</td>
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<tr>
<td>HIV+ African-American MSM Group .................. Call for date and time</td>
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<tr>
<td>NAESM .................................................... Atlanta ......................... (404) 753-2900</td>
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<tr>
<td>Here’s to Life (all genders and sexual orientations) .. Wednesday ..................... 6:30 - 8:00 PM .......... Open; arrive at 6:00 PM for a light dinner</td>
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<td>Our Common Welfare .................................. Atlanta ......................... (404) 297-9588</td>
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<td>People of Color (men and women) ............. Monday &amp; Thursday ............. 5:00 - 7:00 PM ............... Open</td>
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<tr>
<td>Outreach, Inc. ............................................ Atlanta ......................... (404) 249-6999</td>
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<td>Positively Living ........................................ Tuesday ................................ 8:00 - 9:30 PM ............... Open</td>
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<tr>
<td>Positive Impact ............................................. Atlanta ......................... (404) 589-9040</td>
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<tr>
<td>Long-Term Survivors .................................. Tuesday ................................ 7:00 - 8:00 PM ............... Call Dr. Baker</td>
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<tr>
<td>Positive Impact ............................................. Atlanta ......................... (404) 656-6607 ext 4</td>
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<tr>
<td>Living Well with HIV for Long-Term Survivors ........ Monday ................................ 7:00 - 9:00 PM .......... Closed; call Dr. Schoenherr</td>
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<tr>
<td>Positive Impact ............................................. Atlanta ......................... (404) 607-9900</td>
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<tr>
<td>The First Few Years Managing HIV in Your Life .... Thursday ................................ 5:30 - 7:00 PM ............... Closed</td>
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<tr>
<td>Positive Impact ............................................. Atlanta ......................... (404) 589-9040</td>
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<tr>
<td>Entre Hispanos (men and women) .......... Wednesday ................................ 4:00 - 5:00 PM ............... Call Mrs. Schaeffer</td>
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<tr>
<td>Positive Impact ............................................. Atlanta ......................... (404) 589-9040</td>
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<td>Risk Reduction ............................................. Thursday ................................ 7:00 - 8:30 PM .......... Drop-in; call Mr. Meeks</td>
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<tr>
<td>Positive Impact ............................................. Atlanta ......................... (404) 373-4365</td>
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<tr>
<td>HIV+ Veterans ............................................. Thursday ................................ 11:00 AM - 12:00 PM ...... Open; call James Moorer</td>
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<tr>
<td>VA Hospital ................................................. Decatur ......................... (404) 321-6111 ext 6023</td>
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### WOMEN’S

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<th>WOMEN’S</th>
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<tr>
<td>Women’s Therapy Group .................................. Tuesday ................................ 6:00 - 7:30 PM .......... Closed; call for intake</td>
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<tr>
<td>AIDS Survival Project .................................. Atlanta ......................... (404) 874-7926</td>
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<tr>
<td>Reaching Out to Sisters with HIV/AIDS (ROSCHA) .. Monday ................................ 4:00 - 8:00 PM .......... Open</td>
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<tr>
<td>Positive Impact ............................................. Atlanta ......................... (404) 656-6607 ext 4</td>
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<tr>
<td>The First Few Years Managing HIV in Your Life .... Thursday ................................ 10:00 AM - 2:00 PM ...... Open</td>
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<tr>
<td>Positive Impact ............................................. Atlanta ......................... (404) 589-9040</td>
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<td>ANIZ, Inc. .................................................... Atlanta ......................... (404) 221-0272</td>
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<td>Putting Unified Females First (PUFF) ................ Every 2nd Saturday .................. 2:00 - 4:00 PM .......... Open; call Fay Gordon</td>
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<tr>
<td>BRAC Center ................................................. Atlanta ......................... (404) 264-9011 ext 17</td>
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<tr>
<td>HIV+ Women’s Group (Grady clients only) .......... Tuesday ................................ 9:30 - 11:30 PM ...... Open</td>
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<tr>
<td>Grady IDP .................................................. Atlanta ......................... (404) 616-6317</td>
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<tr>
<td>Women’s Group ............................................. Every other Monday ............. 6:30 - 8:00 PM</td>
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<td>NWGA AIDS Alliance .................................. Cartersville ......................... (770) 606-0953</td>
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<tr>
<td>Women for Life (women’s) ................................ Monday ................................ 6:30 - 8:30 PM ...... Open</td>
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<tr>
<td>Our Common Welfare ...................................... Atlanta ......................... (404) 297-9588</td>
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MEN'S

Men's Support Group ............................................. Thursday .................................. 6:00 - 7:00 PM ........................................... Call for more information
ANIZ, Inc. .............................................................. Atlanta .............................................. (404) 221-0272

Men of Color (infected and affected) ................................ Thursday .................................. 6:30 - 8:30 PM ........................................... Open; ask for Jewel
BRAC Center ........................................................ Atlanta .............................................. (404) 264-9011

Positive Attitudes (gay/bi men/trans) .................................. Tuesday .................................. 7:00 - 9:00 PM ........................................... Open
BRAC Center ........................................................ Atlanta .............................................. (404) 264-9011

On the DLE (HIV/AIDS awareness) .................................................................................. Call for time and date; 6 sessions; incentives may apply
NAESM .............................................................. Atlanta .............................................. (404) 753-2900

Many Men, Many Voices (risk behaviors) ........................................................................... Call for time and date; 6 sessions; incentives may apply
NAESM .............................................................. Atlanta .............................................. (404) 753-2900

Heterosexual Men’s Group .................................................................................. Call for more information
Our Common Welfare .................................................. Decatur .............................................. (404) 297-9588

Straight Up (straight men) .................................................. Monday .................................. 6:30 - 8:30 PM ........................................... Open; Prentiss Curry
Our Common Welfare .................................................. Atlanta .............................................. (404) 297-9588

Positive Life (gay and bisexual) .................................................. Tuesday .................................. 6:30 - 8:30 PM ........................................... Open
Our Common Welfare .................................................. Atlanta .............................................. (404) 297-9588

BEREAVEMENT

Grief Support .......................................................... 2nd & 4th Tuesdays .................................. 7:00 PM ........................................... Open by appointment; ask for Elizabeth
Abbey Hospice ........................................................ Covington .............................................. (770) 385-1818

Faithful Care (spiritual support) .................................................................................. Call for more information
Atlanta Interfaith .................................................. Atlanta .............................................. (404) 874-8686

FOR CHILDREN AND ADOLESCENTS

Adolescent Support Group .................................................. Monday .................................. 5:00 - 6:00 PM ........................................... Call Jeffrey Roman
ANIZ, Inc. .............................................................. Atlanta .............................................. (404) 221-0272

We Want to Know (children support) .................................................. Tuesday .................................. 6:00 - 7:00 PM ........................................... Call for more information
ANIZ, Inc. .............................................................. Atlanta .............................................. (404) 221-0272

Support for Children’s Bereavement (not restricted to HIV related loss) .................................................................................. Call for more information
Link Counseling Center .................................................. Atlanta .............................................. (404) 256-9797

GLBT

Deeper Love (African-American men’s group) ........................................................................ Call for time and date; week course; ask for Malik Williams
AID Atlanta .............................................................. Atlanta .............................................. (404) 870-7740

Young African American Gay Outreach “Get Your Life Workshop” (18-25 year-old men) .................................................................................. Call Malik Williams
AID Atlanta .............................................................. Atlanta .............................................. (404) 870-7740

Life Guard (gay men’s group) .................................................................................. Call for time and date; 6-week course; ask for Franklin
AID Atlanta .............................................................. Atlanta .............................................. (404) 870-7763

Toolbox (Slipping & Sliding graduates and public) .................................................. Every other 3rd Thursday .................................. Open; ask for Franklin Jones
AID Atlanta .............................................................. Atlanta .............................................. (404) 870-7763

Gay/Bisexual Men’s Therapy Groups .................................................. Wednesday .................................. 5:30 - 7:00 PM ........................................... Call Scott Conkright
Atlanta Therapy .................................................. Atlanta .............................................. (404) 315-7150

