

We are diverse people living with HIV, united to promote self-empowerment and enhanced quality of life for HIV-affected individuals through advocacy, education, peer support and treatment activism.

HIV Names Reporting in Georgia: The First Year

by Nicholas Forge

This January marks the end of the first year of HIV names reporting here in the State of Georgia. For each person that tests positive for HIV, his or her name and other demographic information, such as age, race and sex, is collected by the Department of Human Resources. According to the Department of Human Resources, names reporting was a necessary policy change, as it would produce more representative data about the epidemic in Georgia. This improved data would allow for better prevention services, as well as increased funding. Given that the need for HIV names reporting was stressed by policy makers, we asked Dr. Luke Shouse, Department of Human Resources, HIV/AIDS Surveillance Unit, how successful the new policy has been in its first year of implementation.

NF: *What have you learned from the new statistics in the past year? Have there been any surprises in terms of demographics of people who are testing positive? Have you seen any surprises in regards to people who are over the age of 50?*

LS: Although I expect to see differences in the demographics of the HIV data as compared to AIDS data, I have not compared the HIV and AIDS data by demographic variables. Until the surveillance system matures more, I hesitate to analyze the HIV data for trends such as new infections among those greater than 50 years of age or shifts in racial categories. When initiating any new surveillance system, time is required to educate providers and labs of the change and to get a majority of them reporting. The new HIV surveillance system is no different. The danger in analyzing the data too soon is that the data may not be representative of the entire epidemic, and thus be misleading.

NF: *Has there been a decrease in testing since the names reporting requirement was implemented?*

LS: We have seen no indication of a decrease in HIV testing since implementing the new system in December 2003. Preliminary 2004 data suggest an increase in the total number of HIV tests performed in Georgia during 2004 from the previous four years.

NF: *Have there been any complications in this new process? Has the data collection become more reliable since this method was implemented?*

LS: As before, with any new system there are challenges, but we haven't experienced any insurmountable problems.

One of our toughest challenges is getting the word out to the hundreds of labs and providers throughout the state with our limited resources.

AIDS surveillance relied almost wholly on provider-initiated reports. HIV surveillance relies on reports received from labs that require follow-up with providers. The addition of lab reporting makes both HIV and AIDS surveillance a more reliable and systematic system.



Left to right: Elton John AIDS Foundation Board member **Barron Segar** (also an ASP board member), Art of Dining Committee Chair **Drew Plant** and Lowe Gallery owner **Bill Lowe** cemented a major sponsor partnership for AIDS Survival Project in late January (see story on page 7).

NF: *Have you been receiving reliable information from private doctors? Are their results coming from confirmatory tests, as opposed to first tests?*

LS: Many private medical providers acknowledge the importance of HIV data for guiding prevention and for helping bring resources to Georgia for their patients, and they began reporting immediately. Others began reporting later, and some haven't started yet. However, since state

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Living with Crystal Meth

After the chemical make-up of ephedrine, add just the right amount of drain cleaner, battery acid, and antifreeze, toss in assorted other easy-bake compounds, and you have the recipe for crystal meth. Bon appétit.

I had heard rumors about the ingredients, but didn't care. It looked clear and pure enough, especially after the first hit. I had also heard (from another addict) that an Australian study had shown that regular crystal use would lower the amount of HIV virus in the body. It's amazing how much an addict—no matter how educated—is willing to suspend disbelief to indulge his habit. Though I knew it wasn't true, the excuse was convenient and compelling. But some things were absolutely certain: crystal made me feel good, made sex fabulous, and put me on somebody's A-list. All it took was a harmless bump up my nose... at first.

Addiction is progressive and fatal.

I tested HIV+ in November 1992, after waking up one morning blind in one eye. What few people know is that I had been using cocaine for about three years at that time and was just coming off a binge. Full-blown AIDS, shingles, presumptive toxoplasmosis and optic neuropathy were diagnosed in a matter of days.

