Graham, Young arrested in Washington, D.C., at AIDS awareness protest

by Rob Nixon, Communications Manager

AIDS Survival Project Board President Eddie Young and Executive Director Jeff Graham joined more than 1,000 marchers in Washington, D.C., May 20, chanting “Wake Up, Time’s Up” in an election-year rally through Capitol Hill to call attention to the global and domestic AIDS crisis.

Bearing 1,000 alarm clocks, the marchers brought their wake-up call to the headquarters of the Republican and Democratic parties. The march ended on the steps of the Capitol, where more than 120 protesters lay in the street until most were arrested in one of the largest AIDS-related civil disobedience actions in a decade. Young and Graham were among the AIDS advocates and agency leaders from across the U.S. to be arrested. Young has been living with HIV for close to a dozen years.

“HIV/AIDS needs to be put back on the map,” said Young, explaining his reasons for taking part in the demonstration. “It’s in danger of becoming so mainstream and commonplace that people aren’t paying attention anymore—and that includes both political parties. And on a personal level, it was equally important for me to honor the memory of my brother, who died in 1995.”

Stressing that 8% of voters identify HIV/AIDS as their first health concern, the protesters pledged continued activity, demanding that elected officials and candidates alike commit to comprehensive programs to prevent HIV transmission, to bring treatment and support services to people living with HIV and to redouble efforts for a cure, in the U.S. and around the world. The coalition demands include:

- Support of comprehensive and honest HIV prevention efforts
- An end to politically motivated attacks on scientific research on HIV/AIDS
- Full funding for AIDS housing programs
- Full funding of domestic and global HIV/AIDS public health infrastructure
- Full funding of domestic and global efforts to provide lifesaving HIV medications to millions of people in the U.S. and around the world
- Full funding for AIDS housing programs
- An end to politically motivated attacks on scientific research on HIV/AIDS
- Full funding of AIDS housing programs
- Full funding of domestic and global efforts to prevent HIV transmission, to bring treatment and support services to people living with HIV and to redouble efforts for a cure, in the U.S. and around the world
- Full funding of domestic and global HIV/AIDS public health infrastructure

The demands were bolstered by a report released May 13 by the Institute of Medicine (IOM), a private, nonprofit institution that provides health policy advice under a congressional charter granted to the National Academy of Sciences. The report said the federal government should expand its role in the financing of HIV/AIDS treatment for low-income Americans to ensure that the thousands of HIV-infected people currently not receiving care through existing programs gain access to the services they need. The IOM said at least 59,000 people in the U.S. don’t have stable access to lifesaving AIDS drugs and proposed a new national program with uniform eligibility criteria.

AIDS Survival Project receives major CDC grant for prevention programs

by Rob Nixon, Communications Manager

The Centers for Disease Control and Prevention (CDC) announced May 21 that 142 agencies across the U.S. have been approved for funding under a new $49 million initiative to carry out prevention activities in communities especially hard-hit by the AIDS epidemic; particularly communities of color. AIDS Survival Project is proud to be approved as one of those agencies after a lengthy and exacting review process of 537 community-based organizations that originally applied.

“We’re very honored to have been selected by the CDC to participate in this initiative,” noted ASP Executive Director Jeff Graham. “From the very founding of our agency, we have supported people living with HIV in lowering their high-risk behavior and, throughout all our programs, have integrated messages about taking personal responsibility for stemming the spread of the virus. It will be nice, however, to be able to use this experience to develop a program that is dedicated to these efforts.”

Priority consideration went to organizations particularly well-equipped to provide prevention services to HIV-positive people and their partners (aimed at reducing the risk of transmission), to those who know they are HIV-positive in high-risk, and to racial and ethnic populations determined to be at high risk or most impacted by HIV.

As a natural outgrowth of ASP’s service history and its ongoing work on prevention efforts, the...
calls that never came
I shall miss the joy of your comings
and, after a time,
I shall miss
loving
you
I shall miss loving you
I shall miss the
Comfort and,
after a time
I shall miss
loving
you

I was already missing him when I got to rehearsal. He was on my mind while we rehearsed these songs. Because these songs were about the loss of a loved one, I couldn’t help but to sing these songs as if I were singing about my loved one. What would I do if—when—he died? How could I face life without him? I shall miss loving you... I completely lost all composure and broke down right there, in the middle of the rehearsal, a big, fat, 225-pound sissy, wiping tears off my face with a hanky and covering my mouth to stop sobbing. It was one of the most embarrassing moments of my life—and yet, one of the most powerful. Never before and never since have I been so powerfully moved by a piece of music. Never before and never since have I cried... for the living.

The man around whom my entire life had begun to revolve was into his fifth year of being HIV+. Although he was fully asymptomatic and in other wise perfect health at the time, how much longer could I reasonably expect that to continue? By that time, I had already buried so many friends and loved ones... so how could I possibly think of our relationship in any terms other than... temporary? It’s been ten years since that emotional breakdown and, in that time, I’ve lost far too many more friends and loved ones to this dreadful disease. But amazingly enough, the man who lay in my bed that memorable morning oh so long ago is not one of them. At least, not yet. Halfway through his second decade of living with HIV, he remains healthy and asymptomatic. How much longer does he have? How much longer do we have? Will we grow old together? I don’t know. But these questions continue to haunt me every day, and every night, I pray that a cure is found before I learn the answers.

*I Shall Miss Loving You* from When We No Longer Touch,—A Cycle of Songs for Survival; lyrics by Peter Williams, music by Kris Anthony.

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Dateline: ASP

ASP on TV

Last issue, I wrote a piece about being a media activist, never knowing that some of our own staff members would become media presences themselves shortly thereafter—or that their appearances on television might call for a kind of diligence and action I wrote about.

Sheryl Johnson, our Community Outreach Program Manager here at AIDS Survival Project, was thrilled to be asked to appear on The Oprah Winfrey Show and excited about the prospect of adding her years of experience and knowledge to a planned episode on “The State of HIV/AIDS in the U.S. Today.” Johnson, who has been living with HIV for eight years and working in the field for four, discussed AIDS issues crucial to African-American women in a pretaping interview with a show producer and was looking forward to getting those issues heard when the episode hit the airwaves on April 14. But she was less than pleased when the main focus of the show turned out to be J. L. King, the author of an upcoming book about the “down low,” a term used for men who do not identify as homosexual but who have same-sex relations they keep secret—often from their wives and girlfriends.

“I’ve organized ‘down low’ community forums. I recognize it as an important challenge to HIV prevention efforts and as a very real problem for the women who are victimized by it, but there were other guests on that show who had a whole lot more to offer about the state of AIDS in this country today,” Johnson said, noting such other guests as educator and former ASP staffer Marcya Gullatte-Owens, Black AIDS Institute Executive Director Phil Wilson and activist Jane Fowler, who advocates for seniors with AIDS. “The producer explained to me that Oprah had just heard about the ‘down low’ for the first time a few days before, so the show took a turn at the last minute. That’s really too bad. Oprah’s a powerful woman a lot of people listen to. She could have done a lot to spread some important information and save some lives, but instead, she chose to focus on what I think is a rather sensational book.”

AIDS advocates have lobbied producers of the program for years to air something comprehensive about the current AIDS crisis in the U.S., hoping to see more on the domestic situation in addition to the show’s recent focus on the epidemic in Africa.

Johnson, who also appeared on Oprah After the Show on the Oxygen network later the same day, said the experience has only given her more resolve to do the work she does and take it to new levels. “I’m going to keep working, fighting the good fight, and I’m looking forward to going back and sitting in the big chair with Oprah someday soon!”

ASP Executive Director Jeff Graham fared better on WAGA-TV Fox 5’s early morning show Good Day Atlanta on April 21. Graham appeared with Fatima Thomas, spokesperson for M A C Cosmetics, who was on the show to introduce the company’s newest Viva Glam lipstick line in support of AIDS causes. The company established its M A C AIDS Fund in 1994 to support men, women and children affected by HIV/AIDS globally. Introducing its first Viva Glam lipstick that same year, M A C decided that every cent of the selling price of the Viva Glam lipsticks would go to the fund. With a total of five lipsticks now sold worldwide, and through the annual Kids Helping Kids Card Program, M A C Cosmetics has provided over $30 million to date for the M A C AIDS Fund. The fund is the heart and soul of the company—with its employees giving their time, energy and talent to help those affected by HIV/AIDS worldwide.

AIDS Survival Project is one of many organizations that have been grateful beneficiaries of the M A C AIDS Fund over the years. Graham spoke of the fund’s tremendous support and gave viewers some insight into the current scope of the epidemic in the Atlanta metro area and throughout Georgia.

