News from the 11th Conference on Retroviruses and Opportunistic Infections

by Dan Dunable

Gung Hay Fat Choy!" is a salutation for the Chinese New Year. It seemed appropriate that the 11th Annual Retrovirus Conference, which began on the final day of celebration of the Chinese New Year, should take place in beautiful San Francisco, just blocks from Chinatown.

Although the celebration in Chinatown was full of excitement and optimism for the New Year, the tone of this year's Retrovirus Conference was much more subdued and unenthusiastic. Much of the discussion this year centered on the lack of success in vaccines to prevent HIV infection, the increasing numbers of new infections in specific minority populations, new problems being found in the techniques to prevent mother-to-child transmission of HIV and the lack of adequate funding for this pandemic.

Vaccines for HIV Prevention

In a sobering presentation entitled "Why an HIV-1 Vaccine Is Not Currently within Our Grasp," Ronald Desrosiers from Harvard Medical School explained the difficulties of finding a truly effective vaccine. Dr. Desrosiers acknowledged that all of the vaccine approaches we have attempted thus far have completely failed, and even though we do have at least 13 different products in varying stages of research, none of them are likely to actually provide real protection against HIV infection.

According to Desrosiers, the root cause for why we have been unable to develop an effective vaccine is "our inability to solve fundamental scientific questions." That was a sentiment echoed by Dr. Dennis Burton in another presentation. "At the end of the day, we don't really understand how vaccines work, and that's part of the problem," stated Burton.

Ambassador Stephen H. Lewis also cited the lack of progress in vaccine research in his keynote address opening this year's Retrovirus Conference. "If ever a Nobel Peace Prize lay waiting, it's for an AIDS vaccine," declared Lewis. Funding, he stated, is the major problem. Lewis acknowledged that the only pharmaceutical company that is apparently involved in research for a vaccine is Merck & Co., and that the governments should be helping out much more. Research for a vaccine should be a priority, Lewis argued.

High Rates of HIV Infection in Minority Populations

Even though here in the U.S. we have made significant advances in the prevention of new HIV infections, there are increasing rates of infection in specific populations.

In the first major report of an HIV outbreak among college students, North Carolina researchers found an epidemic in students primarily involving African-American MSM (men who have sex with both women and men) and MSM/W (men who have sex with men and women). A startling 88% of newly reported cases of HIV infection among college students in North Carolina were African-American, and 91% were MSM or MSM/W. Lisa Hightow, University of North Carolina at Chapel Hill, declared that this should be a "wake-up call" that there is an increasing trend of HIV infection in college age groups and that college students are an at-risk population that needs to be targeted for better education and prevention.

Greg Millett, a behavioral scientist for the Centers for Disease Control and Prevention (CDC), presented an oral abstract entitled "Men on the 'Down Low': More Questions than Answers." Men living on the "down low" ("dl") has become a culturally specific term referring to men in the Black community who self-identify as heterosexual, are actively having sex with both women and men and who do not disclose their same-sex activities to their female partners. This subgroup of bisexual or active Black men has become a focal point of interest in the HIV prevention community in the past several years. One of the primary reasons for this interest is the question of whether these men serve as a route of HIV transmission to the heterosexual community. Citing the lack of research into this population, Millett...
I’ve been hearing an awful lot of talk lately about how this-or-that local, county or state government is facing drastic reductions in programs and services due to reduced revenue and budget cuts, or desperately seeking new sources of income to fund critically needed new projects and avoid numerous imminent crises. Last October, the Department of Human Resources’ AIDS Drug Assistance Program (ADAP), which helps about 900 Georgians pay for drugs that can cost $2,500 each month per patient, narrowly avoided a $10.3 million laceration to its budget, which is funded by the state and federal governments (Survival News, November/December 2003, pg. 3)—but its future remains uncertain. The Fulton County Commission is currently considering a $500,000 reduction in the Department of Human Services’ $4.4 million grant program, a significant portion of its $24.5 million budget. The proposed reduction would mean cutting four positions in the county’s HIV/AIDS program and longer waits for clients accustomed to same-day service for counseling and HIV test results. City of Atlanta Mayor Shirley Franklin is desperately seeking $3.2 billion in funding over the next ten years for court-ordered repairs to the city’s crumbling sewer system.

Our elected officials invariably seek to solve their budget problems by either cutting programs and services or by raising taxes. Governor Sonny Perdue fought for and won a 37¢-per-pack increase in the state’s tobacco tax last year—although how you expect to increase revenue by taxing a consumer product you simultaneously condemn as a dangerous health risk seems morally unconscionable and fiscally irresponsible to me. Franklin, astonishingly, wanted to triple city water customers’ water bills to pay for Atlanta’s sewer system repairs, a move condemned and rejected by the Atlanta City Council.

I am astounded by the lack of imagination our elected officials exhibit in their fiscal problem-solving. When I’m not editing this publication, I spend an enormous amount of time travelling Georgia’s highways—more than 80,000 miles in 2003. During my daily travels throughout Georgia, I see problems that need to be solved. I also see solutions to those problems, solutions that could easily be potential sources of new revenue for the city and state.

Georgia requires all passenger vehicles to pass a mandated photo for ID purposes, also at a cost of $25. We’ve just raised $190 million annually with virtually no additional administrative expense, boosted the statewide economy by increasing business at automotive repair shops and improved the safety of all of Georgia’s roads and highways.

Currently, Georgia drivers are required to renew their driver’s licenses once every four years at a cost of only $15—only $8 if you’re an organ donor. Given the importance of driver’s licenses in establishing residency and proving identification, especially in the era of post-9/11 heightened security, this is far too infrequent and expensive. If vehicle registrations are renewed annually, why not driver’s licenses? I propose an annual mail-in license renewal fee of $25 for Georgia’s 5.7 million licensed drivers, the nonforfeitable notice for which to be mailed to drivers’ home addresses on record, and every fourth year, a mandatory in-person renewal including a vision test for road safety and updated photo for ID purposes, also at a cost of $25. Shazam! We’ve just raised more than $121 million annually with little additional administrative expense and increased the currency of the state’s primary method of personal identification.

Running red lights, especially through high-volume intersections, is both dangerous and rampant. Municipalities who install red light cameras, such as the one at the intersection of Clairemont Avenue and Scott Boulevard in Decatur, reduce traffic accidents by dissuading drivers who might otherwise be tempted to run the light to not do so. I propose installing such cameras at busy intersections throughout the state. The cameras do not photograph the vehicle drivers, but do take clear pictures of the vehicle running the light, including a close-up picture of the license plate. The photographs are later analyzed and reviewed by the local municipality’s police department and a summons then mailed to the offender. Let’s install 500 of these cameras around the state and set a fine of $100 for each violation. Assuming each camera snaps a shot of 10 violators a day, aggressive enforcement of the red light law could bring in—Shazam!—more than $180 million in revenue before expenses for Georgia’s cities and counties. There really is no credible argument against using such technology for law enforcement, especially when statewide traffic safety would most assuredly improve.

That’s nearly half a billion additional dollars for Georgia per year in three easy steps while increasing both safety and security statewide—a classic win-win scenario. There’s no reason why any of our HIV/AIDS programs—or education programs, or any critically necessary state-funded program—should face reduction or elimination with options like these available to our legislators.
AIDS Survival Project is excited to be joining forces with Lambda Legal to continue the movement of protests throughout the country to draw attention to Cirque du Soleil’s inexplicable decision to fire an HIV+ performer. The well-known performance group has faced months of public outcry after their decision to fire Matthew Cusick, even though the company’s own doctors confirmed that his HIV status posed no risk to other performers.

At the end of January, the federal Equal Employment Opportunity Commission (EEOC) issued an opinion concluding that Cirque likely engaged in illegal discrimination. Although Cirque has publicly stated their desire to resolve the conflict by extending a new job offer to Cusick, as of this printing, neither Cusick nor Lambda had heard from Cirque concerning the matter. Therefore, the decision was made to go forward with a demonstration planned for the opening night of Cirque’s Atlanta performance of Alegria on March 25.

Individuals interested in finding out the latest information regarding the legal case and helping to organize the demonstration are invited to attend an organizing meeting on the evening of Wednesday, March 10, at the AIDS Survival Project offices beginning at 6:30 p.m.

The following facts were compiled by Lambda Legal. If you have any questions regarding this issue, please contact Asha Leong, Outreach Associate with Lambda Legal, at (404) 897-1880.

**What You Need to Know Before Protesting Against Cirque du Soleil**

- Lambda Legal filed a federal discrimination complaint against Cirque du Soleil arguing that Cirque violated state and federal laws by denying Matthew Cusick, a highly qualified gymnast, a job because he has HIV.
- Matthew spent several months training and passed extensive medical exams with Cirque du Soleil’s own doctor. Matthew told Cirque du Soleil he has HIV.
- Matthew has been living with HIV for 10 years and is completely healthy. (His viral load is undetectable.)

**What Cirque du Soleil Is Saying**

- In a letter last spring to Lambda Legal, Cirque du Soleil’s attorneys said the company was acting as a “socially responsible employer” that has an obligation to avoid “known safety hazards.”

**The Facts About Safety**

- Matthew was hired to perform on the Russian High Bar and the Chinese Poles.
- On the Russian High Bar, the performer hangs by his legs from a swinging structure and catches other performers coming off of a bar.
- On the Chinese Poles, gymnasts perform individually and do not interact with each other.
- Cirque du Soleil denied Matthew this job not based on sound science or rational concern for other employees, but because of bias and unfounded fear.
- Cirque du Soleil denied Matthew a job without a valid reason, since he does not pose a health risk or safety threat to himself or anyone else.

**Why We Are Protesting**

- Federal and state laws prohibit discrimination against people with disabilities if they pose no real risk to themselves or others and if the illness doesn’t interfere with their ability to do the job.
- Even the National Collegiate Athletic Association (NCAA), the body that regulates high-contact sports like basketball, doesn’t restrict student athletes because they are HIV+.
- In fact, their guidelines point out “there are no validated cases of HIV transmission in the athletics setting.”
- We are protesting to expose Cirque du Soleil’s bias and unfounded fears.
- We want Cirque du Soleil to understand that this type of discrimination is wrong, illegal and won’t be tolerated.
- This is not a boycott.
- The most effective way to pressure Cirque du Soleil is to show them that the very people who support their shows know that Cirque made a decision based on fear and bias, not science.

**Come Out for Legislative AIDS Awareness Day**

On Monday, March 22, from 11:00 a.m. to 3:00 p.m. at the Georgia State Capitol, AIDS organizations, their clients and volunteers from throughout the state will be bringing the message of AIDS education to the people who work under the Gold Dome when we join together to present the real face of AIDS in Georgia.

This is the eighth year that we have hosted this event. Usually, more than 25 organizations are represented. The focus of the event is not to build support for any one specific piece of legislation, but rather to serve as a way for people affected by HIV to introduce themselves to their state senators and representatives. It is also an opportunity for AIDS service providers to educate our elected officials and their staffs on the diversity of populations served, the reality that most of our funding comes from private sources and the fact that what little money the state of Georgia gives to provide AIDS-related services is put to good use. If you would like to join us, we will arrive around 9:00 a.m. and stay throughout the morning.

For more information or to register your organization, please contact me via e-mail or at (404) 874-7926 ext. 24.
Remember Them with Your Vote

It’s a major election year again, and AIDS Survival Project’s participation in Atlanta’s Pride Celebration, June 25-27, will be focused on our “Remember Them with Your Vote” campaign. This is a heartfelt way to honor those who have gone before us and an inspiring way to encourage people to make their voices heard on crucial issues by exercising their right to vote. You can be a part of this important action by sending us your photos of friends and loved ones who have died of AIDS. We will have these pictures reproduced, enlarged and mounted on placards that will also display, on the opposite side, the “Remember Them with Your Vote” logo. These placards will be used in the annual Pride Vigil on Friday night, June 25, in our booth in the Pride Market, where we will be providing opportunities for people to register to vote, and in the Pride Parade, Sunday, June 27. We hope you will join us in the parade, carrying the photo placard of your loved one and showing our strength in numbers as we take a stand in the upcoming elections for appropriate funding and public policy to meet the needs of the continuing epidemic. (Transportation will be provided for those who cannot walk the parade route.)