Gay Men’s Relationship Groups (fee/session) .................................................. Every other Monday .................................. 7:00 - 8:50 PM ........................................... Ending in March; call for more information
.................................................. Wednesday .................................. 6:30 - 8:00 PM ........................................... Ending in March; call for more information
Jim Struve .............................................................. (770) 220-4059 ext 2

Parents & Friends of Lesbians & Gays .................................................. Every 3rd Sunday .................................. 2:45 - 5:00 PM ........................................... Open; meetings in Atlanta, Macon, (GA), Dahlonega and Southern Regional Hospital;
call for location
PFLAG .............................................................. www.PFLAGATL.com .................................. (770) 662-6475

Men’s Support Group (G/B/T/questioning) .................................................. Thursday .................................. 12:15 - 1:30 PM ........................................... Call Sue for more information
Rainbow Center .................................................. Virginia-Highland .................................. (404) 885-9776

Coming Out .............................................................. Tuesday .................................. 8:00 - 9:00 PM ........................................... Registration required
The Center .............................................................. Atlanta .............................................. (404) 523-7500

Lesbians Transforming Lives .................................................. Saturday .................................. 12:00 - 1:00 PM ........................................... Open
The Center .............................................................. Atlanta .............................................. (404) 523-7500

My Brother’s Keeper (men’s group) .................................................. Every 3rd Sunday .................................. 6:00 PM
The Center .............................................................. Atlanta .............................................. (404) 523-7500

Parents’ Group (gay parents) .................................................. Every 1st Tuesday .................................. 7:00 PM
The Center .............................................................. Atlanta .............................................. (404) 523-7500

Guy Talk .............................................................. Thursday .................................. 7:00 PM ........................................... Open
The Center .............................................................. Atlanta .............................................. (404) 523-7500

EDUCATION

THRIVE! Weekend (infected and affected) .................................................. Bimonthly Saturday and Sunday .................................. Call for dates; preregistration required
AIDS Survival Project .................................................. Atlanta .............................................. (404) 874-7926

Healthy Choices = Healthy Lives .................................................. Bimonthly Saturday .................................. 10:00 AM - 1:00 PM ........................................... Call for dates; preregistration required
AIDS Survival Project .................................................. Atlanta .............................................. (404) 874-7926

Lunch & Learns (HIV treatment topics) .................................................................................. Call for dates; preregistration required
AIDS Survival Project .................................................. Atlanta .............................................. (404) 874-7926

Treatment Forums (HIV treatment topics) .................................................................................. Call for dates; preregistration required
AIDS Survival Project .................................................. Atlanta .............................................. (404) 874-7926
### MISCELLANEOUS

**Hepatitis A Vaccine Outreach**  
AID Atlanta  
Atlanta  
(800) 551-2728

**Parenting Skills**  
Tuesday  
5:00 - 6:00 PM  
Call for information

**ANIZ, Inc.**  
Atlanta  
(404) 221-0272

### CAREGIVERS

**Friends, Family and Partners (Newton County)**  
Every 3rd Thursday  
Open; call Mary

**AID Gwinnett**  
Lawrenceville  
(770) 386-5645

**Friends, Family and Partners (Rockdale County)**  
Every 1st Monday  
Open; call Mary

**AID Gwinnett**  
Lawrenceville  
(770) 386-5645

### COUNSELING

**Individual Counseling (HIV/AIDS)**  
Barbara Burns  
Atlanta  
(404) 874-8294

**Individual Counseling (HIV/AIDS)**  
Barbara Rubin  
Atlanta  
(404) 753-5678

**Individuals Couples/Family Counseling**  
BRAC Center  
Atlanta  
(404) 264-9011

**Individual family & couples**  
Charles Dickey, Pride Medical  
(404) 355-3788 ext 308

**Individual Counseling (for clients in the day program)**  
Common Ground  
Atlanta  
(404) 874-6425

**Individual Counseling (HIV/AIDS)**  
Dr. Randy Beggs  
Atlanta  
(404) 378-4167

**Individual Counseling (HIV/AIDS)**  
Dr. Scott Conkright  
Atlanta  
(404) 315-7150

**Individual Counseling (HIV/AIDS)**  
Hugh Grant, LMSW, Emmanuel Center for Pastoral Counseling  
Atlanta  
(404) 634-7646

**Individual Counseling (HIV/AIDS)**  
John Balley, LPC  
(404) 874-8556

**Individual Counseling (HIV/AIDS)**  
Karen Ivester, MA  
(404) 234-6497

**Individual Counseling (HIV/AIDS) (for those without insurance)**  
Metropolitan Psychotherapy Community Clinic  
(404) 321-4594

**Individual Counseling (HIV/AIDS) (IDP clients only)**  
Peter Campos; Grady IDP  
Atlanta  
(404) 616-3618

**Individual Counseling (HIV/AIDS)**  
Positive Impact  
Atlanta  
(404) 589-9040

**Individual Counseling (HIV/AIDS)**  
Sarah Lopez, David Woodsfellow; A Center for Relationship Therapy  
(404) 325-3401

### SOCIAL

**Hetero Pos Atlanta (social group)**  
If interested in joining, send e-mail to Heteroposatl@aol.com.

**POZ Outlook**  
Every other Saturday  
Call for dates/times; $15 membership fee

### SUBSTANCE USE

**Support Group**  
Call for more information

**Alanon & Alateen**  
(404) 687-0466

**Recovery Support Group**  
Call for more information

**Alcoholics Anonymous**  
(404) 525-3178

**Substance Abuse**  
Wednesday  
5:00 - 6:00 PM  
Call for information

**ANIZ, Inc.**  
Atlanta  
(404) 221-0272

**12-Step Group**  
Thursday  
5:00 - 6:00 PM  
Call for more information

**ANIZ, Inc.**  
Atlanta  
(404) 221-0272

**Transition Center Support Group**  
Monday and Friday  
10:00 - 11:00 AM  
Grady clients only

**Grady IDP**  
Atlanta  
(404) 616-3618

**Keeping It Real**  
Monday and Thursday  
11:00 AM - 12:30 PM

**Grady IDP**  
Atlanta  
(404) 616-3618

**HIV + Narcotics Anonymous**  
Tuesday  
12:00 - 1:00 PM  
Drop-in; open; Grady clients only

**Grady IDP**  
Atlanta  
(404) 616-3618

**Recovery Support Group**  
Narcotics Anonymous  
(404) 362-8484

**Double Trouble in Recovery**  
Wednesday  
7:00 - 8:00 PM  
Open; call Ms. Johnson

**Positive Impact**  
Atlanta  
(404) 589-9040 ext 500

**Frankly Speaking (NA recovery group)**  
Friday  
7:00 PM

**The Center**  
Atlanta  
(404) 523-7500
World Losing War on AIDS, Kofi Annan Says. On Saturday, November 29, UN Secretary-General Kofi Annan said that the world is losing its war against AIDS as governments fail to confront the threat it poses. In an interview in London, Annan told the British Broadcasting Corp. he is saddened by the "incredible callousness" of a world that allows millions of AIDS patients in developing countries to die from lack of affordable treatment. "I feel angry, I feel distressed, I feel helpless and I also feel that, to live in a world where we have the means, we have the resources to be able to help all these patients, what is lacking is the political will," he said. Annan noted that many governments remain unwilling to speak out against the stigma associated with HIV. "I'm not winning the war on HIV/AIDS because I don't think the leaders of the world are engaged enough," he said. 2003 saw more AIDS deaths and HIV/AIDS infections than ever before. According to UN statistics, more than 3 million people died of AIDS in 2003 and at least 34 million are living with HIV, more than 26 million of them in Africa. By 2005, Annan said, the UN would need $10 billion a year to fight AIDS. Its Global Fund to Fight AIDS, TB and Malaria has been promised only $3.6 billion. Annan said the world needs to confront "hard threats" such as terrorism and "soft threats" like poverty and AIDS that "are wreaking much more havoc than terrorists are." "For some of the countries we're talking about, AIDS is a real weapon of mass destruction," he said; adding that he finds it inexplicable that AIDS is a death sentence in some countries and a disease that can be treated and lived with in others. "Where is our common humanity?" he asked.