Unfortunately, the station got the name of our organization wrong in a text banner identifying Graham. However, Good Day Atlanta has been a good source of information on AIDS and has helped spread the word about its mission and services. Last November, the show did a spot on ASP’s 15th Anniversary Gala, featuring an interview with Sandra Thurman, AIDS Czar in the administration of President Bill Clinton.
March for Women’s Lives has been considered one of the largest and most diverse demonstrations in U.S. history. On April 25, an estimated 1,110,000 people descended upon Washington, D.C., as a collaborative effort to focus attention on women’s rights, organized and supported by the seven leading national women’s rights groups: American Civil Liberties Union, Black Women’s Health Imperative, Feminist Majority, NARAL Pro-Choice America, National Latina Institute for Reproductive Health, National Organization for Women and Planned Parenthood Federation of America. With all of these organizations playing an integral role in the advancements of women’s reproductive rights, it seemed like the best coordination of efforts to organize hundreds of thousands of advocates to demand that legislation guarantee a woman’s right to privacy, therefore allowing her to make her own health care decisions. In the past, this collaborative effort was called the “March for Choice,” signifying efforts to uphold the precedent set through the decision of Roe v. Wade in 1973 regarding a women’s right to privacy, therefore providing a way for women to finally access legal abortions. Although women are still fighting for reproductive freedom, the issues now extend beyond a mere pro-choice focus. This year, the demonstration name was changed to “March for Women’s Lives” in order to embrace a broader and more comprehensive agenda of women’s health and sexuality issues. And with this refocusing of efforts, an overwhelming need developed for the voices of women and men living with HIV to impact women’s health, right to choose and access to care movement.

“Why do we march?” is the one question often asked when involved with demonstrations involving the rights of women to govern their own health care. A simple answer: “Our body, our choice.” Our choice to make informed decisions for our health care: access to doctors, medical treatments, the ability to partake in one’s own family planning—it means the choice to become educated, to understand our bodies and to be given the opportunities to make our own choices. For women living with HIV, it is as crucial to have a presence in this fight for women’s lives. In 2003, according to the World Health Organization, 19.2 million women were living with HIV. It is time for women living with HIV to organize to protect HIV+ women’s rights to choose, access to health care and a right to privacy. This is a crucial component to the fight. Unfortunately, there was a time when pregnant women were forced to be tested for HIV, and if a positive test result was received, these women were coerced into having an abortion.

There was a time when pregnant women were forced to be tested for HIV, and if a positive test result was received, these women were coerced into having an abortion.

Although the funding details have yet to be announced, the ASP initiative that will be created under this grant will include:

- An HIV rapid-testing clinic, supported by thorough and effective pre- and post-test counseling
- A “Healthy Relationships” intervention that will assist participants as they work through the fear of disclosure of HIV status and develop skills in negotiating safe sexual behaviors
- An ongoing “Holistic Harm Reduction Program” that will provide one of the few group interventions for injection drug users in our service area

“The HIV Testing and Prevention Initiative has grown out of our peer-based prevention efforts previously supported by the Georgia Department of Human Resources,” Graham explained. “It is also a testament to our ongoing relationship with Dr. Seth Kalichman and the Share Project, under whose auspices we were instrumental in developing the ‘Healthy Relationships’ intervention during the 1990s. By targeting prevention efforts primarily to individuals who have recently tested positive for HIV, the intent is to provide support and education to people as they learn to take charge of their lives, take care of their health and take responsibility for not transmitting the virus to anyone else.”

CDC has directly funded local HIV prevention services since 1989. The 2004 community-based organization awards are part of CDC’s $788 million budget for domestic HIV prevention. Through the Advancing HIV Prevention Initiative, CDC is working with national and local partners to increase access to early diagnosis and treatment through the use of rapid HIV testing, to make HIV testing a routine part of medical care for high-risk individuals, to strengthen HIV prevention services for people living with HIV and to further reduce the number of infants born with HIV infection.
Public Funding for HIV/AIDS Care

In May of 2004, the Institute of Medicine (IOM) released a report commissioned by Congress. After evaluating current publicly funded programs for people with HIV/AIDS, they recommended that the federal government step in with a nationally coordinated program to ensure that the 950,000 people living with HIV in the United States receive the medical care they need. The committee chair, Lauren LeRoy, said, “Current programs are characterized by limited state budgets, limited services and a confusing array of eligibility requirements—all of which undermine the nation’s goals for preventing and treating HIV/AIDS.” The committee recommended an entitlement program funded by the federal government to assure that all HIV+ low-income Americans would have consistent access to necessary care. This program would establish uniform requirements and a standard set of services across all states. As the report envisions it, the new program would relieve financial strains on state Medicaid programs, allow the federal government to negotiate discounted drug prices as the Veterans Health Administration does and redirect some Ryan White Care ACT funds.

Until there is a coordinated approach to funding medical care for low-income people with HIV/AIDS, such as what was recommended by the IOM, HIV+ medical consumers need to be familiar with the elements of funding that now exist. Medicare, Medicaid and Ryan White CARE Act monies are the primary public funding sources that allow people with HIV infection to receive care. Benefits and eligibility requirements of these programs vary from state to state and year to year. While it is beyond the scope of this article to explain all the details of these programs, some critical information about them follows.

Medicare

Medicare is a publicly funded health insurance program covering elderly and several million disabled people, including people with AIDS. These people receive Social Security retirement or Social Security Disability Insurance (SSDI). Medicare is the “primary payer,” which means that a provider bills Medicare before looking to any other source of payment. Part A covers inpatient hospital care, skilled nursing facilities, hospice care and certain types of home health care. Part A does not usually require payment of a premium (monthly charge). People do, however, pay a monthly premium to receive Medicare Part B, which covers doctors’ visits, particular laboratory tests and some other limited services. That premium is usually deducted from their monthly check. The premium is currently $66.60 per month. That cost is “updated” annually. Medicare recipients who do not elect to pay for Medicare Part B when they first become eligible for it may pay an increased rate if they enroll later.

In some areas, Medicare recipients are also eligible to elect other types of plans associated with Medicare. These are called Medicare + Choice Plans. If you currently have Medicare and want to explore these options, please refer to the contacts given below. You can also talk with someone in your State Health Insurance Assistance program if you need help weighing options. The toll-free number for Georgia’s program is (800) 660-8837. Phone numbers for other State Health Insurance Assistance programs can be obtained at (800) 653-4227.

The absence of Medicare coverage for most prescription drugs has been a great difficulty for medical consumers. Political pressure to ease the burden of skyrocketing pharmaceutical costs has resulted in some recent changes in Medicare benefits for medication coverage. The degree of relief from prescription costs that the program modifications will create is debatable.

Medicare-approved assistance for prescription drugs will be phased in from now until 2006. In the spring of 2004, the Medicare program introduced Medicare-approved drug discount cards that allow people who don’t have outpatient prescription drug coverage through Medicaid (see Medicaid section below) to sign up once during a calendar year for a discount drug card. These cards, which are available through a number of private companies, can carry an annual fee of up to $30. The cards allow participants to purchase drugs at discounts determined by each sponsoring company. Interestingly, although recipients are required to remain with their choice of cards for the calendar year (with a limited number of exceptions), the private companies who issue the cards are not required to maintain the discounted prices they originally quote. The value of committing to a particular Medicare-approved discount card can also be compromised if new drugs are prescribed during the calendar year that don’t have a discount within that particular card company.

There are many components to consider when weighing the decision to select a new Medicare-approved discount card. Some of these are related to Medicare regulations and some to the business decisions of the private companies that issue the cards. Help in evaluating which—if any—Medicare-approved discount card is best for you is available at the Medicare contacts listed below and at www.medicare.gov on the web (select “Prescription Drug and Other Assistance Programs”). Some consumer publications have found that these discounts don’t match the cost-saving of other private discount cards or of ordering drugs by mail from U.S. or Canadian companies.

Medicare recipients who select a Medicare-approved drug discount card may also qualify for up to a $600 credit in the calendar years 2004 and 2005 toward prescription payments. Of course, this is minimally helpful to someone whose costs for combination antiretroviral therapy can run from $10,000 to $12,000 a year.

Questions about Medicare in general, Medicare health plans, Medicare booklets, Medigap policies and assistance programs? Call (800) 633-4227 (800-MEDICARE) or go to www.medicare.gov on the web.

Medicaid

Medicaid funds come from a combination of federal and state governments. Nationally, Medicaid pays for the largest portion of treatment for low-income people with HIV/AIDS who do not have private health insurance. Financial eligibility requirements, scopes of service and drug formularies (a list of drugs available within a specific program) are established by each state. Medicaid benefits cover hospitalizations, doctor and clinic visits, most prescriptions, very limited dental services and some home health and hospice benefits. As with Medicare, not all physicians or clinics accept Medicaid.

Most people with HIV/AIDS who have Medicaid coverage are eligible for it because they receive Supplemental Security Insurance (SSI), a form of monthly payments based on disability and financial need. Once SSI is awarded, Medicaid follows.