You can bring hard copies of your photos by our offices or send them through the mail to Rob Nixon, Pride Photos, AIDS Survival Project, 139 Ralph McGill Blvd, Suite 201, Atlanta GA 30308-3339. You may want to make duplicates of your photos before doing this; although we will handle them with the greatest care and respect, these are your precious memories and we don’t want anything to happen to them. If you call (404) 874-7926 ext. 16, we can also arrange a time for you to come by and allow me to scan the photo while you wait.

It’s also possible to send electronic copies of the photos (JPG or TIF format) as e-mail attachments to me at RNixon@aidssurvivalproject.org. It’s relatively simple to scan a photo into an electronic file (if you don’t have a scanner, ask someone to help you or go to a photo or copy shop). Because of the nasty viruses and worms going around online, please be sure you put “Remember Them photos” in the subject line and identify yourself in the body of the e-mail.

Although this is a touching tribute to those who have died, we hope you’ll think of this not merely as a mournful commemoration, but as a strong, loud and stirring call to action. AIDS advocates have expressed extreme concern with the proposed funding levels for HIV/AIDS programs in the president’s fiscal year 2005 request, released February 2. If funding levels are not increased, we must expect continued waiting periods for services and the possible discontinuation of some services in the community that are deemed less essential due to funding constraints. There are indications that due to the lack of public outcry, the administration assumes the lack of increased funding is acceptable. So pick your issue—the war in Iraq, gay marriage, the economy, the very vital needs of people living with HIV/AIDS—whatever your issue, it’s clearly urgent that people go to the polls this year. You can help get out the vote and do great honor to those you remember and love.

Volunteers are needed for all aspects of Pride 2004: assisting with the Vigil, helping set up our booth and registering people to vote in the Pride Market, putting together vote placards and being part of the AIDS Survival Project contingent in the parade. See Jeff Smith’s “Backbone” article elsewhere in this issue for more details about how you can join us for this fun weekend or e-mail him at JSmith@aidsSurvivalProject.org.

This was the pivotal study that showed the dramatic effect that providing ZDV (AZT) to expectant mothers would have in preventing HIV transmission to their newborns.

Since that time, we have discovered that the addition of nevirapine (NVP) to ZDV reduced rates of transmission even more; and that NVP given by itself as just a single dose to the mother before delivery, and to the newborn after delivery (at just a cost of approximately $4.00), would provide a very significant reduction in transmission in areas where ZDV is not affordable or where women are not diagnosed HIV+ until going into delivery. Now, however, we are finding that a percentage of the mothers and newborns that have been given this therapy are developing resistance to the drugs, most notably NVP.

The crucial results of research into these new findings were discussed extensively here at the Retrovirus Conference; much of it was released here for the first time anywhere. The implication of the development of drug resistance in mothers and newborns receiving nevirapine is the possible reduction or even lack of effectiveness of the non-nucleoside class of antiretrovirals, to which nevirapine belongs, to mothers and newborns in future treatment for HIV. This has the potential to severely limit the choices of treatment for many HIV-infected patients, especially in developing countries, as this particular class of drugs is a potent class less expensive than the protease inhibitor class.

Various studies presented here looked at this complication. Many of them found that the resistance...
A Journey Toward Finding the Best Medical Care

One of the most important steps for a person living with HIV to make is taking control of his or her health care. This can be accomplished by finding a health care team that is right for him or her. Ideally, a person should have a comfortable relationship with his or her doctor, one where the lines of communication are open with mutual respect and shared long-term health care goals. This should be a working relationship with two individuals, the doctor and the patient, coming together to achieve the goal of successful health care to ensure that the patient is attaining the highest quality of life. So how does one start this journey of searching for the ideal health care?

First, it is necessary for you to know what makes you comfortable in a health care relationship. What is important to you about a doctor? Race? Gender? Age? How about location? Can you easily access your health care provider? How do you communicate in this type of relationship? Are you comfortable asking questions and researching information for yourself, or do you need a doctor who can provide as much information as possible? It is important for you to understand what you need out of the relationship in order to be a partner with your health care provider.

Once you understand your own needs, you are ready to find a health care provider that works best for you. Start by gathering names of area doctors. Referrals from other individuals living with HIV or from AIDS service organizations are helpful. Then, make an appointment. This is an important part of finding the right health care provider. A visit to a doctor’s office to meet the doctor and staff will help you decide whether that situation is right for your health care. However, seeing the environment is not the only part of the process. There are certain questions that you should ask during your visit to help you make your decision. Below is a list of questions to ask your potential health care provider.

Do you consider yourself a specialist in the field of HIV?

HIV is a complex disease. The effects of HIV on your body and complicated drug regimens are a challenge to learn and understand. This, coupled with ever-changing research, makes it crucial to find a health care professional who is dedicated to following and knowing all there is to know about HIV in order to remain up-to-date on treatment options.

What other services are offered at your clinic?

A clinic that uses a multidisciplinary team of doctors, nurses, physician’s assistants, nutritionists, pharmacists, mental health providers and social workers is important. This type of setting creates an atmosphere that fosters taking care of your entire self with the ease of being in one location.

How much emphasis do you put on gender-specific health concerns?

For women, this is an important question. There are different complexities that occur in women living with HIV. The doctor who you are choosing to build a relationship with should be sensitive to these issues and have a working knowledge of how to help you overcome some of the problems that may occur. However, if you are a man, it is just as important for you to make sure the doctor you are seeing is knowledgeable of men’s health-related issues.

How do you feel about patient involvement in decisions regarding treatment?

It is important for your doctor to support patient participation in treatment. The most effective care is when both doctor and patient agree that the choices being made are the best decision for one’s life. And most importantly, you are the best judge of how you are feeling and how something is working for you in your life. There must be an open line of communication between you and your doctor in order to be able to discuss issues such as when to start a drug regimen or whether certain side effects are negatively affecting other aspects of your life.

Once you have found a doctor that you trust and feel that you can work collectively with, here is a thought to remember to help you sustain a strong relationship with your doctor: Always ask questions. It is important for you to understand what your doctor is talking about and what he or she is asking you to do. Always make sure before you leave the doctor’s office that you have asked any questions that have come to mind during your visit, especially when it involves a new drug regimen. It is important to be prepared when you leave the doctor’s office. Make sure to ask for a number to call to speak to someone if any questions come to mind after your visit. And when asking questions, there is the potential of being given a great deal of medical information, so make sure to write down the information or ask for brochures or handouts to have something to refer back to. Asking questions is a great way to ensure you are getting the most from your doctor while becoming more educated about your health care.

We should all feel inspired to find an adequate doctor who is willing to work with us to build a relationship working towards a healthy life. Always keep in mind that we, as patients, have rights to adequate health care. It is important that we know and understand these rights to ensure we receive the best health care.

HIV Patient Bill of Rights

1. The person with HIV has the right to considerate and respectful care regardless of race, ethnicity, national origin, religion, age, sexual orientation, gender or payment source.
2. The person with HIV has the right to, and is encouraged to, obtain current and understandable information concerning diagnosis, treatment and prognosis.
3. The person with HIV has the right to know the identity of the physician, nurses and others involved in his or her care, including those who are students, residents or other trainees.
4. The person with HIV has the right to work with the physician or nurse in establishing his or her plan of care, including the refusal of a recommended treatment, without the fear of reprisal or discrimination.
5. The person living with HIV has the right to privacy.
6. The person living with HIV has the right to expect that all records and communication are treated as confidential except in the case of abuse.
7. The person living with HIV has the right to review his or her own medical records and request copies of them.
8. The person living with HIV has the right to expect that an advance directive (such as a living will or health care power of attorney) will be honored by the medical staff.
9. The person living with HIV has the right to receive timely notice and explanation of changes in fees or billing practices.
10. The person living with HIV has the right to expect an appropriate amount of time during their medical visit to discuss their concerns and questions.
11. The person living with HIV has the right to expect that his or her medical caregivers will follow universal precautions.
12. The person living with HIV has the right to voice his or her concerns, complaints and questions about care and expect a timely response.
13. The person living with HIV has the right to expect that the medical caregivers will give the necessary health services to the best of their ability. If a transfer of care is recommended, he or she should be informed of the benefits and alternatives.
14. The person living with HIV has the right to know the relationships his or her medical caregivers have with outside parties (such as health care providers or insurers) that may influence treatment and care.
Support Groups: Tools for Living Well

Mary Lynn Hemphill, LMSW

Support groups reduce isolation, physically and emotionally, while enhancing empowerment. For many people living with HIV, a support group is the first place where they acknowledge to another person that they are infected and where they come face-to-face with other people who are positive. Meeting other people who share the same concerns, fears and medical issues can reduce the power of HIV-related stigma. This is just as essential now as it was in the early 1980s and it is just as crucial in rural Mississippi as it is in New York City and Swaziland. Wherever HIV has spread, stigma and isolation have helped it flourish. Issues that seem unique may begin to be normalized when they are identified as common to a larger group. It is often simply a relief to see that other people have been through the same thing and devised ways to meet challenges.

In support groups, people learn new roles as they give and receive information and express feelings. Relationships that form within a support group provide opportunities to explore new roles, communication styles and coping strategies. Often, people discuss concerns in support groups that they fear would burden family and friends. The group environment can be a safe place to begin to process these issues.

Not surprisingly, romantic and sexual relationships are primary topics in many support groups. Some groups are formed specifically to create a social venue where people living with HIV can meet people to date. Other groups have ground rules that expressly caution against romantic or sexual relationships within the group. Regardless of the rules of the group, discussions about finding partners, disclosure and risk reduction techniques are topics that are commonly revisited.

An enormous amount of education about HIV takes place in support groups. People learn from each other how to select and communicate with medical providers, how to navigate social and medical services, how to find clinical trials and how to deal with medication side effects. Discussions about safer sex and other transmission reduction techniques can take place with more candor. Beliefs about prevention and HIV can be explored and evaluated. Often, the medical knowledge of people in the group allows other members to realize that they also hold the power to become more informed medical consumers and be more active in the management of their own health.

Medication regimens for controlling HIV can be complicated, and taking medication according to schedule can be difficult for a multitude of reasons. In support groups, adherence issues are often explored as members share concerns about maintaining their confidentiality while taking their medications around other people, the role of recreational drugs in compromising effective treatment and making self-care a priority.

Living well with HIV usually requires behavior changes that are challenging at best. In a group, people can examine what behaviors they want to change, how ready they are to initiate change, develop strategies for change and receive reinforcement and encouragement from the group.

Many people comment that, above all, their participation in a support group gave them hope. As the web site for The Wellness Community, an online cancer support group, says, “you will find that there is always hope, even if what you are hoping for changes.” People often identify someone in their support group as a role model in the way they handle HIV in their life—or they may be grateful when they hear other life stories that they feel are much more traumatic than their own. What is hoped for and hoped to be avoided can be powerful motivations for behavior change.

The bottom line is that nothing provides social support, education and personal empowerment quite like being in a support group. Joe G., a long-time AIDS Survival Project associate who was diagnosed in 1987, says that support groups still inspire him. His personal experience facilitating small groups at THRIVE! Weekend has been that in every group, he has at least one experience that strengthens him and enriches his life. Antoniette, who has participated in groups for years, says that within a group, she always finds an opportunity to learn, to express her feelings and to share as well as to receive, so she keeps going back for more. The ability of human beings to compassionately meet with others to explore similar concerns may be its own form of medicine—and one that is obtainable without a prescription!  