HIV Infections Continue to Rise, Study Says. The number of new HIV cases diagnosed in the United States continues to climb, and the most significant rise has been among gay and bisexual men and Hispanics, CDC reported in a new study. The study looked at data from 29 states that included a confidential system that was initiated in 1999. Because states with the highest populations and possibly the highest HIV rates, like New York and California, were not included in the four-year study, the picture of HIV might even be worse than the data indicate. From 1999 to 2002, new HIV cases soared by 26% among Hispanics and by 17% among men who have sex with men. Overall for that period, new HIV cases increased by 5.1%. "Because more effective treatments are available, there seems to be a perception, particularly in the gay community, that HIV is a manageable disease," said Dr. Robert Janssen, director of CDC's division of HIV/AIDS prevention. The study found that African-Americans still make up the largest portion of new cases diagnosed, at 55%, while whites accounted for 8% of the new cases. The numbers for men in general went up 7%. Whether CDC's findings reflect higher rates of HIV infection is unclear because some cases are not diagnosed immediately. But if that was a factor, said Janssen, the study would have detected more cases that had progressed to AIDS. Instead, rates of testing have stayed about level and many of the recently detected HIV infections were in earlier stages, Janssen said. The new findings reinforce the idea that there is growing complacency among groups at the highest risk for contracting HIV/AIDS. "I think the disease just doesn't have the fear that it once carried," observed Janssen. Dr. Jeffrey Laurence, program consultant for the American Foundation for AIDS Research in New York, agrees. "Even among populations targeted for outreach, it's as if people think they can become infected because there's a pill to take care of them." The report, "Increases in HIV Diagnoses—29 States, 1999-2002," appeared in Morbidity and Mortality Weekly Report (2003;52(47):1145-1148).

Trials Will Test Whether AIDS Drug Can Also Prevent HIV. Three studies to be launched this year will test whether a pill currently used to treat AIDS can prevent human transmission of HIV. Viread (tenofovir), manufactured by Gilead Sciences, Inc., blocks a crucial enzyme HIV needs to replicate. In the absence of an HIV vaccine, Viread holds out hope as part of a drug cocktail meant to kill the virus before it proliferates in the body. Three studies will evaluate Viread as an HIV preventative. The National Institutes of Health awarded $2.1 million for researchers at the University of California-San Francisco to test Viread in Cambodian women, mainly prostitutes at risk of acquiring HIV/AIDS from their clients. The Bill & Melinda Gates Foundation promised $6.5 million for a randomized, controlled trial of Viread in 2,000 volunteers in Cambodia, Ghana, Cameroon, Nigeria and probably Malawi. CDC has granted $3.5 million for researchers to weigh Viread's safety in sexually active gay men in San Francisco and Atlanta. "The race is on," said James Rooney, vice president of clinical research at Gilead, which is providing free drugs for the studies. "Obviously, if the prevention trials are a success, there will be a tremendous number of people who would require the drug. Even before the trials, Viread has begun to be used as a morning-after treatment for accidental HIV exposure. Some doctors prescribe it for 30 days as part of a post-exposure prophylactic drug cocktail. Potential Viread risks include kidney toxicity, bone toxicity, resistance and other unknown risks associated with otherwise healthy people taking a daily pill indefinitely. There is also concern that a prevention pill could fuel sexual risk-taking and erode condom use, an especially worrisome outcome before Viread has been proven to work, experts say.

WHO Certifies New Generic HIV Drug. On Monday, Dec. 1, the World Health Organization joined UNAIDS in Nairobi to launch the "3x5" campaign to provide treatment to 3 million people with HIV/AIDS by the end of 2005. The detailed 3x5 plan unveiled on World AIDS Day promised cheaper, simpler drug regimens and more money as part of its strategy. Also on Monday, WHO certified a new generic HIV drug combining three antiretrovirals into a single twice-daily pill. Manufactured by two India-based generics firms, the pills cost only $270 a year, but violate two major drug companies' patents. Legal imports of the drugs would require that countries suspend the rights of the patent holders. "In two short decades, HIV/AIDS has become the premier disease of mass destruction," said Dr. Jack Chow, the assistant director-general of WHO. "The death odometer is spinning at 8,000 lives a day and accelerating." The cost of the 3x5 plan will be about $5.5 billion over the next two years, said Chow. High prices had kept the drugs out of the reach of most patients, but recent initiatives have made them more affordable. The WHO and UNAIDS initiative will improve drug distribution channels and train health professionals in poor countries. It also focuses on establishing the UN as a global leader in fighting HIV, ensuring a reliable source of treatment and creating a system for disseminating the latest HIV information. Noticeably absent from the program's launch were representatives from the world's drug manufacturers. Pharmaceutical companies holding AIDS drug patents have fought to block generic manufacturers from impinging on their patent rights, often lobbying governments to reject the vastly cheaper alternatives in return for discounted prices. Chow said meetings with patent holders and generic companies have produced no major agreements. Expanding production of the drugs will be critical to meeting the 3x5 goals, he said.

Commentary: Apathy and the AIDS Epidemic—Julie L. Gerberding, Director of the U.S. Centers for Disease Control and Prevention. "As in years past, rituals of candles and quilts coincide on World AIDS Day with the release of grave new statistics and heart-rending personal stories—not only from distant countries, but also from our own backyards. While humanitarian concerns demand that we take action in the developing world, our own growing apathy about the HIV epidemic on U.S. soil perpetuates an epidemic that has already claimed more than a half-million American lives. Stopping this epidemic in the United States requires that we, as a nation, take several immediate steps:

• First, we need to maintain our focus on health education and risk reduction for those most vulnerable to HIV—youth, women, communities of color and gay and bisexual men. This commitment must be maintained as long as AIDS is a threat.

• We must encourage everyone at risk to get tested for HIV early and, if at ongoing risk, often. We have to start by tackling stigma and discrimination, the focus of this World AIDS Day.

• Individuals need to be able to talk about HIV with their families and friends. Leaders need to set examples by addressing the disease openly, frequently and compassionately. And as a nation, America must support the programs

CONTINUED ON NEXT PAGE
that help protect those at risk of becoming infected.

- We also must make full use of the latest diagnostic technologies. The new rapid HIV test provides preliminary results in as little as 20 minutes. The new test can lower the proportion—now about one-third—of people who do not return to get the results with slower types of HIV tests.

- Rapid testing empowers community and public health workers to reach people at risk—many of whom lack access to health care—in non-medical settings. CDC is actively working with health departments and community groups to make this happen.

- Linking people who test positive for HIV with medical care and ongoing prevention services is the next critical step. Together with local community and government groups and health care providers, CDC is working to help people who are infected with HIV stay healthy and develop lifelong skills for protecting their partners.

- We all have a role to play in preventing HIV. Whether by fighting stigma and discrimination, encouraging testing and education, delivering a meal or searching for a vaccine or cure, we can all take steps that will ultimately help wipe World AIDS Day from the calendar. For me—personally and professionally—that can’t happen soon enough.

**Study: Partner Testing Key Weapon in AIDS Battle.** On Thursday, Dec. 4, CDC released a new study showing that comprehensive efforts to test the partners of people newly diagnosed with HIV could uncover thousands of infections and help contain the spread of the disease. About one-fourth of the estimated 950,000 Americans with HIV do not know they are infected. Diagnosing and treating this group before they spread the virus has become a cornerstone of the government’s AIDS strategy. A recent analysis of public health data in North Carolina found that more than 20% of people who had sex or shared needles with HIV patients in 2001 learned they were HIV positive through voluntary testing. By comparison, less than 1% of HIV tests at NC public health facilities in 2001 were positive. Dr. Sam Dooley, associate director for science in CDC’s division of HIV/AIDS prevention and one of the study’s authors, praised North Carolina for preparing the public for targeted HIV partner testing and counseling. “If it were done to this extent and this degree of success across the board, we would see a significant number of those folks who don’t know they’re infected learning that they are,” Dooley said. HIV infections are on the rise among intravenous drug users, and syphilis outbreaks have been occurring among gay and bisexual men. Up to 70% of gay and bisexual men diagnosed with syphilis in the recent outbreaks also tested positive for HIV. Studies have shown that STDs increase the likelihood of contracting HIV. Due to such trends, earlier in 2003, CDC recommended that routine HIV testing be expanded to include pregnant women, intravenous drug users and anyone who had unsafe sex. Previously, routine testing had been recommended only for patients in acute care hospitals with a high incidence of HIV cases and for patients in STD clinics. The full report, “Partner Counseling and Referral Services to Identify Persons with Undiagnosed HIV—North Carolina, 2001,” was published in *Morbidity and Mortality Weekly Report* (2003;52(48):1181-1184).