Some people who don’t receive SSI also qualify for limited types of Medicaid assistance that pays for Medicare premiums or prescription benefits. Eligibility requirements for these forms of Medicaid may consider income, household size and medical bills. Recipients may need to be reauthorized for eligibility on certain time schedules. In Georgia, application for these and other forms of Medicaid can be made through the local Department of Family and Children Services.

Ryan White CARE Act

Ryan White programs are considered “the payer of last resort.” HIV+ individuals who do not have Medicare, Medicaid or private insurance and meet particular income requirements may qualify for various medical and social services through Ryan White funding. Ryan White funds come from the federal government to support state and local HIV/AIDS programs. As with the other public programs already
**AIDS Survival Project** has embarked upon a brand new initiative that you’ll be hearing a lot about and I wanted to give you a “heads up!” so that you’ll already be aware of a project that will be beneficial to agencies that serve Ryan White CARE Act clients. Last winter, members of the ASP staff came together to brainstorm and talk about new ways to be of service to the community while fulfilling our commitment to our Ryan White funding source to provide accurate numbers of how many Ryan White clients we serve. Equipped with a general concept paper that described the program, five staff members went out recruiting and returned with signed agreements from eight local service agencies who agreed to collaborate with ASP in producing a successful Care Access Team (CAT) Program.

So what exactly is the CAT program and how will it benefit the participating agencies? The objective of the program is to provide high-quality services to HIV+ persons while at the same time enhancing the resources available to agencies as they provide services to their clients. As budgets are being squeezed and monies for nonprofits are diminishing, organizations are finding that they must come up with creative ways to provide quality services to those having the greatest need. Therefore, what this program hopes to accomplish is a collaborative effort that motivates the clients towards becoming more self-managed and results in increasing client access to HIV services.

For the most part, many clients are overwhelmed when they first enter into the Ryan White system of care. I know this was my situation back in 1996. When I received my diagnosis, I immediately went to the local AIDS service organization (ASO) that handled case management services. Once I was in the system, I was passed from staff member to staff member. Although everyone seemed friendly and cordial enough, I never seemed to “belong” to any one person, so they kept passing me on. I was only able to find out what was available to me because I was always asking questions—lots and lots of questions. I was fortunate, because among the hosts of staff that I got to know, I had one case manager who acted like she was working for me. She was knowledgeable, diligent, highly efficient and persistent, and she never let go of a problem until we had it resolved.

With the CAT program, we hope to empower clients so that they will move into a self-management mode. The curriculum includes information on:

- How the Ryan White system of care works
- How agencies work together to create a continuum of care in Atlanta
- Patients’ rights and responsibilities
- Communicating with your health care provider
- Knowing your treatment options
- Reading test results
- Accessing support services

The entire presentation takes less than two hours and provides the clients with the extra incentive of possibly winning a raffle prize if they show up and are on time. Clients are also supplied with MARTA tokens, since transportation challenges are often an issue.

For ASP’s part, we provide a minimum of three trainers to conduct each presentation. We utilize staff members that are specifically trained in their own areas of expertise (such as treatment resources), so they can answer questions raised in specific areas. We also offer, upon request, to make follow-up phone calls to clients to remind them of upcoming medical appointments. For their part, our collaborating agencies provide ASP with enough information to begin a client file, and ASP has the opportunity to acquaint new clients with the wide variety of free programs and services that we offer, thus moving them into a self-management mode and encouraging them to become self-empowered. This is obviously a “win-win” situation for everyone involved, and we are very excited about what can be accomplished through the current collaborating agencies, as well as where we can expand in the future. The collaborative agencies that have joined our initial effort include AID Gwinnett, Cobb County Board of Health, DeKalb County Board of Health, Fulton County Health and Wellness, Grady Infectious Disease Program (IDP), Legacy Village, Our Common Welfare and St. Jude’s Recovery Center.

St. Jude’s is a private, nonprofit, United Way-funded organization that has been providing 12-step-based services for alcohol and drug-addicted men and women since 1962. The agency provides effective and affordable treatment to people from all walks of life. St. Jude’s’ comprehensive programs include educational, psychological and spiritual support, giving addicted people and their family members the ability to reach their full potential as human beings and to achieve long-term recovery. St. Jude’s’ treatment program is based on a belief that chemical dependency is a disease that affects an individual’s physical, emotional and spiritual life. To recover, clients must make certain changes in each of these areas. Their approach is to help clients gain insight into these necessary changes through education, therapy and support.

To give a brief idea of the impact of substance abuse, look at these statistics:

- 60% of the world’s illegal drugs are consumed in the United States.
- Nearly 70% of current users of illegal drugs are employed.
- Nearly one in four employed Americans between 18 and 35 has used drugs in the past year.
- One-third of employees know of the sale of drugs in their workplace.
- 20% of young workers admit to using marijuana on the job.

Here at ASP one of our most valuable long-term volunteers is a successful recovering addict who graduated from St. Jude’s program. We know what they can do! All of their residential programs are located in downtown Atlanta in close proximity to public transportation and employment opportunities, and the Outpatient Services Center is located within walking distance of the residential facilities. For further information about St. Jude’s, call (404) 874-2224 or visit their web site at www.stjudesrecovery.org.

**THRIVE! Weekend Wish List**

- Ballpoint pens, any color
- 2-pocket folders, any color
- Binders – 1½” white round ring clear view binder
- Bottled water
- Cans of soda
- Coffee, regular or decaffeinated
- Adhesive name tags

We always need these items to help us continue to offer this educational program to the community. If you would like to donate any of these items to us, please contact Sarah Biel-Cunningham at (404) 874-7926 ext. 14 or e-mail SBiel@aids survivalproject.org. All donations to AIDS Survival Project are fully tax-deductible and your generosity is always appreciated!
How is Crypto diagnosed and treated?

Your health care provider will ask you to submit stool samples over several days. There is no effective treatment for Crypto at this time. If you have diarrhea, drink plenty of fluids to prevent dehydration, which can be life-threatening, especially in infants. Persons living with HIV are at a higher risk for more prolonged and severe symptoms. Those persons on antiretroviral therapy that improves immune function will also decrease or clear symptoms of Crypto. However, should the immune system decline, symptoms may return.

How to avoid becoming infected (CDC recommendations)

1. Wash your hands.

Washing your hands often with soap and water is probably the single most important step you can take to prevent Crypto and other illnesses. Always wash your hands before eating and preparing food. Wash your hands well after touching children in diapers; after touching clothing, bedding, toilets or bed pans soiled by someone who has diarrhea; after gardening; any time you touch pets or other animals; and after touching anything that might have had contact with even the smallest amounts of human or animal stool, including dirt in your garden and other places. Even if you wear gloves when you do these activities, you should still wash well when you finish. Children should be supervised by adults to make sure they wash their hands well.

2. Practice safer sex.

Infected people may have Crypto on their skin in the anal and genital areas, including the thighs and buttocks. However, since you cannot tell if someone has Crypto, you may want to take these precautions with any sex partner. “Rimming,” “tossing salad” or “cleaning the kitchen” (slang terms for kissing or licking the anus) is likely to spread infection that you should avoid it, even if you and your partner wash well beforehand. Always wash your hands well after touching your partner’s anus or rectal area. Barrier protection is advised if coming in contact with the anus.

3. Avoid touching farm animals.

If you touch a farm animal, particularly a calf, lamb or other young animal, or visit a farm where animals are raised, wash your hands well with soap and water before preparing food or putting anything in your mouth. Do not touch the stool of any animal. After you visit a farm or other area with animals, have someone who is not immuno-compromised clean your shoes, or wear disposable gloves if you clean them yourself. Wash your hands after taking off the gloves.

4. Avoid touching the stool of pets.

Most pets are safe to own. However, someone who is not immuno-compromised should clean their litter boxes or cages and dispose of the stool. If you must clean up after a pet, use disposable gloves and wash your hands afterwards. The risk of getting Crypto is greatest from pets that are less than six months old, animals that have diarrhea and stray animals. Older animals can also have Crypto, but they are less likely to have it than younger animals. If you get a puppy or kitten that is less than six months old, have the animal tested for Crypto before bringing it home. If any pet gets diarrhea, have it tested for Crypto.

5. Avoid swallowing water when swimming in the ocean, lakes, rivers or pools, and when using hot tubs.

When swimming in lakes, rivers or pools, and using hot tubs, avoid swallowing water. Several outbreaks of Crypto have been traced to swallowing contaminated water while swimming. Crypto can live in chlorinated swimming pools and water parks for days. Crypto also can remain alive in salt water for several days, so swimming in polluted ocean water may also be unsafe.

6. Wash and/or cook your food.

Fresh vegetables and fruits may be contaminated with Crypto. Therefore, wash well all vegetables or fruit you will eat uncooked. If you can, take extra steps to make your water safe and use this safe water to wash your fruits and vegetables. When you can, peel fruit that you will eat raw after washing it. Do not eat or drink unpasteurized milk or dairy products. Cooking kills Crypto. Therefore, cooked food and heat-processed foods are probably safe if, after cooking or processing, they are not handled by someone infected with Crypto or exposed to possibly contaminated water.