How to Find a Support Group

• Go to the AIDS Survival Project web site at www.aidssurvivalproject.org
• Click on Programs & Services
• Click on Peer Counseling
• Click on Find Support Groups for your needs
• Or go directly to: www.aidssurvivalproject.org/programs/SupportGroups.pdf

You will need to have Adobe Acrobat installed on your computer.

Online-challenged? Call (404) 874-7926 and ask to have a Support Group List mailed to you.
ne of the collaborative agencies with which AIDS Survival Project works closely is Positive Impact, Inc. Under the direction of Mr. Paul Plate, Executive Director, this organization has recently celebrated 10 years of offering services to the community. Founded in 1993 by a group of committed community leaders who believed that the impact of HIV on the mental health status of individuals warranted special attention, the volunteers and staff of Positive Impact have worked to respond to that need—to help people living with HIV deal with the mental health counseling challenges that they face every day. The agency has served several thousand individual clients through mental health counseling programs, as well as thousands more through group therapy and professional training efforts. As we continue to support each other’s programmatic endeavors, several staff members from ASP have accepted an invitation to join the Positive Impact’s Community Advisory Board. As members of this newly formed entity, it will be our job to identify barriers to clients who want to enter treatment, as well as distinguishing those factors that will help clients complete their therapeutic programs.

Positive Impact accomplishes its work through the energy and dedication of a team of mental health providers who volunteer their time to provide mental health care to clients at no cost. Following an intensive intake and mental health assessment, clients are matched with a mental health provider with expertise in addressing the client’s particular mental health issue. Currently, Positive Impact’s programs include Individual Mental Health Counseling, Couples and Family Counseling. In addition, the agency has a comprehensive training program for mental health professionals working with HIV-affected populations, including:

- **Positive Impact Journal**—an independently edited publication that highlights research and applied experiences from the field of HIV-related mental health.
- **The Cultural Diversity Center**—A two-day in-depth exploration of cultural issues in psychotherapy designed to increase the skills of providers working with diverse populations.
- **Trainings and Workshops**—Ongoing skills-building and educational seminars for mental health professionals and social service providers throughout Atlanta.
- **Graduate Clinical Internship Program**—A clinical training program designed to better prepare masters- and doctoral-level graduate students for careers with low-income HIV-affected populations.

Positive Impact also sponsors specialized programs, including an intensive five-week psychoeducational group work program focusing on prevention and HIV-affected individuals and a Homeless Population Outreach, addressing the needs of those who have HIV and are homeless or at risk of becoming homeless.

Recently, I sat down with Allison Franks, Coordinator of Hispanic Mental Health Services, to talk about outreach activities geared specifically to the mental health needs of Spanish-speaking people living with HIV. I learned that under Ryan White funding, a PI staff member sees clients in-house and at Grady IDP, St. Joseph’s Mercy Care and the Cobb County Health Department (twice per month). Their outreach activities are specifically related to health fairs and to Hispanics with HIV/AIDS because they are focused on developing relationships with other health departments. Of the Ryan White clients served last year, 24% were Hispanic. Safer sex information and HIV/AIDS awareness is incorporated into the counseling sessions. Specific presentations include a four-week module at the Clinic for the Education, Treatment and Prevention of Substance Abuse and through Catholic Social Services. St. Joseph’s has also recently added a delivery site for African-American and Hispanic clients. Psychiatric referrals are also made.

I asked what types of barriers are encountered in getting Hispanic clients into counseling. Allison spoke of cultural barriers, the lack of education and the continuing stigma attached to being diagnosed with HIV. Lack of education also plays into having a lack of knowledge that services exist. Remedies to this situation would include offering testing on a more widespread basis and in nontraditional settings. Because of the amount of time between getting tested and getting results, people often get lost in the referral process. I wondered if the impact of the “Down Low” behavioral phenomenon that has caused controversy in the African-American community is showing up in Hispanic communities, and was told there is a comparable component. Women in Hispanic communities are not comfortable with condom negotiation, therefore they are engaging in increased rates of unprotected sex. Due to a well-ingrained atmosphere of “machismo” (male dominance), Hispanic women are less inclined to question their partner’s sexual behavior or practices. To counteract these and other types of trends resulting in higher infection rates, Positive Impact also offers a “Hispanic Lunch & Learn” series. These bimonthly presentations are offered specifically for those professionals who are working with Hispanics affected by HIV.

For additional information concerning Positive Impact, please contact them at (404) 589-9040. They are located at 139 Ralph McGill Boulevard, Suite 301; Atlanta GA 30308 and their website is www.positiveimpact-atl.org.

**RECEIVE AN IRS DEDUCTION!**

Donate your car, truck, boat, trailer, motorhome, RV to AIDS Survival Project

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770-944-2011
Lipoatrophy: A New “Scarlet Letter”

There have been changes reported in body composition among people living with HIV since HAART has become yet another acronym in our lexicon. Highly Active Antiretroviral Therapy (HAART) has been reportedly responsible for increases in fat composition behind the neck (“buffalo’s hump”) and in the belly and breast area. It has also been associated with decreases in body fat in the limbs—especially the legs, arms and/or face, as well as the way the body processes fats or lipids. The combination of these conditions is referred to as lipodystrophy. This is especially associated with protease inhibitors and the drug Epivir. AZT (zidovudine) and d4T (stavudine) are associated with lipoatrophy, which is the loss of normal fat. This more recently coined term, lipoatrophy, actually better describes the condition or syndrome where fat is lost, especially in the face, limbs and buttocks. For many living with HIV, this gaunt look is akin to a “Scarlet Letter.”

According to an article in PI Perspective (October 2003), “Lipoatrophy is believed to be caused by long-term HIV infection or as a result of taking certain anti-HIV drugs. Exactly how HIV or medications to treat HIV cause fat loss remains unknown, though some suspect damage to the energy source of cells (called mitochondria) may play a role. Use of Nucleoside Analog drugs (NRTI) are more associated with lipoatrophy. Specific drugs may be particular culprits, such as d4T, ddI and ddC (the ‘d’ drugs). Lipodystrophy appears to affect White men more than women and African-Americans.”

The good news about HAART is that folks are living longer and healthier lives. The bad news, however, is that there is a cost. The jury is still out about whether it is the drugs or the virus itself—or a combination of both—that is causing this “drawn” look. Where there were once nice, full cheeks, there is now a sunken and somewhat prematurely aged look among long-term survivors. In the last few months, this subject has been brought to my attention via telephone inquiries and conversations with volunteers who have chosen to do something about their appearance.

Many physicians concentrate on the physical health of their patients with HIV, which they are taught to do and is most appropriate. It is sometimes difficult, though, for some health care professionals to understand the “quality of life” issues of an otherwise stable person living with HIV, especially when it involves physical appearance. At times, these complaints about physical appearance can be dismissed as sheer vanity. People living with HIV who are otherwise healthy but who are avoiding social contact or pursuing new challenges have a right to look at why they are behaving and feeling that way; Vanity aside, looking ten years older than one’s age does affect every other aspect of a person’s life—whether admitted or not.

In a recent conversation with a volunteer, “Adam” (not his real name), who I have always viewed as attractive and vivacious, confessed to me that he realized that he was becoming aware that other gay men “overly” averted their eyes from his. This called his attention to “something going on,” as he put it. “Adam” did some research on possible treatments for lipoatrophy. During a recent conversation, he said, “A lot of my decision was based on trust in my dermatologist, who is so highly regarded in his field, but also in the HIV community. And after consulting with the practitioner who would administer the product (as well as other products), I was convinced to use Radiance (technically: calcium hydroxylapatite [CaHA], microspheres suspended in an aqueous polysaccharide gel, similar to Coaptite).”

He goes on to say, “I also want to emphasize the importance of not only carefully selecting the product and procedure one uses, but also the practitioner. Many of the negative things one reads about cosmetic surgery as a whole is not about the product, but rather the product being administered poorly by someone not skilled or qualified. This particular procedure really requires an artistic eye, which is the reason my dermatologist doesn’t administer it. I’ve listened to several reports recently on Radiance and the misinformation is astounding. I think it’s important (and this is my bias) to point out that my practitioner was not a physician, but a nurse who is highly trained in the field of cosmetic surgery and actually travels around the country training plastic surgeons in the procedure of Radiance.”

Concerning his post-procedure experience, “Adam” concludes by saying, “The recovery time from the procedure was ‘zip.’ I had no bruising or swelling and attended a dinner party that evening. Of course, I was careful to apply ice and began taking an herb prior to the procedure and afterwards. I’m still very pleased with the decision and I have referred others, who also have just raved about their results.”

There are a few doctors in metropolitan areas who are using this as a treatment for lipoatrophy. Reportedly, the procedure lasts for about five to nine years. The cost is from as low as $800 to as much as several thousands of dollars, depending on where the procedure is done.

Another volunteer at ASP, “Stephen” (not his real name), had a different procedure done. “My approach to lipoatrophy was more invasive than ‘Adam’s,’ as I had a fat transfer. This was expensive, but I feel it was worth it,” he said. “I didn’t want to look like an AIDS victim.’ The procedure required surgery as well as anesthesia. As I was nearing 50 years old, I also treated myself to a rhinoplasty (the removal of excessive skin from the neck and jowl areas). The total cost was about $8,000. Complete recovery took several weeks.” “Stephen” concludes by saying, “Two years later, when I look in the mirror, I don’t see myself with AIDS and I think I look much younger and healthier.”

In an interview last year with Dr. Gottfried Lemperle from San Diego, Nelson Vergel, whose web site www.facialwasting.org is listed below, asked the question, “What is the criteria for a good implant for facial lipoatrophy?”

Dr. Gottfried replied, “For facial lipoatrophy, there are solid and injectable implants commercially available. The solid ones—from polymerized silicone, Teflon, hydroxyapatite or polyethylene—can be cut to suitable shapes and implanted on the malar bone, maxillary sinus and mandibular arch. The center of the cheek, the atrophied Bichat’s fat pad, can be augmented with an oval-shaped implant from soft silicone, which was the first-line choice before the era of permanent soft tissue fillers.

“The ideal injectable dermal filler substance must be biocompatible and safe, stable at the implantation site, retain its volume and remain soft and pliable, should not dislocate by gravity, and evoke minimal foreign body reaction.”

In this same interview with Nelson Vergel, when asked about promising new treatment in the pipeline, Dr. Gottfried replied, “For more than 20 years, there is only one product approved for soft tissue augmentation in the US, and that is bovine collagen (Zyderm® and Zyplast®). Hyaluronic acid products (Restylane® and Hylaform®) are in clinical trials and may be approved soon. Both are, however, not longer-lasting than collagen, have similar side effects and can cause late granulomas [cyst-like eruptions] like collagen. Polyactic acid microspheres (NewFill®) are in clinical trials for facial lipoatrophy, but are not longer lasting than collagen.

“Scientifically, Artecoll®, which consists of microparticles sieved from bone cement (poly(methylmethacrylate)) and suspended in collagen is the best and longest-lasting proven materials in aesthetic surgery, and therefore my first choice for the treatment of wrinkles and facial lipoatrophy. I would switch tomorrow to a better injectable material, if there were one.”

Let me reiterate that neither this publication nor I make recommendations of or for any medical treatment or procedure. Please discuss any decisions concerning your health
Reading Food Labels

By Ellen Steinberg, MS, PDLD

Eating healthy is essential to staying well when living with HIV. Choosing healthy foods by reading food labels can be confusing. The following information may help you make sense of food labels so that it's easier to make healthy choices.

Serving size: The amount of food that equals one serving is written in cups or ounces (oz) and also in metric, such as grams (g) or milliliters (mL). A few serving size hints: 1000 milligrams (mg) = 1 gram (g), 1 ounce (oz) = 28 grams, and 1 fluid ounce (fl oz) = 30 milliliters (mL).