**HIV Secrecy Is Proving Deadly.** The failure to disclose HIV infection to partners, whether intentionally or unintentionally, is a significant but underreported factor many health experts say contributes to the continued spread of HIV in the United States. CDC estimates that as many as 33% of the 900,000 Americans infected with HIV may not know it. Two Columbia University professors, Dr. Robert Klitzman, a psychiatrist, and Dr. Ronald Bayer, an ethicist, have explored the range of views and practices concerning HIV disclosure in a newly published book, “Moral Secrets: Truth and Lies in the Age of AIDS.” The authors used oral history interviews of the sexual practices of 49 men and 28 women in New York City. Sixty of those interviewed are HIV+, and there is diverse representation in ethnic background and sexual orientation. Klitzman said one of the most disturbing findings was that about a third of the gay men interviewed “admitted that, at some point, they lied about their status, but it is probably a higher number.” “I was horrified by some of the things people told me,” said Klitzman, “and at the end of each interview, we spoke to the subjects about safer sex and the importance of disclosure. But it led us to think about the importance of a code of sexual ethics.” Although the interviews occurred from 1993 to 1996—before the advent of highly active antiretroviral therapy (HAART)—experts believe little has changed. Sharon Boyd of the Michigan Department of Community Health said her current research suggested that as few as 20% of HIV-infected people in Detroit had told their partner of their status. According to Bayer, practicing sexual ethics in real life is complicated by many factors, including social stigma or acceptance of people with HIV. “Fear and terror often shaped their decisions,” Bayer said of his study’s participants. Mark Barnes, a lawyer and former New York City health department official in the early 1990s, recalled being shouted down in meetings when he urged those with HIV to disclose their status. “It’s been woefully lacking in our prevention efforts, although there has been a new push by the CDC and local health departments to encourage people to disclose,” he said.

**Gen. Clark Declares War on AIDS.** On Monday, Dec. 1, in Fort Lauderdale, Democratic presidential hopeful Gen. Wesley Clark laid out his Global AIDS Security Strategy, in which he proposes doubling the nation’s international AIDS-fighting commitment to $30 billion. “This is a time to reflect on how far we’ve come and how far we need to go,” the retired general said in a World AIDS Day address. “Frankly, we’ve made a lot of progress.” He called for more federal funds for HIV prevention but offered few details about how he would accomplish this. Clark is noted for his AIDS awareness campaigns in sub-Saharan Africa with humanitarian activist Bono and for his numerous visits to HIV orphanages in Haiti. Clark’s plan calls for universal health care for all Americans through age 22 and for frank sexual education in public schools. While President Bush’s AIDS effort funnels money through US-based agencies, Clark’s would direct money toward the UN’s Global Fund to Fight AIDS, TB and Malaria. Clark also said he would fully fund the Ryan White CARE Act, which has been the subject of budget cuts in recent years, and he promised to increase HIV research funding at the National Institutes of Health. “We have a president who has refused to increase funding for AIDS drug treatments. Under my plan, that will not happen,” Clark said. When asked how he would fund these efforts, Clark said, “I can bring this country together. I believe we can come together on this because I believe in this country.” Manuel Rodriguez, an HIV counselor, said he appreciated Clark’s plan and its emphasis on prevention, but it did not secure his vote. Other Democratic presidential contenders are expected to present their own HIV plans this week.

**Bloomberg Offers One-Hour AIDS Test.** In marking World AIDS Day Monday, Dec. 1, Mayor Michael Bloomberg said the city will offer the latest rapid HIV test to all New Yorkers in 2004. City officials are now using the test, but not widely. Bloomberg also announced the formation of a 20-member Commission on AIDS to help shape policy. The body will include city officials, noted scientists and social service providers. Advocates and several City Council members slammed the move: Council Health Committee Chair Christine Quinn (D-Manhattan) said it was intended to divert attention from the mayor’s “terrible record” on HIV/AIDS.

**District of Columbia to Offer Condoms for Free.** District health officials announced on World AIDS Day that they plan to soon install plain white condom dispensers in select government offices and distribute condoms free. The goal is to place more than 50 dispensers in offices frequented by the public, including the DC Housing Authority and the departments of human services, motor vehicles and public works. The District has the nation’s highest incidence of AIDS: about 8,000 District residents have AIDS. Officials estimate as many as 14,000 other District residents may have HIV and not know it. Recent statistics indicate that DC’s AIDS rate is 132 cases per 100,000 residents, with almost 80% of new AIDS cases in the black community, according to Ivan O. Torres, interim director of the city’s HIV/AIDS Administration. Torres said the condoms are meant for the public, not city workers. Over the next eleven months, the administration plans to pass out about 550,000 male condoms, 45,000 latex dental dams and about 30,000 female condoms in a variety of venues, including the public school system, which gives out 50,000 condoms a year. Beauty salons, barbershops and nightclubs hand out government-provided condoms, and Torres said their roles would be stepped up as well. Male condoms cost the city less than a nickel each and female condoms cost several dollars each. “They’re going to
be as common as water fountains,” said Ivan O. Torres. “This is no longer something to be ashamed of. It affects all of us.” Tom Coburn, co-chair of the Presidential Advisory Council on HIV/AIDS, a physician and former Oklahoma member of Congress, called the condom distribution misguided because, he said, condoms fail 20% of the time. “We used to think condoms were fairly effective,” he said. “If used perfectly, they are probably 94 or 95% effective, but we’re human, and we don’t use them perfectly... The city would be much better off spending its money getting people tested, treated and counseled not to give the virus to others.”

HIV/AIDS Scourge Growing in Canada. The HIV/AIDS epidemic continues to grow in Canada with a record 56,000 people infected despite two decades of prevention efforts and hundreds of millions spent to fight the disease. The number of cases marks a 12% jump since 1999, according to Health Canada’s sixth annual report on HIV/AIDS, released Monday, Dec. 1, to coincide with World AIDS Day. Gay men accounted for 40% of new HIV infections at the end of 2002. Other groups strongly affected are aboriginals, injection drug users, prisoners and people from countries where HIV/AIDS is prevalent. Ottawa marked World AIDS Day by pledging $100 million (U.S.$76 million) to fight AIDS in Africa. In sub-Saharan Africa, one in every 13 people ages 15-49 is HIV+. Health Minister Anne McLellan said Canada is playing an important role in the AIDS battle, but the new report means the country still has work to do. Based on studies showing Chileans are well-informed about the causes of HIV/AIDS, but do little to prevent the spread of AIDS,” Kalichman said. Annual AIDS deaths number about half of what they were in the late 1980s, said National AIDS Program Director Dr. Alexandre Grangeiro. Brazil reports 22,000 new cases of AIDS per year and 10,000 AIDS-related deaths. “In 1991, the World Bank told us that Brazil would have 1.2 million AIDS patients within ten years,” Grangeiro said. “Instead, we have half that, an estimated 600,000.” Grangeiro said 250,000 Brazilians are currently getting free treatment at public health facilities nationwide. The program’s next focus is on the 350,000 estimated HIV+ Brazilians who have not sought treatment.