7. Drink safe water.

Do not drink water directly from lakes, rivers, streams or springs. Because you cannot be sure if your tap water contains Crypto, you may wish to avoid drinking tap water, including water or ice from a refrigerator, which is usually made with tap water. Because public water quality and treatment vary throughout the United States, always check with the local health department and water utility to see if they have issued any special notices about the use of tap water by immuno-compromised persons. You
AIDS Survival Project graduated its first Positive Action Network leadership training class on May 7, 2004. The Positive Action Network (PAN) is the first of its kind in the state of Georgia with a primary focus on HIV/AIDS issues. The program is designed to train individuals throughout the state to become their own self-empowered advocates, thereby increasing the voice of disenfranchised populations in the formation of public policy. These advocates are then able to provide advisory councils, policy-making panels, review boards and health departments with a clear perspective on the issues and challenges that make the HIV/AIDS and STD epidemic unique in the South.

Congratulations to all those who completed the training and are ready to take their places as self-empowered advocates. The class was a wonderful cross-section of Georgians from diverse backgrounds in terms of gender, ethnicity, sexual orientation and community experiences. Each of the following graduates has already contributed so much to the program:

Muhammad Abdur-Rahman
Tracy Bruce
Van Caldwell
Thom Canning
Judith P. Clark
Laurence Gaston
Ricky “Ricardo” Grimes
Khalid D. Idawu
Harry Jerome Kendricks
Stephen Marquis Lee
Kenneth McCullough
Carolyn Morgan
Roger A. Phelps
Justin T. Sears
Rhothelia Stallings
Dorothy P. Stephens
Theresa Trusty

We are so proud of this group of wonderful individuals. We capped the end of the training with a formal graduation ceremony. Some of our participants received Special Class Awards:

- The PARTICIPATION AWARD is awarded by class peers to the classmates they feel went far beyond to take an active role in the Leadership Class. Recipients of the Award were Justin Sears, Judith Clark, and Roger Phelps.
- The LEADERSHIP AWARD is awarded by peers to the people they feel exemplified a strong leadership characteristic. Recipients of the award were Kenneth McCullough, Judith Clark, and Ricky Grimes.
- The SPECIAL ACHIEVEMENT AWARD is awarded by PAN to the participants who overcame difficult odds to complete the training. Recipients of this award were Rhothelia Stallings, Thom Canning and Carolyn Morgan.

The AWARD OF EXCELLENCE was awarded by PAN to the trainees who brought a high level of excellence to the leadership program. Recipients of this award were Ricky Grimes, Tracy Bruce, Judi Clark and Laurency Gaston.

Now we are looking forward to Year Two. The training class will be adjusted from eight months to roughly four months beginning July 17 and ending November 20, with an official graduation ceremony on December 10, 2004. The training will cover such topics as grassroots organizing, funding systems, political action and getting out the vote, and more.

Participating in this training, you can expect to develop the following skills:

- Effective communication
- Organizing and mobilizing people
- Understanding public policy
- The art of negotiation
- Public speaking
- Effective lobbying
- Grassroots organizing
- Knowing and using existing resources
- How to measure results
- Making plans to continue the fight
- Understanding your role in the movement

We have begun our application process. Deadline for applying is June 21. If you are interested in attending this program, please contact me at (404) 874-7926 ext. 24, toll-free at (877) AIDS-444, or via e-mail at GSmith@aidssurvivalproject.org. If you would like to apply, you can get one from me at the above contacts or download one from www.aidssurvivalproject.org/advocacy/positiveactionnetwork/pan.html.

Boiling is the best extra measure. It is also advised to use one of the bottled waters described below:

- Boiling water: Boiling water is the best extra measure to ensure that your water is free of Crypto and other germs. Heating water at a rolling boil for one minute kills Crypto, according to CDC and EPA scientists. After the boiled water cools, put it in a clean bottle or pitcher with a lid and store it in the refrigerator. Use the water for drinking, cooking or making ice. Water bottles and ice trays should be cleaned with soap and water before use. Do not touch the inside of them after cleaning. If you can, clean

- Filtering tap water:

  - Not all available home water filters remove Crypto. All filters that have the words “reverse osmosis” on the label protect against Crypto. Some other types also work, but not all filters that are supposed to remove objects one micron or larger from water are the same. Look for the words “absolutely one micron.” Some “one micron” and most “nominal one micron” filters will not work against Crypto. Also look for the words “Standard 53” and the words “cyst reduction” or “cyst removal” for an NSF-tested filter that works against Crypto.

  To find out if a particular filter removes Crypto, contact NSF International [3475 Plymouth Road, PO Box 130140, Ann Arbor MI 48113-0140; phone (800) 675-8010], an independent testing group. Ask NSF for a list of “Standard 53 Cyst Filters.” Check the model number on the filter you intend to buy to make sure it is exactly the same as the number on the NSF list. Look for the NSF trademark on filters, but be aware that NSF tests filters for many different things. Because NSF testing is expensive, many filters that may work against Crypto have not been tested. Reverse-osmosis filters work against Crypto whether they have been tested by NSF or not. Many other filters not tested by NSF also work if they have an absolute pore size of one micron or smaller.

  With all that said, let’s be realistic. Yes, if you have $1,200, go buy the newest refrigerator with a water filter for the ice and water dispenser. If not, spend about $50 on a faucet-mounted water filter that purifies about 100 gallons. After the initial investment, the filters cost about $17 each and this comes to about 17¢ per gallon—a lot cheaper than bottled water.

  Also, be careful when cleaning up after your pet, which does not mean you have to get rid of your favorite four-legged friend. When swimming this summer, avoid polluted lakes and rivers (stay in the boat), swim in clean swimming pools and soak in clean spas.

  Quality of life issues come in to play here as well, and the key is moderation and common sense. Have a fun and safe summer and don’t forget the sunscreen, a fun hat and the filtered water!
The Backbone

Recent and Coming Events at ASP

This column provides updates and information about our volunteers and staff, as well as persons in the community. If you have information to share, please call, e-mail or write to ASP.

Happy Fourth of July! Hope your summer is going well and that you are enjoying all the beautiful sunny weather. Thank all of you for responding to my last-minute volunteer assistance requests and helping out. If you are a volunteer and would like to be on my e-mail list to receive my volunteer assistance requests and other information such as paid research study opportunities, please e-mail me at JSmith@aidssurvivalproject.org and I will add you to the list and send you the information.

We have the usual busy months planned for July and August. Read on for more information!

What’s going on with volunteers, members and staff

Congratulations to:

- Richard Cruce, our treatment resource center and special event volunteer, won the Volunteer of the Year Award for Volunteer Fulton for the work he does with ASP. Thanks for your hard work and commitment, Richard!
- Chris Miller, longtime volunteer with ASP, was made a postulant of the Diocese of Atlanta in December 2003. He will be attending the Episcopal Theological Seminary of the Southwest in Austin, Texas, for the next three years. He will be studying for ordination as an Episcopal priest in 2008. Best of luck to you, Chris!
- Kudos to Rob Nixon, Joan Campitelli, Greg Carraway, Michael Baker and Barron Segar for all the hard work they put into making The Art of Dining a huge success this year.
- ABA, our intern for 2003-2004, has graduated from the University of Georgia with her Masters in Social Work. Thanks for all your hard work and dedication!
- Richard Anderson on his successful Town Hall meeting and HIV/AIDS Update on May 21. It was a great workshop with a wonderful turnout. Thanks also to the presenters: Ellen Steinberg, Tonia Potash, Sheryl Johnson, Dr. Edith Biggers and Kozetta Harris for all the great information they presented!
- Dan Dunable, for being the ASP representative for the Georgia Campaign for Microbicides. We appreciate all your work in the community!
- Jan H., who recently qualified to run for a seat in the Georgia House of Representatives. Go, Jan!
- Phillip M., who recently began training as a THRIVE! facilitator. Thanks and good luck!
- The BRAC Center on their new space and location.
- The Reverend Doctor Guy Pujol on completing his doctoral program at Columbia Theological Seminary. Way to go, Guy!
- Our own Jeff Graham, for running for President on the upcoming Showtime reality series called American Candidate. Best of luck to you, Jeff!

A warm ASP welcome goes out to:

- Nicholas Forge, our new intern, who will be joining us in late August. Nicholas is a student in the Masters in Social Work program at Georgia State University, has just completed his internship at Grady and is originally from London, England. Welcome, Nicholas! We look forward to working with you in the coming year!
- Our newest volunteers: Leon S., Calvin H., Carolyn M., Craig B. and Minh P. Thanks for all your hard work and welcome to the team!
- Returning volunteers: Rob R. and Jeffery S.
- Our newest corporate partner, Rib Ranch Events Catering. Thanks for the great food at the Positive Action Network graduation!