Servings per container: A package can contain multiple servings. Because we typically eat more than one serving, consider the servings per container when planning meals or snacks.

Amount per serving: All of the nutrient information is based on one serving. Note: This is not the amount of the entire package, but just for one serving. On the food label above, for example, one serving is less than a cup. If you ate the whole box in one sitting, you would be eating 30g of fat.

Calories: For some foods, the label will list the calories in the food and the calories in another food usually eaten with it. For example, total calories for cereal will be for just the cereal as well as for the cereal with milk.

Calories from fat: To get the percent of calories that are from fat, divide the calories from fat by total calories per serving and multiply by 100. Only eat a small amount of any food that has more than 30% of calories from fat.

% Daily Value: The percentage tells you how much of your daily needs are met by one serving of the food or beverage. This number is an estimate of how the food meets the daily requirement for each nutrient based on a 2,000 calorie diet.

Total fat: Any food that has 10 grams of fat or more (per serving) should be avoided or eaten in small amounts. Low fat means less than or equal to 3 grams of total fat per serving.

Saturated fat: Saturated fat is one part of the total fat in a food. You should not eat more than 10 to 15 grams of saturated fat per day.

Cholesterol: The amount of cholesterol you eat and drink each day should be less than 300 milligrams (mg). Low cholesterol means 200mg or less per serving.

Sodium: The recommended daily amount for sodium (salt) is 2,400mg. The average person eats far more than the recommended amount, so try not to consume more than 400mg per day. Low sodium means less than or equal to 140mg of sodium per serving.

Total carbohydrate: While the daily value for carbohydrates is 300 grams, it is okay to exceed this limit. However, people with diabetes or elevated blood sugar need to control the amount they eat.

Dietary fiber: Adults should consume about 25 grams of fiber each day. A good source of fiber has 2.5 to 5 grams of fiber per serving and a high-fiber food will have at least 5 grams per serving.

Sugars: Like dietary fiber, sugars are another type of carbohydrate in food and this amount is part of total carbohydrates.

Protein: Protein is the essential nutrient for building and maintaining muscle. Most individuals with HIV/AIDS should consume at least 100 grams of protein per day.

Vitamins and minerals: The percentage-based numbers help you decide which foods or drinks are the best sources of nutrients, such as calcium, fiber, vitamin A or Vitamin C.

When it comes to shopping wisely, do not be intimidated by food labels. By understanding the information a food label provides, you can evaluate the product based on your nutritional needs.
these results, but it is encouraging to see this outcome using a PI-sparing and NNRTI-sparing regimen.

More Evidence of HIV Superinfection

The debate over superinfection appears to be over. A study from the Universities of California San Diego (UCSD) and Los Angeles (UCLA) confirmed several earlier reports that patients with recent infection are engaging in high-risk sexual activity that can result in a second HIV infection, also known as “superinfection.”

In a study that took place in both San Diego and Los Angeles, three subjects out of 54 were found to be infected with more than one strain of HIV. In these three patients, superinfection occurred five to thirteen months after the estimated time of initial infection. Two of the three were initially infected with a strain of HIV that was already resistant to at least one of the antiretrovirals currently in use, and then were re-infected with a wild-type strain. The third was initially infected with a wild-type strain of HIV and then re-infected with drug-resistant virus. All three subjects were male whose risk factor was sexual exposure.

Each case of superinfection was accompanied by an increase in viral load, a decrease in CD4 counts and a change in antiretroviral susceptibility, which could limit future treatment options.

This study provides just one more example of the continued need for harm reduction counseling in populations that are already HIV-infected.

New Drugs in Development

There was a small group of abstracts presented this year that described new antiretroviral drugs in early trials. Of most notable interest this year were new entry inhibitors. Currently approved antiretrovirals (other than Fuzeon) attack the HIV replication process after the virus has already entered the cell. The new entry inhibitors actually work by preventing the virus from entering the cell in the first place.

Schering D (SCH D) is a compound that inhibits HIV replication by stopping the binding of HIV to the CCR5 receptor. In a study of 49 patients, this new drug was found to be safe, well-tolerated and...
Although I’m writing this article on a cold and rain-drenched day, by the time you read it, we’ll be in the throes of the season of flowers, hope and rejuvenation. It will also be time to launch our ninth annual LiveWell Fund campaign. The LiveWell Fund is AIDS Survival Project’s annual major donor drive, and past contributors include a long and honorable list of our community’s supporters.

The LiveWell Fund was created to provide donors the opportunity to make a significant contribution in direct support of services to people living with HIV. The name itself, “LiveWell,” was chosen to reflect values that have informed the agency’s mission from the beginning—to provide the tools everyone affected by HIV needs in order to live a productive, healthy, hopeful life through education and empowerment.

A few of the services the LiveWell Fund makes possible are THRIVE! Weekends, the Healthy Choices = Healthy Lives workshop series, the Volunteer Program, and perhaps most critically, Survival News. The publication you hold in your hands would cease to exist without the generous support of our LiveWell donors.

AIDS Survival Project accepts tax-deductible donations to the LiveWell Fund in any amount over $999. Donors who give in amounts of $2,500 or more may designate the program they would like their money to support.

On behalf of the thousands of people we serve each year, please accept our heartfelt thanks to all of you who have joined our circle of LiveWell donors over the past nine years. To those who have thought about becoming a part of our LiveWell family, we hope that this is the year you will take a deep breath and make the plunge. We would be honored and grateful if everyone reading Survival News, and who has the means, would consider answering this call today. As demonstrated in the news you read in every issue of this publication, your help is needed as much now as it has ever been in the course of this epidemic.

If you would like to learn more about giving to the LiveWell Fund, please call me at (404) 874-7926 ext. 18.

Tax Deductions for Volunteers

Few are the volunteers who choose to contribute their time because of the fantastic tax breaks they receive for doing so. But the fact is, if you volunteer regularly for an organization there are some expenses you can deduct from your taxes, as long as you itemize. The deductible expenses may be treated as charitable contributions. You may, for instance, deduct:

- unreimbursed travel expenses incurred by volunteer activities, such as transportation, meals and lodging for a conference or workshop which the volunteer attends on behalf of the organization
- unreimbursed expenses of $250 or more, incurred on any single day on behalf of the charity; the volunteer must substantiate the deduction with a written receipt from the charity

What may you not deduct?

- insurance, depreciation, or the cost of your equipment
- the value of your service (your time)
- use of your home for meetings

It is up to the volunteer to substantiate her/his deductions if the IRS should question them. You must be able to show the connection between costs claimed and volunteer work performed. Be sure to keep all relevant receipts, canceled checks, logs and diary entries.

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.
If you assume that there’s no hope, you guarantee that there will be no hope. If you assume that there is an instinct for freedom, that there are opportunities to change things, there’s a chance you may contribute to making a better world. That’s your choice.” —Noam Chomsky

It was a long cold winter, but we survived it and now it’s spring! I hope you made it through with your health intact. We are busy as always working on trainings and workshops on the latest, most current topics and planning our Volunteer Appreciation Month Event!

I hope you all had a good time at the Holiday Volunteer Appreciation Potluck. I want to thank the community sponsors who donated gift certificates for us to give volunteers as thank-you’s for all your hard work: Crescent Moon, The High Museum of Art, OutWrite, Raging Burrito, Top Spice, Psycho Sisters, Rialto Center for the Performing Arts, Captain Dollar Store, Eats, Georgia Shakespeare Festival, Atlanta Feminist Women’s Chorus, Return to Eden, Inc. and Felix of Mia & Maxx Hair Studio. Be sure to go by and support them and thank them for supporting us.

Volunteer Appreciation Month Event!

On Saturday, April 24, we will have our annual Volunteer Appreciation Bowling Party at Express Bowling Lanes, 1936 Piedmont Circle NE, Atlanta GA 30324. We will begin bowling at 5:30 p.m. and have dinner at 8:00 p.m. at Johnny’s New York Style Pizza on Cheshire Bridge Road. There will be a charge of $2.95 per game and shoe rentals will be offered at no cost. For more information or to register, please call the AIDS Survival Project office.

What’s going on with volunteers, members and staff

Congratulations to:

- **Chris Companik**, our longest volunteer contributor to *Survival News*, on having his comic strip, *HIV + Me*, included now as a regular feature in *A&U* magazine. *HIV + Me* was born in the pages of *Survival News*.
- Board member **Cindy Abel**, who was recently named as co-chair of the board for the Gay & Lesbian Victory Fund & Foundation.
- Board member and Positive Action Network member **Judi Clark**, who was recently appointed to the Georgia Prevention Planning Group.
- Former board member **Billie Pendleton-Parker**, who was recently honored by the President for her community service and volunteerism with Hands on Atlanta.
- Volunteer **Richard A.**, for being selected to complete the African-American HIV University training.
- Volunteer **Tina D.**, for being selected as vice chair of the Ryan White Planning Council.
- Positive Action Network members **Tracy B.** and **Laurencey G.**, who were recently appointed to the Georgia Prevention Planning Group.
- Staff member **Sheryl Johnson**, who appears in a disclosure article in the Spring 2004 issue of *POZ* magazine. Sheryl was also selected to be a part of the upcoming “Black Herstory Conference” at Emory University on Wednesday, March 24.
- Staff members **Sarah Biel-Cunningham** and **Mary Lynn Hemphill** and intern **Abia Essuon**, who were selected to present on “Peer-Based Programs: Tools for Meeting the Challenges for Living Well with HIV/AIDS” at the conference “HIV/AIDS 2004: The Social Work Response” to be held in Washington D.C. in May.
- Staff member **Greg Smith**, who was selected as state coordinator for the Gill Foundation’s Democracy Project.
- **Kelly Williams**, former nutritionist at AIDS Treatment Initiatives, who gave birth to Naomi Ruth Williams in December 2003.

**Continued well wishes go out to:**

- **Al H.**, who has been recovering from recent surgery and illness.
- **Susan C.**, who has been recovering from a recent illness.

**Condolesces to:**

- **Sonny M.**, on the loss of his sister. Sonny, you are in our thoughts.

A big thank you to:

- All the volunteers who helped with:
  - The January THRIVE! Weekend
  - The January and February Healthy Choices = Healthy Lives
  - The MLK March
  - The January and February Positive Action Network meetings
  - ASP Lobby Training and Lobby Day
  - Counseling Skills-Building Training

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 March:**

Ken C.  Jim S.  Joe G.
Al H.  Saul V.  Demetrice P.
Galen S.  Julie B.  Mary Lynn H.

**In April:**

Susan C.  Juanita W.  Joe M.
Noa F.  Richard D.  David S.
Joel D.  Rob N.  Clyde P.
Sheryl J.  Joe Z.  Greg S.
Marilyn H.  Charles P.  Muhammad A-R.

In February, we began hosting several community activities in the Bruce Almond Community Room. Please show up for any of these events if you are interested in becoming involved with these groups.

- **ZAMI** offers women’s yoga classes (ongoing) on Mondays, Wednesdays and Fridays from 6:00 p.m.—7:30 p.m. with the exception of Friday, May 14; Friday, September 17; and Friday, November 5. On those dates, classes will be held in the boardroom of Positive Impact on the third floor. For more information, please call ZAMI at (404) 370-0920 or e-mail them at info@zami.org.
- **Every Saturday**, the “Can’t Do It Alone” group of Narcotics Anonymous meets from 7:00 p.m. to 8:30 p.m.

If you or any group you are involved in is interested in using the Bruce Almond Community Room, please call the AIDS Survival Project offices to check availability and to discuss use policies and agreements.

**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, some of these events were still in the planning stages, so call us at (404) 874-7926 for more information.