Anti-AIDS Commercials in Chile Spark Media Backlash. The Chilean government’s media campaign against HIV/AIDS hit a snag recently when three leading Chilean TV stations refused to air commercials that were launched for World AIDS Day along with radio jingles, pamphlets and bus-stop posters. The four commercials feature a married man who has a lover, a teenager having unprotected sex, a housewife whose husband is cheating on her and a gay couple in bed. The channels said the spots, which promote condom use, violate their editorial policies. Two other channels aired the spots. Throughout Latin America, homophobia is one of the biggest obstacles to proper treatment of the estimated 2 million people with HIV/AIDS, a study by the Pan American Health Organization said. The Chilean Catholic Church, like the Vatican, has objected to the government’s emphasis on condoms as a prevention measure. “We’re talking about people dying here,” said government spokesperson Francisco Vidal. “I have my own opinion about infidelity and homosexuality, but they exist. So how do we deal with a problem like this? Looking at the ceiling or dealing with it?” Roughly 4,000 Chileans have died of AIDS and 28,000 have HIV, according to government figures. Chile’s government has promised free antiretroviral treatment for all HIV/AIDS patients through donations from international organizations. The commercials show people looking in the mirror, asking themselves why they are not taking precautions against HIV/AIDS. The spots are based on studies showing Chileans are well-informed about the causes of HIV/AIDS, but do little to prevent it.

AIDS Epidemic Spreads in Colombia. At a recent conference gearing up for World AIDS Day, Ricardo Luque, a doctor with Colombia’s Ministry of Social Protection, warned that AIDS could become a bigger killer than Colombia’s civil war unless the government acts promptly. An average of 3,500 people die each year in a conflict that pits leftist rebels against the government and right-wing paramilitary groups. More than 40,000 HIV/AIDS cases have been reported in Colombia, a nation of 44 million, and 7,000 people have died. The UN estimates up to 220,000 HIV/AIDS cases in the country. Though most HIV/AIDS patients are men ages 15-35, Luque said the number of infected women and children is increasing.

Oprah Promises to Help Spread Word about AIDS Devastation in Africa. Touring HIV clinics in Zambia, talk show host Oprah Winfrey told reporters she would help to spread awareness about the devastation of HIV/AIDS in Africa. “The world is kind, good and wants to help, but it can only help when it understands the disease,” Winfrey said in Zambia’s capital city, Lusaka. Winfrey, accompanied by UN special envoy on HIV/AIDS in Africa Stephen Lewis, visited two leading clinics that help to prevent mother-to-child HIV transmission. “The important thing being done is to keep more mothers alive,” she said. “Because if more mothers are alive, there will be less orphans in society.” Winfrey planned to visit more clinics in Livingstone on Friday, Dec. 5. Last week, she attended the HIV fundraising concert in Cape Town hosted by former South African President Nelson Mandela.

Pope Offers Prayers, Encouragement on AIDS Amid Criticism for Church Opposition. In his traditional Sunday greeting in St. Peter’s Square in Vatican City, on November 30, Pope John Paul II offered prayers for those with HIV/AIDS and encouraged those Roman Catholics who care for them to continue their efforts. John Paul’s comments on the eve of World AIDS Day came as critics condemned Vatican opposition to using condoms to prevent HIV transmission. The Vatican advocates chastity as the best method of prevention. In October 2003, the World Health Organization labeled dangerous and “totally wrong” comments by a senior Vatican official that HIV is small enough to pass through condoms. Lopez Trujillo, head of the Pontifical Council for the Family, has made the claim before, but repeated it in a highly publicized BBC interview. The Pope expressed concern about the spread of AIDS, particularly in poor countries. “While I pray for those who are hit by this scourge, I encourage those in the Church who carry out an invaluable service of acceptance, care and spiritual accompaniment to our brothers and sisters,” John Paul said.

Official: Number of Russians with HIV Jumps Nearly Tenfold. A top Russian health official reported Monday, Dec. 1, that the number of HIV+ Russians has increased nearly tenfold in the past three years. “Only 20 per 100,000 Russians were HIV+ in early 2000 and the rate has increased by nearly 10 times to 180 per 100,000 by November 2003,” said Vadim Pokrovsky, head of the federal center to fight HIV/AIDS, reported the Interfax news agency. Most of those infected with HIV are men ages 15-30, he said. In May, Pokrovsky said that up to 1.5 million Russians may have HIV, although the officially registered figure is about 238,000 people. Pokrovsky said some experts in his department estimate that AIDS deaths may become as numerous as those from car accidents in Russia within a few years. Experts say about 90% of all HIV infections in the country result from drug users sharing needles.

International Red Cross Launches AIDS Fund to Help Threatened Staff. Thousands of staff and volunteers of the International Federation of Red Cross and Red Crescent Societies have HIV/AIDS, accord-

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Drug Use, Prostitution Put Asia's "Big Three" at Risk. China, India and Indonesia—which are home to 40% of the world's population—now face HIV epidemics that could leap out of risk groups and into the mainstream. UNAIDS and the World Health Organization warned Tuesday, Dec. 2, in their annual "AIDS Epidemic Update." "Injecting drug use and sex work are so pervasive in some areas that even countries with currently low infection levels could see epidemics surge suddenly," it said. Of the estimated 40 million HIV infections worldwide, around 7.4 million live in Asia and the Pacific. A million people in this region will have become HIV-infected this year, and half a million will have died from the disease. In China, "...serious, concentrated epidemics have been under way for many years in certain regions (such as Yunnan, Xinjiang, Guangxi, Sichuan, Henan and Guandong) and are poised to take off in several others." The current source: increasing numbers of injection drug users (IDUs) sharing needles, as well as low condom use among sex workers and gays.

In India, epidemics are under way in several states, including Maharashtra and Tamil Nadu (where sex worker HIV prevalence in some cities exceeds 50%) and Manipur (with HIV prevalence among IDUs between 60-75%). The epidemic is spreading to rural areas and the wider populace, said the UN agencies. In Indonesia, "Over 90% of injecting drug users have been found to use unclean injecting equipment in three major cities, and in one of these, as many as 70% report having had unprotected sex with sex workers." Fewer than 10% of the 7 to 10 million Indonesian men who frequent sex workers use condoms consistently. While Cambodia and Thailand got high marks for promoting condom use in the sex industry, Vietnam "faces the possibility of a serious epidemic" arising from drug users, and Myanmar "has little time to lose," with an epidemic growing among IV drug users and migrant workers.

India Plans Free AIDS Therapy, but Effort Hinges on Price Accord with Drug Makers. India hopes to begin providing free antiretrovirals by April 2004 to all HIV+ new parents and all children under 15 in six states most affected by AIDS, government officials announced Saturday, November 30. All AIDS patients in those states will ultimately be treated under the plan. The decision, announced by Union Minister of Health and Family Welfare Sushma Swaraj, is a shift for the government, which has not previously tried to offer antiretrovirals on a major scale, though it does offer drugs to prevent mother-to-child HIV transmission. The government must still reach an agreement with the country's generic pharmaceutical firms to reduce the price of their antiretrovirals. The firms recently cut their prices to about 37¢ per patient per day in a Clinton Foundation-brokered agreement involving four African countries and nine Caribbean nations. India's drug companies have said that past efforts to work with their own government have been frustrating. "If the government wants to buy, they must let us know for how many, when and do they have the money," said Yusuf K. Hamied, Cipla's chair and managing director. For two weeks, the companies and government have been in what one participant called "backbreaking" negotiations over those issues. Swaraj has made it apparent that she would like the companies to provide lower prices in India than those agreed to with the Clinton Foundation. "That's only natural because these are companies based in India," she said. But the Clinton-brokered deal left the industry a small enough profit margin and a guaranteed market that would allow their companies to grow, representatives said. To go lower, they said, would require concessions from the government, such as excise and sales tax exemptions. On Sunday, one day before elections in four key states, Swaraj announced an agreement had been reached. Privately, however, industry and government officials said negotiations were still ongoing.