A big thank you to:

- The May THRIVE! Weekend volunteers
- Thank you Joe G., Jim W. and Danny S. for helping with our new CAT team presentations at area agencies
- Clyde P. for all your help and donations around the building
- Don E., for your hard work painting the side hallway
- William, for your hard work keeping up the ASP offices
- Aisha W., for your readiness to help out whenever you can
- The volunteers who helped with the June Healthy Choices = Healthy Lives
- Thank you Craig B. and staff members Mary Lynn Hemphill, Sarah Biel-Cunningham, Sheryl Johnson, Gerry Hoyt, Rob Nixon and Greg Carraway for their help with the LiveWell Reception
- Thank you to Richard C., Michael A. and Jeffery S. for your help with the reception for Matthew Cusick
- Thank you to Richard, Aba and Muhammad for facilitating the last Counseling Skills-Building Training
- All of you wonderful Pride Weekend booth and parade volunteers
- The Atlanta Feminist Women’s Chorus, for their donation of tickets for volunteers to attend their last concert

Your continued devotion to helping us educate and empower those living with HIV/AIDS is truly inspiring. We couldn’t do it without you!

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

- Martin D. Jan H. Lawrence P.
- Dwayne H. Bentley P. Timothy S.
- Thomas S. Jeff S.

And in August:

- Antonette S. Mona B. Jesse S.
- Leland B. Trevor W. Gibson E.
- Jim F. Lola H. Amandi H.
- Ken R.

Get well wishes to:

- The mothers of volunteers Bryant R. and Danny S.
- Thea M.
- Judi C.

Condolences to:

- Board member Barron Segar on the loss of his mother.
- Pride Medical RN Debbie Wagner on the loss of two of her children. Our sympathy and thoughts are with you.

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. Some of the events were still in the planning stages at press time, so call (404) 874-7026 for more information.

THRIVE! Weekend—On Saturday and Sunday, July 17-18, THRIVE! Weekend will be held at the Grady IDP. Please call us and sign up to attend or to volunteer. If you can’t make the July THRIVE!, they are held every other month. The next couple of dates are September 18-19 and November 6-7. For more information or to register, please call the ASP offices.

Counseling Skills-Building Training—Interested in learning the basics of Peer Counseling? Come to the Counseling Skills-Building Training on Saturday, July 24, from 9:00 a.m. to 4:00 p.m. (date subject to change). For more information or to register, please call the ASP offices.

CONTINUED ON PAGE 14
Views Mixed on U.S. Shift on Drugs for AIDS. The Bush administration’s surprise announcement, May 16, that it will buy AIDS drugs that combine three medications in a single pill and that it will consider buying drugs from generics manufacturers for its global AIDS plan is drawing mixed reviews from AIDS activists and doctors in poor countries. While the decision delighted many, others expressed frustration that the White House had set up a new approval process overseen by the Food and Drug Administration when the World Health Organization already has such a process.

“I think it’s fabulous,” said Dr. Merle Sande, who treats 4,000 AIDS patients in Uganda. “This is just another roadblock,” said William Haddad, a U.S. generic manufacturer who now consults for Indian generic drugmaker Cipla Ltd. Rep. Henry Waxman (D-Calif.) expressed disappointment that the plan does not involve cooperation with WHO. “We need to see the fine print before we can tell if the new process will actually improve access to these affordable, effective drugs.” Critics charged that even though the administration indicated it would waive the usual $500,000 drug approval fee and let companies submit published data instead of conducting new trials, any new approval process will require paperwork, legal expertise and time. A WHO official, speaking on condition of anonymity, questioned how Health and Human Services Secretary Tommy Thompson could promise to approve new drugs in as little as two to six weeks unless FDA simply accepts all the data submitted to WHO. Merck, Bristol-Myers Squibb and GlaxoSmithKline immediately responded to the announcement by issuing a joint statement saying they will develop a combination pill. GlaxoSmithKline and Boehringer Ingelheim said they were discussing packaging three drugs together. “Obviously, they had inside information. That calls into question the ‘honest broker role’ of the U.S. government,” said Global AIDS Alliance Director Dr. Paul Zeitz.

AIDS Drug Plans Vary Widely by State. Government AIDS Drug Assistance Programs (ADAPs) are the last resort for many HIV-infected patients with little or no prescription drug coverage, but the assistance can vary greatly from state to state, a report released Wednesday, May 19, found. For instance, North Carolinians who earn more than $11,000 do not qualify for the state’s ADAP. Meanwhile, income limits are at least four times as high in Delaware, Massachusetts, New Jersey and New York, noted the annual report released by the Kaiser Family Foundation and state AIDS directors.

Only about three in ten HIV patients have private insurance. Nearly half of AIDS patients rely on Medicaid, the health program for the poor. Some have Medicare, and about 20% have no health insurance at all. Patients in ADAPs are mostly poor and minorities; 80% are men and 60% are ages 25-44, the report said. Budget constraints are causing “an upswing in the number of states looking at and instituting cost-containment measures,” said Jennifer Kates, Kaiser’s director for HIV policy. North Carolina and a dozen other states have imposed measures to contain costs, from capping enrollment to reducing the number of drugs covered. The number of patients on waiting lists has increased in recent months, said Kates. Indicating a willingness to find creative ways to pay for the drugs, 24 states are using AIDS drug assistance money to purchase health insurance or continue COBRA coverage obtained when a person leaves a job. Because state budget shortfalls and confusing eligibility requirements leave thousands of HIV patients with inadequate care, the Institute of Medicine recently recommended that the federal government pick up more of the tab for treating poor Americans with HIV. To view The National ADAP Monitoring Project Annual Report—May 2004, visit www.kff.org.

Panel: Feds Should Help Pay for HIV Care. Streamlining HIV/AIDS care by shifting current federal spending, including Medicaid funds, into a single entitlement program would help the thousands of low-income Americans with HIV who are not getting proper care, a report by the nonprofit Institute of Medicine (IOM) recommended Thursday, May 13. Such expanded coverage—including mental health and substance abuse assistance—would cost $5.6 billion over ten years, said the IOM study, which was sponsored by the Department of Health and Human Services (HHS). Currently, government programs are hindered by state budget shortfalls and confusing eligibility standards that vary from state to state, resulting in thousands of people lacking access to new and improved AIDS drugs, the report noted. “Failing to provide these cost-effective, life-saving drugs to all Americans who need them—including individuals who lack insurance or cannot afford them—is indefensible,” said Lauren LeRoy, chair of the committee charged by Congress to examine the public finance structure of HIV care for low-income, uninsured and underserved people. Providing a single public financing arrangement—including uniform eligibility requirements and a federally defined set of services—would address gaps and coordination lapses in the current system. “The current federal/state partnership for financing HIV care is unresponsive to the fact that HIV/AIDS is a national epidemic with consequences that spill across state borders,” wrote the panel. The study’s authors also stressed that a single entitlement program would relieve cash-strapped state Medicaid programs. Under the proposed program, the report estimates as many as $8,000 more people would receive HIV treatment, and immediate access to drug therapy could prevent around 20,000 deaths over a ten-year period. The “committee has recommended fundamental changes, in effect arguing that existing cooperative programs should be replaced by a new federal entitlement program. Such an approach would require sweeping legislative changes,” HHS responded in a statement, suggesting the panel’s recommendations were overreaching. HHS added that it is reviewing its existing programs.

AIDS Medicine Price Hike Highlights Controversy of Government Funding Drug Research. Abbott Laboratories’ decision to raise the price of its AIDS drug Norvir by 400% has prompted the Department of Health and Human Services to schedule a hearing on whether the drug—discovered in part with federal money—should be licensed to other companies for production. Under the Bayh-Dole Act, which makes it easier to commercialize federally funded technologies, companies maintain patent rights to discoveries made with government funds—provided they promote the products and make them available under “reasonable” terms. Patient advocates insist Abbott’s hike is unreasonable and have asked HHS to exercise the government’s “march-in” rights—something never done before for a privately patented drug. A public hearing on Norvir was held on Tuesday, May 20. After that meeting, the director of the National Institutes of Health, the agency that helps fund drug research, determined whether to proceed with march-in rights. In fiscal 2004, the NIH budget was $28 billion—around 80% of which was earmarked for nonprofits like universities as well as drug companies for research that leads to drug discovery and development. The pharmaceutical industry maintains that government intervention would cause it to shun federal money, crippling drug research. Patient advocates argue that drug companies’ profits are excessive given taxpayers’ role in funding drug research through NIH. Abbott received a $3.47 million NIH grant that helped it discover Norvir. But Dr. John Leonard, Abbott’s vice president for global pharmaceutical development, said the company spent over $300 million on Norvir’s development—meaning NIH’s contribution was less than 1% of Norvir’s total cost. Abbott says Bayh-Dole was not designed to deal with drug prices. John Erickson, a former Abbott employee and now president and chief scientific officer of Sequoia Pharmaceutical, said drawing the line between where the government’s role ends and where a company’s begins is difficult. Government-funded basic research generates good ideas and deters poor science, saving time and money, he said, but drug companies’ own efforts are also invaluable.