**Outreach and Advocacy Forum**—On Thursday, March 4, 12:30 p.m.—4:30 p.m., Morehouse Department of Medicine, AID Gwinnett, NAESM, ARCA and AIDS Survival Project present “What Is the Role of the African-American Church in the Fight Against HIV/AIDS? Part 1: Faith Forum.” The event will be held at the Morehouse School of Medicine, NCPC Auditorium, 720 Westview Drive SW, Atlanta. Park-
Global Coalition on Women and AIDS Launched. Actress Emma Thompson joined health experts and equal rights campaigners Monday, February 2, to launch the Global Coalition on Women and AIDS, a UN-initiated group of organizations that aims to improve HIV prevention and treatment for young women and girls with HIV/AIDS. The group also plans to address violence against women and legal and social inequalities that make women vulnerable to HIV. “AIDS is the greatest threat to face the human race ever,” said Thompson at a London news conference. Thompson said she was inspired to join the coalition after witnessing the consequences of AIDS and seeing the bravery of women and activists during her trips to Uganda and Mozambique. “We are deeply concerned that women’s issues are still very marginalized when it comes to the response to AIDS,” said UNAIDS Executive Director Dr. Peter Piot. The need for the coalition became clear because prevention methods recommending abstinence, being faithful and using a condom are irrelevant for women infected by their husbands. “Marriage is no protection against AIDS,” said Piot. Females are more vulnerable because HIV is more easily transmitted from men to women than vice versa, and women have sex earlier and generally with older partners. African women are nearly 1.2 times more likely to be infected with HIV than boys or men. For young women and girls, the figure is 2.5 times higher. Sexual violence increases the risk of infection. In South Africa, 20-48% of girls ages 10-25 report their first sexual encounter was forced. In addition, property and inheritance rights in many countries make it impossible for a woman to leave her husband even if she knows he may be HIV+. And widows lose part or all of their assets to relatives.

Aid Groups: Fight Against AIDS Needs Much More Money. On Saturday, January 24, at the World Economic Forum in Davos, Switzerland, representatives of aid organizations said the fight against AIDS, malaria and TB might be at risk if billions of dollars are not raised quickly. “We need $1.6 billion in 2004, and we’re close to that,” said Richard Feacham of the Global Fund to Fight AIDS, Tuberculosis and Malaria. “But in 2005, we need $3.6 billion and by 2007 and 2008 we need to be at a cruising altitude of $7 billion to $8 billion a year. These numbers are well above current thinking.” The World Health Organization says six million AIDS patients in developing countries need immediate antiretroviral treatment, but only 300,000 currently get it. U.S. Health Secretary Tommy Thompson said the United States has committed to invest $3 billion a year to fight HIV/AIDS, but corporations could do more to prevent and treat the disease. He added that health should play a more important role in international relations. Bill Gates, who is contributing billions of his personal wealth to upgrade health care in poor countries, warned of the potential of HIV/AIDS to spread in populous countries like India. Richard Burzynski of the International Council of AIDS Service Organizations (ICASO) said he was doubtful the promised money would be delivered. “You bet I have doubts,” he said. “All governments have made promises, but we’re not even meeting the targets set three years ago.” Feacham urged the European Union to open dormant development funds. Burzynski said the United States and the European Union should divert billions in annual agriculture subsidies that hurt farmers in poor countries. Cape Town’s Anglican Archbishop Njongonkulu Ndungane said churches should play a more active role. “Faith-based organizations can reach out to every citizen in Africa at least once a week,” he said. “Churches should set up one-stop health care centers.”

AIDS Groups Petition Congress to Close ADAP Fund Gap. Hundreds of AIDS activists, treatment and service organizations and community outreach workers wrote to Congress in January and urged legislators to support additional funding for the AIDS Drug Assistance Program for 2004. ADAP, funded under Title II of the Ryan White CARE Act, is the final safety net for Americans who have no other means of accessing HIV medications and for low-income people with HIV/AIDS who are underinsured or lack adequate prescription coverage. Every month, 90,000 clients access the program. However, many state ADAPs are facing financial constraints and are unable to meet the needs of those who depend on the program. The National Alliance of State and Territorial AIDS Directors (NASTAD) said by November 2003, 16 states were restricting access to treatment and nearly 700 people were on waiting lists in 31 states. The petitioners noted that five more states anticipate upcoming new restrictions, while the number of people who depend on ADAP is growing. The petitioners acknowledged the $36 million ADAP increase approved for 2004 by a joint House-Senate committee, but said it falls well short of the $215 million needed to alleviate the current ADAP crisis. “We urge your leadership in securing an emergency supplemental appropriation for the remaining 180 million,” the petitioners wrote. “In addition, we urge you to also support the highest funding possible for the entire Ryan White CARE Act and other vital HIV/AIDS programs in the next appropriations process. The Bush administration has strongly encouraged that all Americans learn their HIV status, and by implementing policies such as the approval and dissemination of the rapid HIV test, the numbers of people being tested are growing,” the petition said. But it cited evidence indicating that “many of these new HIV cases are people who are disproportionately uninsured and need safety net programs such as ADAP to access treatment that will keep them healthy and productive.”

NIH Director Defends Government-Funded Research on AIDS, Sexual Practices. In a letter made public Thursday, January 29, National Institutes of Health Director Dr. Elias Zerhouni forcefully defended government funding of research on human sexual-
eration and that condoms made sex feel unnatural. According to Grimley, men in more intimate relationships were the least likely to use condoms, wanting their partners to feel they were committed to the relationship. Rather than use condoms, many men preferred to take their chances and seek treatment if they became infected. In Alabama, Blacks made up roughly 60% of AIDS patients over the past two decades while representing only one quarter of the population. 46% of the state’s AIDS patients are Black men; 14%, Black women; 34%, White men and 4%, White women. The study, “Condom Use Among Low-Income African-American Males Attending an STD Clinic,” appeared in The American Journal of Health Behavior (2004;28(1)).

AIDS Researcher Partly Retracts Study that Caused Stir. In a letter published on January 23 in Science, leading AIDS researcher Dr. David Ho and colleagues partly retracted a paper previously published in the journal, “Contributions of Human-Defensin 1, 2, and 3 to the Anti-HIV Activity of CD8 Antiviral Factor” (2002;298:995-1000). In that report, they identified substances active against HIV—alpha defensins—as produced by CD8 cells. In their letter, “Retraction of an Interpretation” (2004;303:467), Ho and colleagues said the substances the report identified were not produced by CD8 cells, but were introduced into the experiment by contamination. For years, scientists have been intrigued that a small percentage of people with HIV live for 10, 15 years or more with no progression to AIDS. Dr. Jay A. Levy, of the University of California-San Francisco and editor of the journal AIDS, observed in the 1980s that certain immune cells of those people, known as long-term nonprogressors, produced something that keeps the virus at bay. Since then, researchers have sought to identify this substance, called CD8 antiviral factor (CAF), after the type of immune cell that supposedly produces it. In their 2002 paper, Ho and colleagues said alpha-defensins—small proteins the body produces to kill bacteria—were “a major component of the long-sought-after CAF.” But in the January 23 retraction, Ho and colleagues said alpha-defensins are not produced by CD8 cells. When the original paper was published, some scientists said a potential flaw in Ho’s experiment was that he grew CD8 cells in cultures along with some other blood cells that might have produced the defensins. In fact, that is what happened. Ho and Dr. Linqi Zhang, the lead author on the 2002 paper, noted in an interview that the cultures were supposed to contain only B and T cells but also contained a tiny amount of cells called neutrophils, which produce defensins. The scientists said they had used a common technique to prepare cultures, assuming neutrophils would be kept out. “We have what we have for granted in the field over the years is not necessarily correct,” Zhang said.

Three Executives Are Leaving to Form HIV Research Group. VaxGen Inc., based in Brisbane, Calif., announced that President Donald P. Francis, research and development Vice President Phillip Berman and finance and administration Vice President Phillip Carter Lee are resigning to form a nonprofit HIV research foundation. After the failure of its Aidsvax vaccine in human trials in November, VaxGen shifted its focus to biodefense vaccines. Francis and Berman will leave the company February 1; they will resign from the board but remain consultants to VaxGen. Lee will stay to oversee preparation of VaxGen’s 2003 financial statements and provide an orderly transition for the next financial executive.

Durex Withdraws Condom Lubricant. The maker of Durex condoms has stopped adding nonoxynol-9 (N-9), a lubricant originally thought to protect against HIV but found in later studies to potentially increase infection risk. Concerns about N-9 have been raised by the World Health Organization, UNAIDS and CDC. “This is a very welcome decision,” said Keith Winestein, campaigns manager at the UK National AIDS Trust, which advocated for the removal of N-9 from condoms. Winestein said the British government should ensure N-9 is removed from all condoms manufactured in the United Kingdom as well as those sent overseas. Research found that N-9 can act to break up or irritate the epithelium of the rectum and vagina—a first line of defense against HIV and other disease. Such irritation can make it easier for a virus or other infection to invade. The danger in anal sex is especially significant, as the rectum has only a single-cell wall. The vagina has a wall lining about 40 cells thick. In a statement, Durex condoms manufacturer SSL International Plc. said, “SSL is anticipating a material reduction in demand for spermicidally lubricated condoms following a recent WHO report which questioned the level of additional protection provided by such condoms when compared to non-spermicidally lubricated condoms. In light of this, SSL decided to discontinue using the spermicide N-9 in our condom manufacturing process. As a result of this action, SSL will stop offering spermicidally lubricated condoms for sale and distribution.” Other companies, including Johnson & Johnson, have already stopped making products containing N-9.

200 Atlanta Gays to Test Whether Pill Stops HIV. Approximately 200 gay men in Atlanta will be among the first 3,000 people in the world to test a new HIV/AIDS strategy: a pill to prevent HIV infection. This spring, three studies—including one funded by CDC—will examine whether the drug tenofovir (Viread) can stop HIV from causing infection. Currently used to treat HIV patients, tenofovir works by blocking reverse transcriptase, an enzyme HIV needs for replication. The $3.5 million CDC study will enroll men who have sex with men, 200 at the AIDS Research Consortium of Atlanta and 200 in San Francisco. A $6.5 million Bill and Melinda Gates Foundation trial will involve 1,200 women in Cameroon, Ghana and Nigeria, and 400 heterosexual men in Malawi. And a $2.1 million National Institutes of Health trial will include 900 Cambodian women, mostly sex workers. In each study, half the participants will receive tenofovir and half will receive a placebo. All participants will be advised to practice safe sex and given condoms. Regimen adherence, side effects, viral resistance and high-risk behaviors will all be tracked. Animal studies have suggested tenofovir might prevent HIV infection. Some doctors have begun prescribing the drug, combined with another medicine, as a “morning-after pill” when patients report having risky sex. Physicians also note growing street use of tenofovir among gay men as prevention before sex. That is one reason CDC wants to study whether the drug is safe and effective in HIV-people, said Kathryn Bina of CDC’s National Center for HIV, STD and TB Prevention. Experts caution that tenofovir is no magic bullet. It has side effects, and allowing large numbers of at-risk people to take it intermittently could lead to drug resistance. Some worry that the security of taking a pill that would not be 100% effective could lead to more high-risk sex or drug use. Taken daily, tenofovir costs about $4,600 a year—$12.67 a day.