Candlelight Vigil, Doctors Parade Mark World AIDS Day in Pakistan. A candlelight vigil, doctors' parades and cricket players sporting red ribbons marked Monday's World AIDS Day in Pakistan on Dec. 1. Although the Muslim country's official figures show only 231 AIDS cases and 2,080 HIV infections among its 145 million adults, UNICEF and UNAIDS estimate true figures may be as high as 70,000-80,000. Needle sharing among Pakistan's 4 million drug addicts threatens to push the numbers higher. Pakistan's National AIDS Control Program said 2003's campaign was designed to renew commitments to fight HIV/AIDS and to involve the general public in the cause. The program included doctors and other health workers parading in Karachi in a torch-lit rally meant to educate people about prevention. Cricket players from Pakistan and New Zealand said they would wear red ribbons during the second one-day international at Lahore to show support for HIV/AIDS patients. In the last six months, 20 cases of HIV/AIDS were diagnosed among IV drug users in Larkana, a small town in southern Sindh province. Provincial AIDS control program manager Sharaf Ali Shah said there were no public rehabilitation centers for drug users in Sindh, and called for a comprehensive treatment strategy. Analyst Nizamuddin Siddiqui said in an article in Karachi's daily Dawn newspaper that the 2,000-odd HIV/AIDS cases reported in Pakistan refute the notion that HIV/AIDS is not a problem in Muslim countries. He noted that an unsafe blood supply—not screened for hepatitis and HIV—helps spread the disease, and called for effective drug treatments. "All these steps require political commitment," he said. "Whether the authorities have this in sufficient amount remains to be seen."
Thai Government Drops Plan for Condom Machines at Universities. Thailand’s director of the Bureau for AIDS, TB and STDs said Monday, Dec. 1, that widespread and outspoken opposition has caused the government to shutter its recently announced plan to put condom vending machines in universities. “We may propose this again when society feels ready,” said Dr. Sombat Thanprasertsuk. Health officials did not wish to alienate school authorities over the proposal, “because we want to work with them,” Sombat said. Opponents of the vending machines said they would encourage student promiscuity. Supporters said they would help fight HIV/AIDS by encouraging safe sex among youth who would not have otherwise used condoms. Sombat said that “condoms should be accessible by all because we know that society has changed. There are more youth engaging in casual sex without protection. Condom promotion will be among the top priorities that we must pursue... We know that prevention is still better than a cure.” The government is working to place condom vending machines in department store and bus station bathrooms, Sombat said. Two state-subsidized condoms will cost five baht (US $0.13), compared to about 40 baht (US $1.02) for over-the-counter condoms. Thailand had 142,819 new HIV infections in 1991, the peak of its epidemic. But with the help of social and religious programs, a 100% condom-use campaign among sex workers and free distribution at sex venues, the number of new infections fell to 23,676 in 2002.

Health Groups Unite to Fight HIV Rise. A new HIV prevention campaign developed by New South Wales Health in collaboration with major HIV organizations aims to combat the recent rise in HIV infections. The HIV Prevention Action Plan media campaign has three messages: HIV risk from unprotected sex is higher than it was 12 months ago; STDs such as syphilis are increasing and having an STD can cause us to get HIV; and that means working more closely together than we may have done previously, if that can deliver a better outcome, then that’s what we’re looking for,” said ACON President Adrian Lovney. The campaign launch follows the federal government’s response to the 2002 Reviews of the fourth National HIV/AIDS and Hepatitis C Strategies and Strategic Research. Health Minister Tony Abbott announced that a fifth national strategy would be developed, as recommended in the 2002 reviews. A new panel—the Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis—will be formed to help create that strategy.

Bono Says Angry AIDS Funds Stalled in Congress. Rock star and activist Bono said Wednesday, Dec. 3, he was “infuriated” that Congress has not passed a spending bill that includes money for the Global Fund to Fight AIDS, TB and Malaria. Speaking to the Kaiser Family Foundation in Washington, Bono said 500,000 people, who might have lived had money been available for treatment, may die from AIDS in Africa in the next few months. In early Dec., the House of Representatives was due to return from the holiday break and approve a spending bill that will provide the first installment of President Bush’s five-year, $15 billion program to fight AIDS overseas. The Senate, however, now appears unlikely to act until late January.

Groups Launch Registry of Artists Who Have Died of AIDS. On World AIDS Day, Monday, Dec. 1, the New York-based Alliance for the Arts’ Estate Project for Artists with AIDS announced it is launching an Internet registry listing hundreds of actors, designers, writers and others who have died of AIDS. The purpose of the registry is to memorialize the lives and catalog the work of those listed. “This is a window on the art of a whole generation of artists,” said Alliance for the Arts President Randall Bourscheidt. “This is an attempt to let their art live on.” Alliance members searched obituaries, articles and academic research to develop the registry. They then contacted the artists’ survivors, nearly all of whom agreed to allow their loved ones to be listed. When they declined, as was the case with some church organizers, their wishes were respected, said Estate Project Director Brennan Gerard. In addition, the organizers have created two online archives of dance and musical works by HIV+ artists. These contain biographical sketches and a catalog of works available to researchers. Twelve years ago, the Estate Project was founded to help artists with AIDS plan their estates and deal with other issues to preserve their works. The national registry and archives cost about $75,000 to produce. For more information, visit www.artistswithaids.org.

Support for AIDS Survival Project is provided by the Ryan White Title I CARE Act, the Healthcare Georgia Foundation, the Atlanta AIDS Partnership Fund, Fulton County Human Services, Bristol-Myers Squibb Immunology, Georgia Shares, IBM, GlaxoSmithKline, the Elton John AIDS Foundation, DeKalb School Employees Fund, Broadway Cares/Equity Fight AIDS, the BroadView Foundation, the LiveWell Fund and hundreds of businesses and individuals who share our vision and commitment to the education, empowerment and support of all people affected by HIV and AIDS.
very year, people all over the world say stridently stupid, misinformed or absurd things about HIV and AIDS. Here’s a list of some folks who make you wonder what, if anything, they were thinking before they opened their mouths in 2003. Their comments are best met with three little words: Just shut up.

**Hugo Pacheco.** In an attempt to address HIV/AIDS denial in the Latino community, activists proposed a memorial to AIDS victims at Lincoln Park in the largely Latino Los Angeles community of Lincoln Heights. The project is envisioned as an expansive, permanent monument in a public setting that includes a rose garden, benches, a sculpture and panels with the names of victims—Latinos as well as non-Latinos. The memorial is to be financed by state, city and private donors. But the nine-year project hit a snag when opponents, led by Lincoln Heights resident Hugo Pacheco, got all snarky about the appropriateness of the monument in a community park and the destruction of green space. “It’s simply a case of taking up too much park space,” said Pacheco, who really needs to get a life. “And why just AIDS? What about diabetes? It’s a bigger thing than AIDS,” he added, immediately weakening his own argument by drawing an irrelevant comparison between a communicable virus and a blood glucose disorder. Despite the foot in his mouth, Pacheco added, “A monument that may list 2,000 victims will make the park look like a cemetery. And if you’re in the park with your kids, how do you start explaining AIDS to your kids?” Mr. Pacheco, who has no plans to create a diabetes memorial, is sadly oblivious to the real facts about HIV in his community. Latinos comprise 14% of the U.S. population, but account for 20% of all AIDS cases. Maybe it’s not such a bad idea for Latino parents to start talking to their kids about HIV.

**Michael Wessels.** While being admitted to a university hospital clinic in Munster, Germany, for a blood transfusion, this guy noted on his patient consent form that he did not want an HIV test. But when he received his itemized bill from the clinic, it appeared he’d been given one anyway because of a lab error. The results: Wessels tested negative for HIV. His reaction: Instead of being relieved or even grateful he’s not infected, he felt litigious and immediately decided to sue the clinic, charging it with bodily harm and violating his right to self-determination. Wessels claimed, “A positive result would have been a catastrophe for me because I would not have had a chance to prepare myself for it.” Sure, German law obliges medical facilities to obtain a patient’s consent before performing an HIV test. The clinic apologized to Wessels, but he remained determined to take legal action. Wouldn’t bodily harm constitute something like having the surgeon amputate the wrong foot or removing your spleen instead of that diseased gall bladder you’ve been complaining about for months? It was good news, bud, so lighten up!