Democrats Say Centers for Disease Control Undercounting HIV Cases. On Friday, May 7, some Congressional Democrats said CDC is undercounting U.S. HIV cases because the agency’s picture of the national epidemic does not use data from states that do not report HIV cases using patients’ names. Fifteen lawmakers—including California Sens. Dianne Feinstein and Barbara Boxer and Massachusetts Sen. Ted Kennedy—released a letter to CDC Director Dr. Julie Gerberding asking her agency to accept data that, for privacy reasons, track HIV cases by alphanumeric codes. The method is used by 14 states including California and Massachusetts as well as the District of Columbia. Undercounting will become an issue if the federal government starts using HIV data instead of AIDS data to determine HIV/AIDS program funding levels. A decision is due in July by the U.S. Health and Human Services on whether to change the main federal law that funds HIV/AIDS health services. Many AIDS advocates want HIV data used in determining Ryan White CARE Act funding and say the discrepancy in the numbers of people with HIV and people with AIDS is one that did not exist when the act was passed in 1990. However, to accurately base funding on HIV levels, CDC must begin recognizing data from states that do not use name-based reporting systems, the lawmakers’ letter said. Data from states that do not collect
names have not proven up to CDC’s standards of reliability, said Jessica Frickey, an agency spokesperson. Concerns include duplication of cases. CDC is working on ways to accept data from all states, but Frickey could not say how soon CDC would be able to accept data from states that do not use names-based reporting. “Name-based systems are the most likely to meet the performance standards and provide the quality data necessary. CDC guidelines advised state and local surveillance programs to use name-based systems,” Frickey said. Last year’s CDC report on national HIV infection numbers used data from just 29 states whose reporting systems CDC considers reliable.

Next step for HIV-Preventing Spermicide. Huntington- ton Valley, Pa.-based Bioyn Inc. is set to begin a study in 2,200 women in Ghana to see if its vaginal contraceptive gel kills sperm and blocks HIV transmission. Trials are also planned for Nigeria and the United States. Other studies will look at whether the gel prevents chlamydia and herpes. The gel’s active ingredient is 1% concentration of C31G, a germ-killing chemical. Six previous trials found the gel to be safe, kill sperm, but not cause irritation and achieve the coverage needed to prevent transmission of sexually transmitted microbes. “The next step is to show that it really works in women,” said University of Pennsylvania researcher Kurt Barhart.

Canada First to Pass Law to Send Cheap AIDS Drugs to Poor Countries. Legislation enacted Thursday, May 13, by its Senate makes Canada the first rich nation to make use of a World Trade Organization agreement that encourages the exportation of life-saving generic drugs to developing nations. Canada’s bill authorizes the government to override patents to allow some drug firms to produce and export generic products, including antiretrovirals, to developing nations. The Senate took up the bill, which already passed the House of Commons, as it labored through a backlog of legislation before a general election expected in late June. The legislation will formally become law when it receives royal assent, anticipated on Friday, May 14, a Senate aide said. Seventy percent of the world’s AIDS fatalities are in Africa, according to the continent’s health ministers on Thursday, and few patients there can afford AIDS drugs. The WTO deal made in August was a response to that problem. “Everybody agreed to do that back in August,” said U2 frontman Bono, who advocates for the provision of generic drugs to Africa. “But Canada is the first to act,” he said. Bono visited Prime Minister Paul Martin in Martin. Martin had made the generic drugs bill a priority, and it was seen as one of his last achievements before calling an election, which will end the parliamentary session and kill pending legislation. Some leading international aid groups still criticized the bill because it limits the number of drugs concerned to 56, the majority of which are used to treat HIV/AIDS, tuberculosis and malaria. “It’s something like a toothbrush or a hair comb,” Ansari said. “Society doesn’t accept it now, but eventually, they must.”

Sweden to Help Pay for HIV/AIDS Treatment for Millions Worldwide. Sweden will donate 40 million kronor (US$5.2 million) to help the World Health Organization meet its goal of treating three million HIV/AIDS patients worldwide by 2005, the government announced prior to a WHO meeting in Geneva on Tuesday, May 18. “HIV/AIDS has catastrophic consequences for the individual, families and the entire society. Therefore, it is important that the international community contributes to fighting the epidemic, as WHO has encouraged us to do,” Swedish Health and Human Services Secretary Tommy Thompson did not endorse WHO’s prequalification system.

Unsafe: A Third of Youngsters Don’t Know HIV Can Be Passed Through Unprotected Sex. An increasing number of students in the United Kingdom are unaware that HIV can be transmitted through unprotected sex and by sharing drug needles, according to recent figures from a survey of 140,000 students conducted in 2001. The Schools Health Education Unit (SHEU)-sponsored study found that 36% of kids ages 12-13 did not know that sex without a condom could lead to HIV, compared with 21% in 1995. Among 14- and 15-year-olds, awareness of the risk fell from 91% to 82%. In 1995, 78% of children ages 12-13 knew that HIV could be transmitted by sharing drug needles. By 2001, that figure had plummeted to 58%. The study showed that between 1995 and 2001, the number of kids ages 14-15 aware that HIV could be transmitted by blood contact during first aid dropped by 11%. And more children thought HIV could be acquired from kissing and toilet seats. The Health Protection Agency recently reported that new HIV cases in 2003 increased by 20% to more than 5,000 from 4,204 in 2002, and the driving force behind the rise was unsafe sex. Paul Ward, deputy chief executive of the HIV/AIDS charity Terrence Higgins Trust, said he was alarmed by the SHEU study. “With rates of sexually transmitted infections at an all-time high, it’s appalling that young people are becoming less aware of the risks of unprotected sex, or how HIV is passed on. Good sex education works. Teachers must be given the support they need to tackle this dreadful information gap and to deliver coordinated and appropriate sex education in schools,” said Ward.

AIDS Treatment a “Human Right,” African Health Ministers Say. Of people with AIDS worldwide, 70% live and die in Africa, said African health ministers in a statement Thursday, May 13, at the close of a two-day conference in Rome. The ministers appealed to wealthy countries to mobilize the economic and human resources necessary to help the world’s poorest continue the fight against AIDS. The ministers based their appeal “in the name of a human right, which is called the right to treat; in the name of intelligent globalization, which should be equally capable of globalizing solidarity.” The ministers urged rich nations and pharmaceutical companies to help improve access to “the high-quality treatment demanded by the challenge” of an epic that “cuts down as many human lives as a world war.” Issuing the statement were ministers from the Central African Republic, Congo, Ivory Coast, Ethiopia, Liberia, Malawi, Mozambique, Senegal, Sudan, Tanzania and Togo.

Hunger and AIDS Create a Vicious Cycle in Africa, Experts Say. On Tuesday, May 11, the Senate Foreign Relations Committee heard expert testimony that hunger and AIDS are trapping millions of Africans in a spiral of sickness and death. “AIDS dramatically un-
demines food production. Malnourished bodies are more receptive to HIV and the opportunistic diseases that follow,” said UN World Food Program Executive Director James Morris. AIDS has killed seven million farmers in Africa, the UN estimates. It frequently deprives a victim’s family of adequate food as they are forced to sell livestock or other assets to pay medical or funeral expenses, said Andrew Natsios, administrator of the U.S. Agency for International Development. He noted that AIDS drugs often need to be taken with food, and the World Health Organization believes adequate nutrition strengthens the immune system and improves survival rates. “Food assistance is essential if we are going to make any headway in the struggle against the virus,” said Sen. Richard Lugar (R-Ind.), who chairs the committee. Morris applauded the United States for its donations to food programs, but called on Congress to fund a full assistance package—food, water, medicine and shelter—and to support extended food programs for all schools in hard-hit communities.

Reports: Shanghai to Provide Free AIDS Treatment for Needy. Citing concern about HIV’s spread among young adults in China’s business capital, Shanghai will provide free or reduced-cost AIDS treatment to needy patients, the Wen Hui Daily and other state media reported. Shanghai officials were quoted as saying that 195 new HIV infections were confirmed in the city of 20 million last year—with people ages 20-40 most affected. The city, China’s largest, reported 911 people with HIV and 51 deaths from AIDS last year. While the details of Shanghai’s new policies are yet to be released, the reports said they would include free HIV testing and treatment for pregnant women and free HIV tests for residents requesting them. The government is also considering increasing STD prevention through condom promotion and supplying clean syringes for drug addicts, the reports said. Standard drugs for treating HIV patients cost 30,000-50,000 yuan (US$3,630-6,050) a year—well beyond the means of most Chinese. Even in prosperous Shanghai, the average person only makes about 14,868 yuan (US$1,800) a year. Though once mainly limited to victims of unsanitary blood-buying programs or other high-risk groups such as sex workers or drug users, HIV/AIDS is now spreading from these groups to the general population, officials warn. China’s government said the country has 840,000 HIV-infected patients and 80,000 people with AIDS, but UNAIDS said ten million people could be infected by 2010 without more aggressive prevention policies. AIDS activists have been critical of the government’s failure to recognize the extent of the disease in China. In April, the government ordered local authorities to provide free HIV testing and treatment for the poor, but did not elaborate on how this would be financed in less-developed regions.