AIDS Panel Gives Immigrants a Voice. Grace C. Clark, public health program consultant for the HIV section of the Georgia Department of Human Resources Public Health Division, recently led a meeting of more than two dozen community and religious leaders to determine how to tackle the delicate issue of teaching immigrants and refugees about HIV/AIDS. The meeting led to the development of a community advisory council—the HIV/AIDS Immigrant/Refugee Advisory Board of Georgia—to serve as a liaison between the state’s ethnic communities and the Public Health Division. Clark said refugees and immigrants living in Georgia are from different ethnic groups, experiences and backgrounds. Sometimes, beliefs and customs, coupled with fear, create barriers to getting medical treatment. The rate of HIV/AIDS among Georgia’s immigrant/refugee population is unclear. States report AIDS cases to CDC, but not all submit HIV information, a CDC spokesperson said. Moreover, although reporting forms request information on country of origin, state and local practices vary on providing such information. Breaking down barriers for newcomers is urgent, given that half of the 50,000 refugees the U.S. government has agreed to accept for the budget year ending September 30 will come from Africa. In addition to other cultural barriers, the main reason people do not seek medical care is the stigma attached to HIV/AIDS. Nigerian-born Clark said the state’s outreach endeavor has been positively received. The program is modeled after a Minnesota effort that was launched after health officials there determined that HIV among African immigrants and refugees helped fuel a 6% increase in new infections in 2002. The state formed an advisory group, sent African-born educators to community centers to talk about transmission and treatment and enlisted the aid of churches and mosques. The Minnesota program’s web site contains HIV/AIDS information in Amharic and Somali.

Gay Lawmakers, AIDS Groups Vow to Fight State Budget Plan. On January 9, California Governor Arnold Schwarzenegger released his $76 billion proposed budget for fiscal year 2004-2005. Gay law- makers and AIDS groups voiced their opposition to
plans to restrict access to HIV/AIDS medications and cut funding to HIV services. Blaming former Governor Gray Davis and the Democrats, Schwarzenegger said he inherited billions of dollars of debt when he took office. As part of his plan to reduce the deficit, he proposed a 2% cut—$6.6 million—in HIV/AIDS funding, 10% cuts in Medi-Cal provider rates, no increase in funding for the AIDS Drug Assistance Program (ADAP) and rolling back enrollment in ADAP from 26,000 to 23,900. AIDS groups estimate that ADAP needs an additional $45 million for FY 2004-2005, and they warn that the enrollment cap will deny HIV medications to more than 1,400 people and reduce benefits for existing enrollees. Activists argue that by limiting access to appropriate treatment, the governor contributes to the state’s financial problems. As HIV/AIDS patients without medication get sicker, the state incurs higher costs for emergency and acute care. On January 13, about 300 activists protested the proposed cuts at the State Building in San Francisco. “The state’s fiscal crisis may require sacrifices all around,” AIDS Project Los Angeles Executive Director Craig E. Thompson said in a statement, “but limiting access to ADAP could cost people with HIV/AIDS their health, and ultimately, their lives.” Assemblymember John Laird (D-Santa Cruz), who is leading the fight to save ADAP, feels optimistic. Last year, AIDS activists and legislators brokered a deal to kill a proposed ADAP co-payment plan. Laird hopes he can do the same for the enrollment cap. The budget is currently in the Legislature. Schwarzenegger will announce revisions in May.

LA County to Intensify Fight Against HIV, STDs in Gay Bathhouses. On Tuesday, February 3, the Los Angeles County Board of Supervisors ordered local health officials to review HIV/AIDS and STD prevention efforts in gay bathhouses and sex clubs. The board unanimously backed a motion instructing the Department of Health Services and other county workers to recommend improvements in a report the Department of Health Services and other county workers to recommend improvements in a report the Department of Health Services and other county workers to recommend improvements in a report the Department of Health Services and other county workers to recommend improvements in a report the Department of Health Services and other county workers to recommend improvements in a report the Department of Health Services and other county workers to recommend improvements in a report the Department of Health Services and other county workers to recommend improvements in a report the Department of Health Services and other county workers to recommend improvements in a report the Department of Health Services and other county workers to recommend improvements in a report the Department of Health Services and other county workers to recommend improvements in a report the Department of Health Services and other county workers to recommend improvements in a report the Department of Health Services and other county workers to recommend improvements in a report.

Tenants with HIV Gain Link to Resources. Brian Basinger, an AIDS patient who experienced housing discrimination, is launching the AIDS Housing Alliance, an organization to connect HIV/AIDS patients to friendly landlords and roommates. “There are landlords willing to take in HIV+ patients, willing to take Section 8 [housing vouchers]. The problem is finding them,” said John Crapo, an adviser to the new organization. “It’s the next generation of evolving services needed for people living with HIV. Initially, organizations were set up for the crisis and the dying times. Now, the issues are longevity: How do we live?” In San Francisco, Marin and San Mateo counties, 21,851 people have AIDS, said Bill Hirsh, director of the AIDS Legal Referral Panel. The figure represents the fifth-highest number of total cases in a U.S. metropolitan area and the highest rate in the country of cases per 100,000 people. The statistic does not include HIV+ people who have not developed AIDS. Hirsh said about one-third of the AIDS Legal Referral Panel’s annual cases involve housing. A significant number of the 750 fair housing complaints the city’s Human Rights Commission gets each year come from HIV+ people or people with AIDS, according to Ed Llumin, a compliance officer. Basinger said although the San Francisco housing market has loosened, the drop in rents has not yet hit low-income people. Although the city has affordable housing units for AIDS patients, the waiting lists are long and turnover has slowed as medication extends lives. Volunteers will initially staff the AIDS Housing Alliance, whose nonprofit status is pending. The group will link landlords, tenants and roommates through listings that can be viewed on site and at monthly functions that Basinger calls “speed dating for roommates.” The Housing Rights Committee of San Francisco has donated office space (427 S. Van Ness Ave.) and an anonymous donor has given the organization seed money. For information, telephone (415) 703-8634.

Menino, Health Advocates Push for Needle Legislation. On Wednesday, January 28, Boston Mayor Tommy Menino told state legislators that drug addicts should not have to have a prescription to access clean needles. “It prevents the spread of AIDS. We’ve known that for years,” the mayor told the Legislature’s Health Care Committee. Massachusetts is one of just four states that require a doctor’s prescription to obtain needles. Boston, Cambridge, Northampton and Provincetown operate needle exchange programs. “We know that clean needles work. We have to use them in the fight,” said Jean Flattery-McGuire, former director of the state’s HIV/AIDS bureau, who now teaches public health at Northwestern University.

Montreal Police Alone in HIV Test: New Standards. On Monday, January 26, Montreal adopted hiring standards for its police force, stipulating that HIV+ candidates will not be hired. A survey of other professions and trades whose members have close contact with the public revealed that they have no such rule. Robert Salois, president of the Quebec Order of Dentists, which regulates the practice of 4,000 professionals, said he is unaware of HIV testing as a condition of employment for dentists. “It doesn’t exist in Quebec and would be illegal, contrary to the Charter of Rights and Freedoms,” he said. The Quebec Human Rights Commission is investigating a complaint brought by AIDS rights groups against the Grand Seminaire de Montreal’s demand for HIV testing of priesthood candidates. Commission spokesperson Ginette L’Heureux said such tests cannot be ordered unless they directly relate to the job, and the employer must prove an illness would interfere with a person’s work. Urgences Sante, with 850 ambulance technicians, does not require HIV tests for new employees, according to spokesperson Eric Berry. “In our job, even if you have HIV, it doesn’t mean you can’t practice,” he said. No trainers or swim instructors at downtown Montreal’s YMCA are asked to take HIV tests, said Director Richard St-Yves. “When you teach phys ed or swimming, even if a person were HIV+, there is no danger of transmission,” he said. Louise Cantin, secretary-general of the 85,000-member Quebec Order of Nurses, said hospitals and other health care centers in Quebec do not require HIV tests for nurses. Hans Brouillette, spokesperson for the Quebec Association of Restaurateurs, which represents 5,500 restaurants, said he knows of no cases where cooks or waiters must take HIV tests. “When you hire someone, you don’t have the right even to ask those questions,” he said.

France Announces 5 Million Euros to Help Fight AIDS. On Monday, January 19, the French government announced it would give five million euros (US $6.3 million) for the fight against HIV/AIDS over the next 18 months. Prime Minister Jean-Pierre Raffarin made the announcement following a meeting with Bernard Kouchner, former minister of health and principal of the French-created humanitarian organization Doctors Without Borders. The money will go to ESTHER, a program in which France, Italy, Spain and Luxembourg cooperate to provide financial support to African, Asian and South American countries to fight HIV/AIDS.

Croatia’s Catholic Church Protests AIDS Prevention Programs Showing How to Use Condoms. An AIDS prevention program that teaches Croatian high school students how to use condoms has come under attack from bishops in this predominantly Roman Catholic country; they argue it contravenes Christian morals. After meeting Monday, January 26 to discuss the issue, the bishops released a statement condemning the “unacceptable program, held under the pretext that it aims to protect adolescents from AIDS.” In fact, the statement asserts, the project “teaches them how to use” condoms. Because parents were not asked for approval, the bishops claim “student and teacher believers are forced to participate in the program, which goes against Christian morality, against their conscience.” Last year,
Croatia's health and education authorities introduced the program at several high schools. Though Croatia has fewer than 150 HIV/AIDS cases in a population of 4.5 million, authorities have recently increased AIDS awareness programs. HIV/AIDS came into public focus last year when parents protested an HIV+ girl attending school with their children. At that time, the Church publicly and successfully appealed for the parents and the public to accept the girl. The bishops did not specifically request that the program be halted, and it is unclear if their statement would affect it. Dr. Josip Bogevac, an AIDS specialist, said the program is comparable to AIDS prevention programs worldwide. Catholic doctrine features prominently in Croatia's state-run schools. Critics charge this discriminates against Orthodox Serbs, Muslims and atheists.

Vatican Condemns Drug Companies’ Profiteering from AIDS Crisis. At a Wednesday, January 28 news conference to publicize Pope John Paul II's Lenten message, the Vatican condemned the "genocidal action" of pharmaceutical manufacturers making massive profits from HIV/AIDS drugs that are not affordable to millions dying from the disease. It blasted drug companies for a "lack of social conscience" and asked for public pressure to force them to lower prices of antiretroviral drugs, saying such a move could save 25 million lives in sub-Saharan Africa. In the past, the Vatican has lobbied the World Trade Organization to help poor AIDS-ravaged countries access cheaper drugs. In his message, the pope urged humanity "not to close its eyes" to the suffering of millions of HIV/AIDS patients, especially the estimated 2.5 million infected children. Father Angelo D'Agostino, an American Jesuit who runs an AIDS orphanage in Nairobi, said the difference in HIV/AIDS outcomes in rich and poor nations results from "the genocidal action of the drug cartels that refuse to make the drugs affordable in Africa even after they reported a 517 billion dollar profit in 2002." The Vatican itself has come under fire recently for opposing condoms, saying chastity is the most effective means of HIV prevention. The Church also has controversially maintained that HIV could pass through condoms despite widespread scientific consensus that latex condoms are impermeable to the virus. In his message, the pope said a foundation would be set up to oversee building a village for AIDS orphans near Nairobi on Kenyan government-donated land. D'Agostino will run the project. He said seven or eight of the 1,000 HIV+ orphans in his current program die each month "because we do not have the funds to pay the unaffordable prices demanded by the big international drug companies."

More Mozambicans Infected with HIV to Be Treated with Anti-Retrovirals. At the World Economic Forum in Davos, Switzerland, Mozambican Health Minister Francisco Songane said his ministry would make efforts to treat more people with antiretrovirals, raising the current figure from 2,120 people receiving treatment to about 7,000 this year. About 1.5 million Mozambicans are HIV+, and 120,000 are already ill or need to start treatment once. Songane is optimistic that the number treated will rise in the future as generic drug prices fall. He added that Brazil has promised to build a pharmaceutical plant in Mozambique that would produce generic HIV drugs, and the country is in talks with another investor interested in building a similar factory. Such factories will produce generic drugs for Mozambique and other African countries, said Songane.