**Carol Jackson.** Just when you think politicians couldn’t create any more odious legislation, along comes Democratic Georgia state Senator Carol Jackson (D-Cleveland). She sponsored SB 20, the so-called HIV Assault Bill, that would “prohibit assault with body fluids, saliva or feces by a person infected with HIV or hepatitis against a peace officer or correctional officer.” And Ms. Jackson thinks you should serve no less than five years in prison for spitting or slinging your feces around because, in her obtuse world view, this kind of thing is right up there with rape and murder. “They’re deadly diseases,” she says. “It’s not like you’re giving someone the flu.” Actually, as rude as it is to spit and throw poop at anybody (not just the police and prison guards), this just isn’t the way you give someone HIV or hepatitis, either. AIDS activists and health advocates attempted to educate the unenlightened politico, but she refused to abandon the legislation, opting to amend it by removing saliva from the list of offensive fluids. Ms. Jackson personifies everything that’s wrong with the political process—she spends valuable time drafting pointless, misinformed bills serving only to remind us that she’s not especially bright and blissfully determined to remain that way.

**Gregory A. Freeman.** This freelance writer and former Associated Press employee wrote an article on “bug chasers”—gay men who say they want to get infected with HIV—for Rolling Stone magazine. Yes, these men exist. It’s a minor phenomenon of the last decade. It’s real. HIV prevention experts and public health officials acknowledged bug chasers about five years ago. Credible studies estimate that 1-2% of infected gay men sought out infection, nearly always in risk behavioral decisions that they later regretted.

But according to Freeman’s Rolling Stone article, a mind-boggling 25% of new gay male HIV infections are due to bug chasing. Within days of publication, Freeman’s story had completely fallen apart. The only two medical professionals quoted claim to have been grievously misquoted (conveniently, Freeman neglected to tape those interviews) and his remaining research consisted of one undeniably mentally disturbed anonymous source and lurid details from some Internet web sites (the kind where virtually all gay men claim to be hot and generously endowed). Is there a study to support that 25% figure? None. That aside, Freeman’s estimate of the number of bug-chaser-related cases of HIV infection ultimately discredits him. The Centers for Disease Control (CDC) reports that there are roughly 40,000 new HIV infections in the United States each year. For his calculations, Freeman uses the made-up 25% figure and merely applies it to the CDC’s 40,000 statistic. From that, he concludes that 10,000 gay men a year are deliberately getting infected with HIV. Apparently, Freeman failed to realize the 40,000 statistic is for all people, male and female, regardless of sexual orientation. According to the CDC, male-to-male infections only make up 42% of the overall 40,000, or roughly 16,800. Not only does Freeman’s 25% figure have no basis in reality, but he also applies it to a statistic he doesn’t even understand. Note to Mr. Freeman: In the future, tape your interviews, leave the stories about HIV and gay men to qualified journalists and consider writing about cars or sports or Victoria’s Secret models from now on… unless your goal is to develop a reputation as a unethical, homophobic dumb ass.

**Bill James.** Following months of discussions about the growing number of HIV/AIDS cases in Mecklenburg County, N.C., a majority of commissioners there decided to appoint a task force to address the situation. Most commissioners expressed the need to explore all the culturally sensitive, measurable, innovative and legal options available to stem the deadly disease—including increasing community awareness of high-risk behaviors and providing HIV/AIDS patients better access to health care. But Republican Commissioner Bill James couldn’t resist delivering a stigmatizing rant: “If you didn’t share needles and didn’t have promiscuous sex, you wouldn’t have AIDS. I, for the life of me, don’t understand why folks get so upset when I say that the main transmission of AIDS is promiscuity and the sharing of needles.” James, who really ought to avoid public speaking and consider a career as a mime, fails to understand that monogamous people can acquire HIV through unfaithful partners or that pre-exposure prophylaxis is a lot more effective than public scolding. Mecklenburg County, N.C. has seen a steady increase in HIV cases in recent years. In 2000, 218 new HIV cases were reported. The number climbed to 259 in 2001 and jumped to 309 in 2002. What does it say about Bill James that his first reaction is to sit in judgment of all these folks?

**Alec Erwin.** In August, a six-member U.S. CONTINUED ON NEXT PAGE
congressional delegation arrived in South Africa to gain some personal perspective on the AIDS epidemic in that country. When South African President Thabo Mbeki and Health Minister Manto Tshabalala-Msimang snubbed them, South African Minister of Trade and Industry Alec Erwin agreed to meet the U.S. senators. Erwin told the delegation he does not believe the findings of studies that have shown that HIV/AIDS is adversely affecting the country’s economy and life expectancy. Erwin characterized the situation as “well-managed” despite the fact that his own government previously refused to make AIDS drugs available through the public health system and President Thabo Mbeki spent years publicly denying that HIV causes AIDS. According to a variety of sources, including South Africa’s own Department of Health, UNAIDS and the World Health Organization, sub-Saharan Africa has the highest HIV prevalence in the world. Of more than 40 million South Africans, over 5 million were living with HIV or AIDS by the end of 2002. A recent World Bank report warns that South Africa’s economy could collapse in several generations if the HIV/AIDS epidemic is not addressed more urgently. As Minister of Trade and Industry, Erwin has the power to negotiate licenses for HIV drugs in his country—how will his views impact the import and licensing of lifesaving drugs?

Michelangelo Signorile. One of America’s most vociferous and least credible gay journalists, Signorile routinely courts controversy. Last summer, he wrote an article declaring that HIV/AIDS prevention campaigns should avoid depicting the disease as “so manageable” that young gay men will begin to think contracting HIV “doesn’t matter.” Show them that the disease and the side effects of antiretroviral drug treatment are a “living hell,” he admonished. Then he accused AIDS advocates of trying to combat the stigma associated with the disease by depicting HIV+ gay and bisexual men as “healthy, attractive and successful.” We all know that prevention efforts are failing and in need of an extensive overhaul, but his “Living Hell” proposal is reminiscent of those campaigns to convince smokers that smoking leads to emphysema and cancer—scare tactics aren’t effective long-term strategies and ultimately undermine prevention’s credibility. Besides the behavioral or psychological irrelevance of Signorile’s rant, his message teaches no positive skills or risk reduction methods. Broken down, Signorile’s “Living Hell” scenario is the equivalent of standing on a crowded beach and screaming, “Shark!”

Claude Allen. As Deputy Secretary of the U.S. Department of Health and Human Services, Allen is the Bush administration’s second-ranking health official. A leading proponent of abstinence-only sex education, Allen told those gathered for the 2003 National HIV Prevention Conference in Atlanta last July that “encouraging young people and young adults to abstain is the only appropriate initial strategy.” Then, as if people didn’t get it, he added, “De-layering sexual debut is the first message they should hear.” We get it, Claude. Abstinence. No sex outside a traditional heterosexual marriage. We don’t need no stinkin’ condoms. Problem solved. Now would you be so kind as to explain why you, an African-American, would spend five years (1982-1987) working for Senator Jesse Helms (R-NC)—one of the most unapologetic racists in American history—as an aide and campaign press secretary? What about Jesse Helms’ offensive rhetoric, his opposition to affirmative action, his race-baiting reelection campaigns, his vote against the Martin Luther King holiday, his notorious lack of compassion for people living with HIV and AIDS? Because, you know, your thoughts on all that would be so much more interesting than your simplistic views on sex education.

Stephen Wolcott. Most of us have been taught that a missionary is a person sent by a church to some so-called less fortunate part of the world to carry on religious or humanitarian work. It goes something like this: “I’m here to show you how to boil your drinking water and convert you to Christianity.” Africa Inland Missions (AIM) has been sending American missionaries to that continent for over a hundred years. According to their web site, AIM’s goal is “to reach unreached peoples with the Gospel of Jesus Christ, and to plant maturing churches among those peoples.” They’ve done some fine work, despite the fact that the unreacheds are not a word. Stephen Wolcott is the executive officer for the Ugandan branch of AIM. Not content to declare the glory of God to the peoples of Africa, Wolcott now spreads the word about HIV. And what is the gospel according to Steve? “The only solution is abstinence. To get people to actually stop the AIDS pandemic, the solution is to have not sex until marriage.” Wolcott and his missionaries even tell villagers that condoms do not work and they simply have to wait to have sex until marriage. When did lying become part of missionary work? A decade ago, Uganda was the epicenter of the global AIDS pandemic. It has since become the first African country to document a decline in HIV prevalence—by more than 50% since 1992. How? Two nongovernmental organizations, The AIDS Support Organization (TASO) and The Straight Talk Foundation, have engaged the entire population in a frank discussion about sex and promoted a successful strategy known as ABC—abstain, be faithful or use a condom. TASO has seven clinics providing counseling and basic medical services. The Straight Talk Foundation provides safe space for Ugandans to discuss masturbation, condoms and persistent myths about virginity (many Ugandan girls are told that they will grow a bone in their vagina if they do not have sex by age 15). Ugandans did all this without Stephen Wolcott’s meddling and dishonesty. What would Jesus do, Steve? Maybe He’d bitch-slap you with a King James Version of the Bible.