AIDS on the Rise in Singapore, Government to Blame: Advocacy Group. The Singaporean government’s refusal to subsidize expensive antiretroviral drugs and its failure to support HIV prevention have contributed to 242 new cases of HIV infection there—the highest number since the disease was first recorded in the city-state in 1985, according to Action for AIDS (AFA), a prominent advocacy group. “We call ourselves a developed country, but we’re not taking care of people the way a developed country should,” said AFA Vice President Breton Wong. Citing Health Ministry statistics, AFA Executive Director Benedict Jacob-Thambiah said 2,075 people had HIV/AIDS in the country between 1985 and 2003, leading to 776 deaths. AIDS drugs cost 1,200-1,400 Singapore dollars (US$705-823) per month, and the government does not offer AIDS patients any cost-reduction programs or subsidies, charged Wong. In response, the Health Ministry said antiretroviral drugs were classified as “non-standard.” The ministry said HIV patients could access subsidized health care—like any other patient—and they could draw on compulsory health savings for approved drugs. Many Singaporeans who cannot afford to buy antiretrovirals locally purchase them from Thailand, where a typical three-drug cocktail costs 60-70 Singapore dollars (US$35-41) per month, said Wong. But certain antiretroviral drugs are unavailable in Thailand. Wong noted the government’s inaction on HIV/AIDS has cultivated a general lack of urgency about the disease throughout Singapore, especially in regard to HIV education. “There is no ongoing dialogue and there are not enough discussions. Many people think this is just somebody else’s problem,” Wong said. A spokesperson for the Health Ministry said the reports said the government’s other assertions would be addressed at some point.

Music Broadcaster in Condom Project. MTV has announced plans to launch its own line of condoms with German manufacturer Condomi. Viacom Outdoor, which owns MTV, will provide support for the initiative. The condoms will be offered in Virgin Megastores and displayed beside MAC cosmetics in retail outlets. Bill Roedy, president of MTV Networks International, said it would be easier for young people to buy condoms if the salesperson was of a similar age, and that one of the objects of the effort is to target young women. “The idea is to try and take the embarrassment out of the purchase,” he said.

“Condom Lady” Sues Over Arrest. Claiming her good name was besmirched by an April 2002 arrest outside an Oakland Park nightclub, Angie Lee, known as the “Condom Lady” for her HIV-prevention efforts, filed a lawsuit April 12 against the Broward County sheriff’s office. Lee, 37, was charged with disorderly conduct and resisting arrest without violence. The criminal charges were eventually dropped, but Lee is seeking more than $15,000 to compensate her for the “public scandal, humiliation and mental suffering” she said she endured. The sheriff’s office has issued a written response. It said its deputies acted with probable cause and that Lee’s complaint lacked merit. According to her lawsuit, a club promoter invited Lee in April 2002 to hand out prevention materials, including state-supplied condoms, at an event at the Baja Beach Club. Lee said she was ordered by deputies to leave the packed club’s parking lot. The police report said officers were responding to loud patrons. Deputy Jesus Alvarez reported he told Lee to leave or she would be arrested. Lee responded that she had been invited there and was working. The police report said Lee “got loud as she became verbally aggressive towards deputies.” According to her lawsuit, as Lee spoke with Alvarez, Sgt. Raphael Perez rushed toward her, spun her around and handcuffed her. Lee’s lawsuit states that a young person observing the scene yelled, “That’s the Condom Lady! That’s the Condom Lady!” Lee’s Angie B. Productions helps promote HIV awareness events. Lee is state-certified to do HIV counseling and has worked as an employee and a consultant with the University of Miami Medical School. Some area politicians have participated in prevention efforts with Lee. She was photographed swabbing the mouth of Miami-Dade Mayor Alex Penelas on National HIV Awareness Day in 2002.

Philadelphia Freedom. U2 lead singer Bono joined a few hundred people gathered in front of Philadelphia’s Independence Hall Sunday, May 16, to kick off the One Campaign, a new initiative to get Americans involved in fighting global AIDS and poverty. Activists—including New York Knick Dikembe Mutombo and Grammy-winning Christian artist Michael W. Smith—launched a petition posted at www.theconeampaign.org that asks lawmakers to support AIDS efforts in Africa. Smith said he has spoken with President Bush about the issue on several occasions. “It’s amazing,” said Smith, “how many people live their lives and don’t think about 6,500 [Africans] dying a day. It’s astonishing.”

**RECEIVE AN IRS DEDUCTION!**

Donate to AIDS SURVIVAL PROJECT

Charity Auto Donations, Inc. a non-profit organization helping to fund public charities, will return the net proceeds after auction to your charity!
Back in 1996, Congress authorized $50 million annually for five years to fund state programs that teach abstinence from sexual activity outside of marriage as the expected standard for school-age children. That new grant program, created under Title V, Section 510 of the Social Security Act and known as the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), had a catch or two.

First, every state accepting a grant had to provide $3 in matching funds for every $4 in federal funds. No matching funds, no state grants. And there was one final, non-negotiable stipulation: all funds had to be used for the exclusive purpose of teaching the benefits of abstinence. Period. Sure, states could still decide which programs to fund and at what level, but local agencies or organizations accepting money could not advocate contraceptive use or teach contraceptive methods. They were not even allowed to facilitate discussion of abortion, homosexuality, bisexuality, HIV or other sexually transmitted diseases.

What happened if teens raised those topics themselves? The federally sanctioned response was that abstinence from sexual activity is the only way to avoid out-of-wedlock pregnancy and sexually transmitted diseases. Homosexuality and bisexuality are off-limits because the U.S. government officially declared “a mutually faithful, monogamous relationship in the context of marriage is the expected standard of sexual activity.” Thus, recipients of federal abstinence-only funds operated under a gag order mandating the censorship of crucial sexuality information for teenagers.

Naturally, a few states objected, as did many advocacy groups, from the American Civil Liberties Union to the Sexuality Information and Education Council of the United States and Planned Parenthood. Supporters of abstinence-only education say their message is clear and sex education programs in their schools are sending mixed messages: encouraging teens to abstain, but telling them how to protect themselves if they choose to have sex, anyway. On the other side, proponents of comprehensive sexual education programs say abstinence is preferred, but the message is clear and sex education programs have a catch or two.

About half a billion dollars got sucked up by abstinence-until-marriage proponents from 1998 through 2003, so where’s the data to prove it works? In 2002, four years into the grant cycle, a federally funded evaluation of these programs failed to obtain any evidence of success. A 2003 follow-up report never even materialized. Will a promised final evaluation in the summer of 2005 make this expensive experiment in censorship seem any less sanctimonious or fallacious?

Research from as close as Canada and as far away as Sweden validates comprehensive sexual education for teenagers. It works. Shockingly, among industrialized nations, the United States has the highest rates of teen pregnancy and sexually transmitted diseases. Polls show an overwhelming majority of parents want kids to receive thorough, medically accurate sex education at school. They may not agree on what that should look like, but they know it allows them to avoid having that potentially mortifying conversation themselves. Through its Partnership for a Drug-Free America campaign, the U.S. government encourages parents to talk to their kids about drugs. What about sex? The Feds have got your back! Don’t worry about the icky sex stuff. It’s all been taken care of through the Partnership for a Dumb-as-Dirt Teenage America campaign, otherwise known as abstinence-only education.

Even if you happen to believe teenagers really shouldn’t be having sex, consider that around age 13, they stop caring what you think, anyway. By fifteen, the girls are already menstruating, the boys are having erections, hair is sprouting and everybody’s hormones are raging. Shouldn’t we come up with something better than, “Okay, kids, a mutually faithful, monogamous relationship in the context of marriage is your only option and that’s all you need to know”? Maybe the Feds should just eliminate dating altogether and start arranging marriages like the ancient Egyptians and Romans. It’s still done in Iraq. Oops... bad example.

The thing about teenagers is that when you give them no information, they start making things up all by themselves. That’s why 16-year-old girls end up with gonorrhea of the throat—somehow they determine that oral sex isn’t real sex because no adult has ever told them otherwise. Comprehensive sexual education can dispel sexual myths, acknowledge the potential consequences or risks of sexual behavior and explain what’s going on with teenage bodies. And because abstinence-only education places everything in the context of a monogamous, heterosexual marriage, America’s gay and lesbian youth are dismissed, thus reinforcing feelings of isolation or shame.