Sierra Leone Government Officials to Submit to HIV/AIDS Tests. In a bid to erase stigma attached to AIDS, all of Sierra Leone's government ministers and their deputies are to be tested for HIV, said Vice President Solomon Berewa. "This is a practical way for us to show leadership," Berewa told reporters Monday, January 26, after a weekend meeting with major international donors that addressed progress in health, sanitation and public infrastructure sectors. Berewa said he also encourages lawmakers to be publicly tested for HIV. Berewa's call follows an appeal the preceding week by the National AIDS Commission for journalists to submit to HIV tests. According to UNAIDS, the HIV/AIDS infection rate in Sierra Leone, which saw a massive movement of refugees during its decade-long civil war that ended in 2001, has doubled to 5.1% since 1996.

Treasury Denies Cutting Budget for AIDS. South Africa's Treasury has denied cutting the nation's AIDS budget by two-thirds, calling the London-based Financial Times report to this effect "entirely without foundation." The Times reported that the Treasury slashed AIDS funding for 2003-2004 from R276 million (US $40 million) to R90 million (US $13 million) due to a lack of progress by the South African Department of Health in providing free AIDS drugs in state hospitals. When it released the treatment plan in November, the Health Department said it planned to provide 53,000 people with AIDS medicine by the end of March. The Treasury's former deputy director for public finance, Andrew Donaldson, said there have been no budget cuts, but that the cost estimates for the treatment program might have been confused with the allocations actually agreed upon by the Treasury and Health Department. Donaldson explained that the 2003 budget had allocated R3 billion (US $430 million) for HIV/AIDS from 2003-2006. This money, allocated equally to the provinces, was not specifically for providing AIDS treatment. In November, the Treasury earmarked an additional R90 million (US $13 million) for the provision of antiretroviral medicines in the remaining half of the fiscal year ending in March, said Donaldson. Simultaneously, Donaldson explained, Finance Minister Trevor Manuel announced that another R1.9 billion (US $273 million) had been budgeted for AIDS drugs over the next three years: R300 million (US $43 million) for 2004-2005, R600 million (US $86 million) for 2005-2006 and R1 billion (US $143 million) for 2006-2007. This money would go to the provinces as conditional grants. "There's no reason to think there would be any reduction in those numbers," said Donaldson. Donaldson said there would be "opportunity to adjust [budgets] up or down," with increases made in response to evidence that the Health Department was implementing treatment programs.

In Africa, AIDS Education Amid Crayons and Soccer. HIVSA, a nonprofit associated with the Chris Hani Baragwanath hospital in Soweto, and WorldCamps, an organization founded by American Philip Lilienthal, recently offered a one-week summer holiday camp program to 100 poor boys from townships near Johannesburg. A few of the boys are HIV+. All have a family member infected with the disease. The first of six camps planned in South Africa for girls and boys this year, Camp Sizanani mixed fun and games with AIDS awareness, cooperation, affection and attention. Some of the camp counselors are former Peace Corps volunteers or Americans who have worked in summer camps before. Some are young South Africans involved in AIDS work and counseling. Campers range in age from 10 to 16. In addition to teaching daily life skills, counselors work to debunk myths about condoms, such as that their lubrication contains worms released by water or the sun, or that government-issued condoms contain holes. Counselor Lawrence Ndou passed out condoms, challenging the boys to find worms or holes. Counselors preach prevention and respect, and build bonds of trust with the boys. Although summer camps are not part of South African culture, organizers hope American-style sessions will replicate the success of camps for troubled or sick children in the United States. Sizanani means "help each other" in Zulu. Some campers may have been skeptical at first, but according to Katlego Skosana, a counselor from Soweto, "Nobody wants to go home. They want to stay here for another week. For many of the young campers who return to difficult lives in South Africa's townships and squatter camps, Sizanani offers a chance to just have fun."

Saudi Arabia Builds AIDS Facilities. Saudi Arabia will build AIDS research and treatment facilities in Riyadh, Jeddah and Dammam, the Arab News reported Monday, January 26. "The move to open special AIDS diagnostic and treatment facilities in the Kingdom is primarily intended to check the epidemic, focusing on the fight against the disease," said Dr. Tarek Medani. Foreigners would be treated until they are stable enough to be deported to their home countries, as guidelines dictate, said Medani. More than 1,350 Saudis have HIV/AIDS, according to the news report, in addition to a growing number of expatriates.

Media Campaign to Highlight HIV/AIDS Issues in Cambodia. On Tuesday, February 3, Giselle Portenier of the BBC World Service Trust told reporters that the organization would launch a two-year media campaign in May to promote awareness of HIV/AIDS and reproductive, maternal and child health issues in Cambodia. "We are hoping to have a huge impact on HIV/AIDS and maternal and child health," she said at a two-day workshop in Phnom Penh. Currently in Cambodia, one in eight children dies before age five. With 2.8% (170,000) of its adult
population infected, Cambodia has the highest HIV infection rate in Asia. About 80,000 people have died of AIDS since 1993. Secretary of State for Health Mam Bun Heng welcomed the campaign, which is sponsored by the British government.

**Expert Says SARS Outbreak Made China More Willing to Talk About AIDS.** The SARS crisis in China served as a “dramatic wake-up call” to its health authorities by highlighting the importance of a transparent public health system, Dr. David Ho, director of the New York-based Aaron Diamond AIDS Research Center, told reporters in Hong Kong while attending an infectious disease conference. “This kind of new attitude on SARS is gradually transferring to HIV/AIDS,” said Ho, who is working on efforts to control HIV/AIDS in the hard-hit provinces of Henan and Yunnan. Ho said Chinese officials have been more forthcoming with national AIDS statistics and added that he was particularly impressed with Vice Premier Wu Yi’s recent fact-finding trip to Henan. Ho said Wu’s visit “shows a level of commitment that’s unprecedented” and that people working in the field are noting the positive change in direction.

**Vietnam Sees Rising Number of HIV Carriers.** The Vietnamese Ministry of Health announced Tuesday, February 3, that in 2003, the country diagnosed 16,980 new HIV infections, up 11% from 2002. Vietnam has reported a total of 76,180 HIV infection cases, of which 11,659 developed AIDS and 6,550 died by the end of 2003, the ministry said. Localities with the most HIV/AIDS cases include the capital city of Hanoi, Ho Chi Minh City, northern Hai Phong city and northern Quang Ninh province. Most of those infected are sex workers and drug addicts. Vietnam plans to focus on disseminating HIV/AIDS education and prevention information among local people, especially those in high-risk groups. The government also plans to spend 80 billion dong (US $5.1 million) on national HIV/AIDS prevention projects for 2004, 20 billion dong (US $1.3 million) higher than last year.

**AIDS Quilt Creator Can Keep Benefits.** The Atlanta-based Names Project Foundation (NPF), which owns the AIDS Memorial Quilt, promised on Thursday, January 22, not to cut off the health benefits of project creator Cleve Jones, who said he was fired because he pushed for the first display of the quilt in eight years. Jones filed a wrongful termination lawsuit in San Francisco Superior Court on Tuesday, January 20. NPF President Edward Gatta, a New Hampshire interior designer, said in a statement he was “disappointed and saddened” about NPF’s dispute with Jones. While not addressing most of the allegations in the suit, Gatta said he was “willing to work for a positive resolution.” NPF, Gatta said, would not cut off medical insurance to Jones, who has AIDS and says that without insurance, his medications would cost him $22,000 annually. The 40,000-panel quilt, which Jones began in San Francisco in 1987, has been housed in an Atlanta warehouse since the financially troubled NPF moved it there in 2001. Gatta said NPF hoped to raise funds to reopen an office in San Francisco. In his suit, Jones alleges he obtained more than $1 million in pledges for a pre-election display of the quilt in October in front of the U.S. Capitol. Gatta said NPF dropped the idea because Jones failed to meet a funding goal of $2 million. But Jones said NPF spurned the money, fired him from his $41,500 job as its spokesperson and threatened to cut off his health benefits. Jones asked the court to put NPF into receivership so the AIDS Memorial Quilt can be returned to San Francisco and used to educate young people about the dangers of the disease.

**Stars Put a Good Face on MAC AIDS Fund.** Christina Aguilera, Chloe Sevigny, Boy George, Missy Elliott and Linda Evangelista are the new faces of MAC cosmetics’ Viva Glam campaign, marking the tenth anniversary of the MAC AIDS Fund, which began in 1994 with spokesperson RuPaul. The fund has raised more than $32 million for HIV/AIDS patients. All proceeds from Viva Glam V pink lipstick ($14) and lip gloss ($13.50) go to the fund. Print ads featuring the celebrities appeared in mid-February. Boy George said he was thrilled to take part in the campaign. “I’ve been wearing makeup since I was 14 years old,” he said. “I feel it was about time I was rewarded.” George added that the combination of an AIDS benefit and glamour is a natural one: “AIDS has affected the fashion industry probably more than any other industry.”

**Dionne Warwick Receives U.S. Award for AIDS Campaigning.** On Tuesday, January 27, singer Dionne Warwick received the American Citizen Honor Award for her efforts in raising funds for AIDS research. U.S. Ambassador to Singapore Frank Lavin presented the award to Warwick in recognition of her 20-year involvement in HIV/AIDS. “We have to make people aware, not just through writing, but also verbally and through demonstrations,” said Warwick, who was in Singapore for a concert on Thursday, January 29. At a press conference, Warwick likened her involvement in AIDS to a train journey. “I was on the train from the beginning and until the disease is茎med, I will not get off,” she said. Warwick teamed with numerous other artists for the 1985 fundraising recording “That’s What Friends Are For” and a 1990 AIDS benefit concert at New York’s Radio City Music Hall.

**AIDSInfo Starts New Live Help Web Service.** AIDSInfo, a web site sponsored by the Department of Health and Human Services, recently began a new service called Live Help. AIDSInfo presents federally approved information on HIV/AIDS treatment and prevention guidelines, approved and experimental HIV/AIDS drugs and vaccines and a comprehensive database of government and industry-supported HIV/AIDS clinical trials. Live Help offers confidential, one-on-one Internet assistance in an instant-message-like format. Trained specialists—knowledgeable about HIV/AIDS hotlines, publications, web sites and other HIV/AIDS resources—staff the service from Monday through Friday, noon-4:00 p.m., EST. Visit http://aidsinfo.nih.gov/live_help.

**For More Coverage from the Retrovirus Conference**

Visit web sites such as www.thebody.com, www.natap.org or the official Retrovirus Conference web site www.retroconference.org. ALL CONFERENCE PHOTOS COURTESY OF THE AUTHOR
Fear, Loathing and Discrimination in Las Vegas

Ever since America’s big pharmaceutical companies served up the “cocktail”—a potent, toxic mixture of prohibitively expensive anti-retroviral drugs designed to suppress HIV and extend life while simultaneously creating side effects worthy of Dr. Frankenstein—those of us living with HIV and AIDS have largely been expected to sit down, shut up and take our medicine. Lots of Americans think we’ve been “cured,” some remain completely clueless about how HIV is transmitted and plenty others drone on unwittingly about how HIV has become a chronic, manageable disease—just like diabetes. Only HIV is not diabetes. It’s not just like anything else at all, really.

There are many ways in which HIV is not just like having diabetes. Some people with HIV are fired from their jobs, have their rental agreements torn up and receive inadequate health care when their HIV status is revealed. It happened in 1984 and it continues to happen in 2004. According to a survey of 43 community-based AIDS service providers in 11 states conducted by the American Civil Liberties Union (ACLU), civil rights violations continue to be widespread against people with HIV/AIDS throughout the United States. The ACLU’s report, released in late 2003, documents denial of medical treatment, violations of privacy, deprivation of parental rights, workplace discrimination and refusal of admittance into nursing homes and residential facilities.

“The situation is much worse than we thought it would be,” said Paul Cates, director of public education for the ACLU AIDS Project. “It is pretty horrible stuff when you realize this is not a disease spread through casual contact and we are more than 20 years into this epidemic.” Medical privacy violations were reported by nearly all of the providers surveyed. Tamara Lange, an ACLU AIDS Project attorney, offered up a grim summation: “Breaches of confidentiality can and do unravel people’s lives, forcing them to find new jobs, new schools and new homes.” The stigma of HIV is alive and well in the United States of America.