The Catholic Church. All over the world, the Catholic Church is telling people not to use condoms. The Church opposes any kind of contraception and Pope John Paul II himself proclaims that the only divinely approved sex is the kind that happens in the context of a heterosexual marriage for the sole purpose of procreation. That’s old news.

Now, in a desperate attempt to impose this morality upon the entire world, cardinals, bishops, priests and nuns across four continents have mounted a brazen campaign of intimidation and lies. Catholic clergy in Mexico publicly castigated that country’s First Lady, Marta Sahugan, after she advocated the use of condoms for protection against HIV. Bishops accused her of spreading propaganda and called her “depraved.” The president of the Vatican’s Pontifical Council for the Family, Cardinal Alfonso Lopez Trujillo, announced that HIV is smaller than sperm and can therefore pass right through a condom. Widespread scientific consensus disputes this, but when representatives of the U.S. National Institutes of Health and the World Health Organization presented Cardinal Trujillo with evidence, he huffed, “They are wrong about that... this is an easily recognizable fact.” Then the archbishop of Nairobi, Raphael Ndingi Nzeki, added his two cents: “AIDS has grown so fast because of the availability of condoms.” Reality check: condoms provide a highly effective barrier to HIV transmission. According to a mountain of research, condom use reduces the risk of HIV infection by at least 90%. In the remaining 10% of cases, the condom was used improperly, broke, slipped off or had passed its expiration date. Wanna know something that really doesn’t work? Celibate priests.

David Salyer is an HIV+ journalist and AIDS educator living in Atlanta, Georgia. He leads safer sex presentations for men and has facilitated workshops for people infected or affected by HIV since 1994. Reach him by e-mail at CubScout@ mindspring.com.

**Until a cure is found, we must use every means possible to fight the AIDS epidemic. Contact your state representative and senator and ask them to support HB 593, the AIDS Awareness License Plate. For more information, visit our web site:**

[www.aidssurvivalproject.org](http://www.aidssurvivalproject.org)
Resolutions for a New Year

1. If you are not already registered to vote, do it today! You may visit our web site after January 5 for assistance in getting registered. You must be registered by February 2 to qualify to vote in the March 2 Presidential Primary.

2. Commit to getting others registered to vote. Nothing works like peer pressure!

3. Know where the presidential candidates stand on the issue of HIV/AIDS. See the accompanying article on AIDSVote.org for information on where the candidates stand.

4. Volunteer for a candidate. There is no better way to show that you support a candidate, and it’s an excellent way for both candidates and the public at large to see the dedication of people concerned about HIV. Education is still the key to positive change.

5. Vote in the primary! Everyone complains about the lack of good candidates in the general election, yet so many people ignore the primaries. Primary elections are where the field of candidates are narrowed. Although your candidate may not win, how your candidate does in the primary could influence the platform and policies adopted by the candidates in the general election and by the new administration.

6. Don’t forget the state issues. The start of the year is also the start of the Georgia legislative session. If you are concerned about ADAP, HIV prevention, funding for Medicaid or would like to see the creation of the AIDS Awareness license plate, you must be active in the upcoming legislative session. Our ADAP lobby training will take place on Sunday, February 8, and our AIDS Awareness Day will be on March 22.

7. Visit the new Advocacy Resource Center on our web site: www.aidssurvivalproject.org. Starting in January, we will have information on voting, a guide to the presidential candidates, resources to track health care legislation and links to connect you with your elected officials—everything you need to be an effective advocate and an informed voter.

Our thanks to GlaxoSmithKline, who partially sponsored this forum. Also, many thanks to Cheryl Page from the Fulton County Department of Health and Wellness Tobacco Use Prevention Program; AIDS Treatment Initiatives (ATI), who cosponsored this forum; and The Myrbacks, a husband-and-wife hypnotherapist enterprise. The Myrbacks shared how this complementary therapy can help one to stop smoking (as well as a plethora of other things).

Fulton County has a help line for those who want to quit smoking or who need to talk to a real live person for support with staying smoke-free. The number is 1-877-270-STOP (7867) and is available Monday—Thursday, 8:00 a.m.—11:00 p.m.; Friday, 8:00 a.m.—10:00 p.m.; Saturday and Sunday, 9:00 a.m.—8:00 p.m. I called this number and Karen was very helpful in giving me this information.

For more information about hypnotherapy, contact Maria Myrback, CH, Holistic South, Inc., www.holisticsouth.com, (770) 713-2804. They even have CDs that help with several health issues. These are available at ATI or at their web site.
**POSITIVELY PERSONAL**

**MALE SEEKING MALE**
Looking for a well-adjusted, empowered HIV+ man, 20-40, who needs love and support for a relationship. I’m a 30-ish mechanic, healthy, attractive and love good-looking guys who are real men! I need a friend for companionship, young at heart for fun-loving good times. Don’t go it alone! Michael, (770) 489-7436. [1/2]

**MALE SEEKING FEMALE**
Italian man, 46, looking for an HIV woman, any race, 18-50 years old, to spend the rest of my life with. Please call or write Robert Raposa, 3661 Bay Branch Rd, Claxton GA 30417, (912) 739-0693. [1/2]

WM, 44, athletic, 20 years positive, excellent health, Atlanta resident currently in Illinois, returning to Atlanta 4/04, seeking attractive HIV+ female, race unimportant. Jeffrey E. Johnson, R-17399, PO Box 900, Sumner IL 62466-0900. [2/2]

Italian man, 46, looking for HIV+ woman to spend the rest of my life with. Any race, 18-50 years old. Please call Robert (912) 739-0693. [2/2]

**MALE SEEKING TV/TG/TS**
I am tall, light-skinned, 21 years old. Looking for friendship, maybe more. Age/race not important. Must be kind, loving, understanding and very open-minded. André Blackman #339524, NWXC, RR 1 Box 660, Tiptonville TN 38079 [2/2]

**TV/TG/TS SEEKING MALE**

**SEEKING PEN PALS**
If anyone would like someone to talk about either Hepatitis C or HIV or both, or just want someone to talk to, please write to me. I’m an equal-opportunity friend; race, sex, religion, sexual orientation unimportant. Vaughn Scott, 807 Cushing Rd, Warren ME 04864. [1/2]

**DONATIONS**

“Buying Your Home Is Not a Science...It’s an Art!” — Art Auerbach of Paris & Associates Realty, long-time volunteer and friend of AIDS Survival Project, will donate the equivalent of 25% of the commission he receives for each buyer or seller referred from AIDS Survival Project. If you are ready to buy or sell a home or condo, call Art at (404) 321-1930 or on the web at www.TheARTofAtlantaHomes.com. You will receive great real estate assistance and ASP will benefit from a generous donation! Be sure to tell Art you are an ASP referral! [2/2]
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**Events:**
- **JANUARY 2004**
  - 9:30 am - 5:00 pm Legislative Lobby Training
  - 9:00 am - 4:00 pm ADAP Lobby Day
  - 6:00 pm Closed Women's Support Group
  - 8:00 pm Closed Women's Support Group
  - 9:00 am - 4:00 pm Counseling Skills-Building Training

- **FEBRUARY 2004**
  - 9:00 am - 4:30 pm Healthy Choices = Healthy Lives Call for info

**Call for registration:** THRIVE! Weekend Call for pre-registration