That five-year abstinence-only grant cycle was up in 2003, so where exactly did the half billion dollars go? Across the country, from Louisiana to Montana, Christian ministries and religious institutions asked for and received plenty, reminding us once again how that whole separation of church and state thing set up by our Founding Fathers never really caught on. When schools won grants—California, Pennsylvania, Alabama and others—they used it to create “chastity” events and rallies where students were assembled, usually during school hours, and asked to pledge to God that they would remain abstinent from sex until they marry.

Now remember that you only got the money if you agreed to the exclusive promotion of abstinence only. That means comprehensive sexual health classes and programs got cancelled or replaced—even if parents or students liked them. To get bucks, the school board of Franklin County, North Carolina, ordered that three chapters be literally sliced out of a ninth-grade health textbook because the material did not promote abstinence-only.

That grant cycle has run its course and legal challenges from various states assured it wouldn’t be revived. Do abstinence-only programs work? Five years later, no compelling evidence suggests they do. Will the federal government go on funding them anyway? You bet. The U.S. Department of Health and Human Services is quietly approving community-based abstinence education project grants for public and private entities across the country. Got a lame, one-dimensional abstinence-only message for America’s adolescents, ages 12 through 18? Get a grant!

That’s what Phillippia Faust, a nurse at Georgia’s Rockdale County Medical Center, did last year. Faust was awarded a federal grant of $177,809 a year for three years (that’s $533,427, or half a million dollars) to create an abstinence-only program. She no longer has to carry a poster from classroom to classroom—Sex Outside of Marriage is... Not needed. Not normal. Not expected!—as she did in the past. Now, Faust can afford a staff, supplies and a real curriculum.

“We do discuss teen pregnancy and STDs,” says Faust. “But abstinence is all about strengthening the family. Abstinence upholds the family as the basic unit of society and recognizes marriage as the framework for the family, which equates childbearing within the context of family. Abstinence identifies marriage as the only acceptable and legitimate place for the sexual experience and that avoidance from premarital sexual activity, including but not lim-

CONTINUED ON NEXT PAGE
Thank You to Our Hosts
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And to Our Host Committee
- Joan F. Campitelli & D. Endsley Real
- Doug Carl & Michael Smith
- Jeff Cleghorn & Kevin Kirby

And to all the artists who generously donated their time and talents to create the uniquely beautiful artwork

Healthy Choices = Healthy Lives—Come learn more about stress reduction at our August Healthy Choices = Healthy Lives. No date had been set at press time, so please call for more information or to register.

AIDS Survival Project’s 8th Annual Women’s Retreat—in mid- to late August, join us for the 8th Annual Women’s Retreat. No date had been set at press time, so please call for more information or to register.

“Down Low,” Part 2—Sheryl Johnson and Greg Smith hosted a very interesting discussion on this topic earlier in 2004. If you are interested in learning more about this issue, Sheryl and Greg will be hosting the second part of this workshop in August. No date had been set at press time, so please call for more information or to register.

Faith Forum, Part 2—Sheryl Johnson and Greg Smith hosted a very interesting discussion on HIV/AIDS and the faith community earlier in 2004. If you are interested in learning more about this issue, Sheryl and Greg will be hosting the second part of this workshop in the early fall. No date had been set at press time, so please call for more information or to register.

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 here, please call me at (404) 874-7926, ext. 20 or e-mail me at JSmith@aidssurvivalproject.org and give me the details.
Get “Bent” This July

Tickets are selling quickly for the Actor’s Express special benefit performance of Martin Sherman’s classic drama Bent Wednesday, July 21. This all-new production, marking the play’s 25th anniversary, will be presented as a fundraiser for AIDS Survival Project that night only. The $60 ticket price includes a pre-show catered reception at 7:00 p.m., featuring an exhibit of materials about the persecution and endurance of gay people under the Nazi regime (courtesy of the National Holocaust Memorial Museum), the performance at 8:00 and coffee and dessert (provided by Caribou) during intermission.

The Atlanta production features Mitchell Anderson, who played a recurring character on TV’s Party of Five series, and acclaimed Atlanta actors Daniel May, last seen in Burn This at Actor’s Express, and Bryan Mercer.

For those who have never experienced this moving play, Bent is a provocative and heartfelt love story chronicling the perseverance of the human spirit in the midst of the horrifying reality of the Holocaust. Bent is defiance. Bent is love. Bent is a joyous testament to the power and determination of the human soul.

This powerful and defining landmark play premiered at the Royal Court Theatre in London in 1979 and has been seen in more than 40 countries and translated into more than 21 languages. Openly gay actor Sir Ian McKellen has said, “Martin Sherman’s Bent… is relevant to events and facts today of life throughout the world where gay people are often put at a disadvantage by the laws of whatever country they happen to live in. Although things are improving, I think it’s because of this story that Martin Sherman has told so strongly presenting the case for human understanding and what it is to be gay.”

You won’t want to miss this exciting production—and a chance to support the work of AIDS Survival Project. Tickets for this performance cannot be purchased through the Actor’s Express web site or box office. Tickets are available only through ASP staff or board members, by calling (404) 874-7926, ext. 16 or online at www.aidssurvivalproject.org/support/specialevents.html.

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
July 17-18 • Sept. 18-19 • Nov. 6-7

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

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, Roche Laboratories, Inc., the Bristol-Myers Squibb Company, The BroadView Foundation, The Central Congregational United Church of Christ and The Livewell Fund.

The LiveWell Fund
Unique individuals and businesses who know that life is precious and worthy of unusual gifts... prolonging and enhancing people’s lives with significant donations to support education and information access programs at AIDS Survival Project.

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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, the LiveWell Fund, 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 and hundreds of organizations, businesses and individuals who share our vision and commitment to the education, empowerment and support of all people affected by HIV and AIDS.

PEER COUNSELING PERSPECTIVES, CONTINUED FROM PAGE 5

described, Ryan White funds are allocated by elected state and federal politicians.

The Ryan White CARE Act funds a multitude of programs. Among these are the AIDS Drug Assistance Programs (ADAPs), for which states are required to provide matching funds, and the Health Insurance Premium Payment (HIPP). The HIPP pays the monthly insurance premium for consumers who meet their state’s financial eligibility standards. This assists low-income workers who cannot afford the insurance offered through their employers or who lose their jobs and can’t pay for the COBRA benefits to which they are entitled.

The discrepancy in available services that was addressed in the IOM report is well-illustrated in ADAPs. ADAPs pay for prescription medications for people with HIV/AIDS who have no other funding source. Nearly 30% of people living with HIV/AIDS in the U.S. are served by ADAPs. The steadily increasing number of HIV+ people, in addition to new and increasingly expensive HIV medications, strains states’ ADAP funds. In May 2004, the Kaiser Family Foundation reported on states’ responses to these financial pressures. They found that thirteen state ADAPs had instituted cost-containment measures, including eleven states that closed enrollment to new clients. Nine states reported waiting lists, two states have reduced the number of drugs they offer and three states have some type of per capita expenditure limits.

Each state determines which drugs will be on their formulary and what their eligibility requirements will be to qualify for HIV-related medications through the ADAP program. As of May 2004, the number of drugs on state ADAP formularies throughout the U.S. ranges from 18 to 474. Sixteen state ADAPs did not even cover all the FDA-approved antiretroviral medications. Financial eligibility for ADAPs ran from 125% of the Federal Poverty Level to 500% or higher.

Since access to ADAP and HIPP vary so much across the U.S. and its territories, case managers at Ryan White-funded clinics and social service agencies can be contacted for details on how to access programs in a particular geographical area.

AIDS activists fight frequent battles with their state and federal legislators to keep programs adequately funded to meet the needs of the growing number of people diagnosed with HIV/AIDS. You can let your legislators know what their decisions mean to you through letters, e-mails, phone calls and your vote!
POSITIVELY PERSONAL

MALE SEEKING MALE
Passive WM, blond/blue, 170 healthy lbs., seeks dominant black male who wants a serious and honest LTR.  HIV+.  Patrick D. Moore, 132 Jake Field Ln, Clayton GA 30525.  [1/2]

MALE SEEKING FEMALE
Italian man, 46, seeks a lifetime mate.  I'm financially secure, own home.  Been HIV+ 18 years.  6'2", 200 lbs.  Need a wife in my life.  Robert Tony Raposa, 3661 Bay Branch Rd, Claxton GA 30417.  [1/2]

MALE SEEKING ANY/ALL
WM, 44, prisoner seeking companionship.  I'm also a self-taught paralegal, and hearing from someone with similar interests would be a plus.  Christopher Schirato #516491, Dooly State Prison E-2, PO Box 750, Unadilla GA 31091.  [1/2]

SEEKING PEN PALS
GWM, 40, 5'9", 165 lbs., blond/blue eyes.  HIV+ but in good shape.  Seeks correspondence with older GWM.  Mark Partain, 100 Northside Square, Huntsville AL 35801.  [1/2]
### July 2004 Calendar

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**JUNE 2004**

**Call (404) 874-7926 for more information on any of these events.**