Need proof? The ACLU has published HIV & Civil Rights: A Report from the Frontlines of the HIV/AIDS Epidemic, a compilation of two years’ worth of research and interviews detailing all kinds of HIV discrimination and disregard for confidentiality. Among the incidents:

- **Texas**: HIV+ parents were denied visitation of their children because of their status
- **Florida**: A grade school teacher informed an entire classroom of one child’s HIV status
- **California** and **Arizona**: Nursing homes and psychiatric facilities routinely deny access to clients with HIV
- **New Mexico**: A patient first learned he had tested positive for HIV from a receptionist in front of a waiting room full of people
- **Arkansas**: A landlord tore up a rental agreement and kicked out a tenant with HIV

Even in America’s heartland—Nebraska, to be exact—a 19-year-old woman is suing two former employers, a restaurant and a convenience store, for firing her after they learned she has HIV. Unfortunately, this young woman’s story is all too common among people living with HIV. “Stigma and ignorance continue to hound people with this disease, even though we now know you can’t get HIV through casual contact,” remarks Leslie Cooper, a staff attorney with the ACLU’s AIDS Project. “Fortunately, our laws make it clear that you can’t discriminate against someone because they have HIV.” With lawsuits filed in both Nebraska state court (where it’s illegal to discriminate on the basis of HIV infection) and federal court (her firing is a violation of the Americans with Disabilities Act), the 19-year-old’s former employers will have to explain how her jobs as a restaurant hostess and shelf stocker made her a threat to the community… without sounding mean and stupid at the same time.

HIV discrimination is not confined to America’s small towns. In the spring of 2003, HIV+ gymnast Matthew Cusick was fired by his employer, Cirque du Soleil—the enormously popular traveling circus featuring dance, high-caliber acrobatic performances and aerial, high-flying, balancing and manipulation acts. Cusick, 32, has been HIV+ for the past decade and a gymnast since the age of 5. After auditioning for Cirque du Soleil, he was selected to receive four months training. He disclosed his HIV status prior to training, went through extensive medical exams with Cirque du Soleil’s own doctor and was deemed a “healthy athlete” who “should be able to perform.”

Cirque offered Cusick a contract to perform on Treasure Island in Las Vegas, Cirque told Cusick the company would not continue to employ him because he has HIV. Cusick brought his dismissal to the attention of Lambda Legal Defense and Education Fund (a civil rights group for gays, lesbians and people living with HIV and AIDS), who filed a federal discrimination complaint on his behalf and took the story public.

If Cirque du Soleil thought it could fire a gymnast because he has HIV and nobody would notice, they were mistaken. AIDS activists rallied, demonstrations were staged outside Cirque shows and protest letters and e-mails swamped the company.

Despite all that, it took Cirque du Soleil over six months to issue any kind of public statement. Finally, senior Cirque spokeswoman Renee-Claude Menard issued a rambling, obnoxious letter claiming Cusick was fired “solely for safety reasons” because “the risk of exposing fellow artists, technicians and/or spectators to HIV as a consequence of injurious physical contact was too great.” She noted that Cusick was eligible for other jobs at Cirque and declared that “Contrary to the allegations, Cirque du Soleil has not discriminated against this particular acrobat.”

Menard, apparently a direct descendant of the Wicked Witch of the West, didn’t offer Cusick any of those other positions, quoted no statistics substantiating acrobatic transmission of HIV, but courted sympathy for Cirque by whining that “Our name is being dragged through the mud. This is more hurtful than anything else.” Yes, it took her six months to come up with all that.

Is Matthew Cusick a threat? The American Medical Society for Sports Medicine and the American Orthopaedic Society for Sports Medicine said in a joint statement that sports-related transmission of HIV is unlikely, although the theoretical chance is “not zero.” But they concluded, “Based on current medical and epidemiologic information, HIV infection alone is insufficient grounds to prohibit athletic competition.” Even an organization as conservative as the National Collegiate Athletic Association (NCAA) admits, “There are no validated cases of HIV transmission in the athletics setting,” and concludes that “there is no recommended restriction of student athletes merely because they are infected with HIV.” Reality check: Cusick would need to have some form of sexual intercourse or shooting up drugs with his fellow performers and audience members for there to be a real threat of HIV transmission.

After a torrent of criticism, numerous efforts to educate the folks at Cirque du Soleil and an ac-

Based on current medical and epidemiologic information, HIV infection alone is insufficient grounds to prohibit athletic competition.
knowledge of discrimination by the U.S. Equal Employment Opportunity Commission (EEOC), the company announced at the end of January that it’s willing to reinstate Matthew Cusick. Renee-Claude Menard spoke on behalf of Cirque again, asserting that “It was a learning procedure, and we’re going to keep learning. We can’t be experts in everything.” It’s not at all clear exactly what Menard learned in the nine months that passed after Cusick’s firing, although it does make one wonder if she had maybe been an acrobat herself once and dropped from the Russian High Bar on her head. Repeatedly. Because, you know; it really shouldn’t take any reasonable, conscious adult nine whole months to understand how HIV is transmitted.

And so, for all those folks out there who want to characterize HIV as another chronic, manageable disease just like diabetes, the question remains: Do you honestly think Matthew Cusick and that 19-year-old Nebraska girl would have been fired if they had diabetes instead of HIV?

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.

THE RESOURCE TRAIN, CONTINUED FROM PAGE 5

15. The person living with HIV has the right to be told of realistic care alternatives when the current treatment is no longer working.

16. The person living with HIV has the right to expect reasonable assistance to overcome language (including limited English proficiency), cultural, physical or communication barriers.

17. The person living with HIV has the right to avoid lengthy delays in seeing medical providers; when delays occur, he or she should expect an explanation of why they occurred and, if appropriate, an apology.

By understanding our rights and knowing what we want from a doctor/patient relationship, we can feel better prepared as we journey to find the most adequate medical care to help us make the most healthy choices for our lives.

Resources
- “Choosing an HIV Care Provider,” New Mexico AIDS InfoNet Sheet #202
  www.aidsinfonet.org/articles.php?articleID=202
- “Finding the Right Doctor” by Mark Cichoki
  http://aids.about.com/cs/doctors/a/rightmd.htm

Resources
- www.lipaugmentation.com (a site that explains the contents of several injectables, which are being used for lip and facial augmentation. This site also has a good overview of questions for your physician)
- www.medibolics.com
- www.facialwasting.org
- www.houstonbuyersclub.com
- www.natap.org
- www.thebody.com

AIDS SURVIVAL PROJECT
THRIVE!

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
March 27-28 May 15-16 July 17-18
September 18-19 November 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, Dr. Richard Hudson, Roche Laboratories, Inc. and the Bristol-Myers Squibb Company.

MARCH/APRIL 2004 19
THRIVE! Weekend—On Saturday and Sunday, March 27-28, THRIVE! Weekend will be held at the Grady Infectious Disease Program offices on Ponce De Leon. Please call us and sign up to attend or to volunteer. If you can’t make the March THRIVE!, they are held every other month. The next couple of dates are May 15-16 and July 17-18. For more information or to register, please call the ASP offices.

Healthy Choices = Healthy Lives—On Friday, April 17, from 10:00 a.m. until 1:00 p.m., the next Healthy Choices will be held. The topic will involve managing your finances. Please call for more information or to register.

Finally, it may seem early, but I wanted you to be aware of our plans and needs for your help at the Atlanta Pride Festival this year, June 25 through June 27. We are going to focus on getting out the vote as we have in previous years through the “Remember Them with Your Vote” campaign. We will need your help at the booth registering voters and giving out stickers and on the parade route carrying “Remember Them with Your Vote” placards. As persons infected and affected by HIV/AIDS, please help us get out and make our voices heard. For more information or to sign up for the parade or a shift at the booth, please call the AIDS Survival Project office.

Remember to come by the office any time you can just to say hi or to volunteer. We’d love to you see you and hear how you’ve been.

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.

THE BACKBONE, CONTINUED FROM PAGE 12

EMORY UNIVERSITY SCHOOL OF MEDICINE

VOLUNTEERS NEEDED

ARE YOUR HIV MEDICINES NOT WORKING FOR YOU ANYMORE? ARE YOU THINKING ABOUT CHANGING YOUR ANTI-HIV DRUG COMBINATION?

IF YOU:
- are HIV+  •  are 18 or older  •  have a viral load of 2000 or more  •  have tried at least two anti-HIV drug combinations, including a PI, that have failed to control the HIV infection in your body  •  have been on your current anti-HIV drugs for the last 12 weeks

The Emory AIDS Clinical Trials Unit is studying whether increased doses of protease inhibitor (PI) drugs will more effectively lower your viral load than standard doses of PIs. The dose increases of the PI drugs will be based on Therapeutic Drug Monitoring (TDM), which measures your blood levels of PIs. This 48-week clinical research trial will also study whether it is safe to increase the doses of PI drugs based on TDM. This trial will not provide any medications.

For more information, contact:
Dale P. Maddox, LCSW, (404) 616-6333
Ponce IDP Center, 341 Ponce de Leon Ave, 3rd Floor, Atlanta GA 30308
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. [2/2]

MALE SEEKING FEMALE
Black male, 49, comic book artist. Seeking HIV+ woman for love and happiness. Race unimportant. If you like traveling, movies and dinner, call me. Larry, (310) 324-2813. [1/2]

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. [2/2]

SEEKING PEN PALS
BM, 27, mature. Seeking correspondence with someone earnest in pursuit of life’s fulfillments. Love for self is vital; age, race not important. Craig Partridge, GDC844679-I-C, Scott State Prison, PO Box 417, Hardwick GA 31034. [1/2]

Straight black male, 6’2”, 195 lbs., handsome, optimistic, non-judgemental, open-minded, diligent, romantic, caring. Seeking correspondent and not someone to exploit. I will reply to all letters. Charlie Roberts, GDC408997, Ingram Bldg. C-23, Scott State Prison, PO Box 417, Hardwick GA 31034. [1/2]

SWM, 39, 5’9”, 165 lbs. Dark hair, blue eyes, sense of humor, lots of steamy stories to tell. Soon to be released. Looking for male pen pal, maybe more. Frankie Wayne, GDC-718622, Georgia State Prison, 2164 GA Hwy 147, Reidsville GA 30499. [1/2]

If anyone would like someone to talk to 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. [2/2]

SERVICES
Reid Michael’s Cleaning—1 or 2 bedrooms; townhomes, apts., houses. Your basic cleaning: dusting, mopping, vacuuming, etc. Prefer regular schedule. Ask for Larry at (404) 373-1032. [1/2]
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**APRIL 2004**

**MARCH/APRIL 2004 Calendar**

| LEGISLATIVE AIDS AWARENESS DAY, GEORGIA CAPITOL |
|-------------------------------------------------
| 8:00 pm Positive Living Support Group |
| 6:00 pm Closed Women’s Support Group |

**THE ART OF DINNER, TULA ART CENTER**

| 6:00 pm - Closed Women’s Support Group |
| **TRIVIAL WEEKEND** |
| Call to pre-register - see pg 19 for details |

| 5:30 pm - 7:30 pm | **HEALTHY CHOICES = HEALTHY LIVES: “FOR WOMEN BY WOMEN”** |
| 6:00 pm - Closed Women’s Support Group |

| 7:00 pm - 9:30 pm | The Art of Dining, Tula Art Center - see pg 10 for details |
| **THRIE! WEEKEND** |
| Call to pre-register - see pg 19 for details |

| 4:00 pm - 7:00 pm | **VOLUNTEER APPRECIATION BOWLING PARTY** |
| 5:00 pm - 7:00 pm | Bowing Party - see pg 12 for details |

**THRIVE! WEEKEND**

Call to pre-register - see pg 19 for details