How did I get to that point, and why wasn't that the end of my addictive behavior? Complete answers are too complex for this article, implicating everything from a dysfunctional family and childhood, to homophobia, to internalized shame about being HIV+ (if not my own shame, then the shame that others projected onto me), to my own physiology. But the distilled answer is this: I felt lonely, I wanted to escape, and I desperately needed to feel that I belonged—somewhere, anywhere. Add to that the drive of my inner addict—the obsession to use, and the compulsion to use more. After I took that first drug or drink, I had to have another and another. The nature of addiction is that one is too many and a thousand never enough.

Early on, I refused to consider that I had a problem, much less that I was an addict. Addicts were "those" people, not me. They are not board presidents and band leaders, law school graduates and community activists. I had only missed a few committee meetings over the years, didn't lose my house or car and kept a healthy amount of money in the bank. I was only a binge user—getting high only after finding and blocking off a long weekend on my calendar, or maybe rescheduling a meeting here or there to create a long weekend, or maybe just doing a little less meth on a two-day weekend so that I

could be sure to eat before Monday. Or maybe using on the occasional weeknight, but taking a sleeping pill to make sure I got enough rest. I couldn't see a problem. Addicts use every day, I told myself. Anyway, meth was a relatively recent phenomenon for me.

The reality was that as my addiction progressed, I was online almost every day, hunting for party and play (PnP) men. I would plan trips out of town just so that I would not use on a given weekend. Looking back, it's clear that I wanted out; I just didn't know how to get out. A close friend accused me of being a tweaker. He said that I had changed, that I never called him. He told me that I no longer spent time with him and that I was short-tempered, even belligerent, on the phone. I was indignant and denied every word of this truth. OK, so maybe I chose the escape route of alcohol and drugs when my former partner was diagnosed with cancer. Maybe I never made it across the street to a friend's pool after 16 invitations one summer because I was busy, busy, busy cruising online, snorting and smoking meth. And maybe I had convinced myself to sell my house and move to a condo because I just didn't

have time to mow the lawn. And maybe I was hanging out at my dealer's place several nights a week, spending more money on meth than I was on food, and driving my car when high, and allowing groups of strangers into my home and into my bed. And maybe I engaged in other acts of incomprehensible demoralization that I now find difficult to even consider. And yes, maybe nothing came before the supply run to the dealer, as I always prudently planned ahead so that I would have enough for the next binge. And OK, so I stopped looking people in the eye. Who would want to look at me, anyway? Given another day or so of using, I would have slammed crystal into my veins with a needle. I had already planned it. The real horror is that this all seemed normal.

After that first bump of meth, during an online hookup, I was cured of any other addictions. Crystal made me confident, even fearless—something alcohol and cocaine could never do. I felt validated through meth-infused sex. A few hours of illusory intimacy was better than days of emptiness. Instead of always being the best little boy in the world, I could run, if only for a few hours at a time, with the fast crowd—the fabulous people.

But none of that was real. The reality is that I neglected and abused my body, not wanting to eat, unable to sleep for days at a time. I lost weight and

If you think you may have a problem with crystal meth, you probably do have a problem with crystal meth.

Survival News

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Circulation 3,300

Survival News is produced and published by AIDS Survival Project (ASP), which is solely responsible for its content. To contribute, contact ASP during regular office hours (10:00 a.m. to 5:00 p.m., Monday through Friday).

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Who Speaks for the AIDS Community?

The simple answer is, *You* do. We all know that HIV is not a one-size-fits-all disease. Therefore, isn't your view just as valid as my view, or the view of anyone else whose life and work revolves around HIV?

Even though our community is built upon the self-empowerment of people living with HIV, most people will answer that question in a very different way. They will point to someone associated with a specific AIDS-related service organization, or the person who has the loudest voice, or the person who's the easiest to get along with, or even the person with the biggest check-book, as the designated speaker for the AIDS community.

This question has been a hot topic of conversation among advocates since this past election. Charges abound that certain organizations are in the pocket of the pharmaceutical industry or that some organizations are using partisan politics to silence the voices of others or are preaching messages based more on pandering to a specific ideology than in speaking truth to power. How can everyday people find their voice to speak out on AIDS while empowering our agencies and institutions to support us?

While these conversations are as old as the AIDS activist movement itself, recently these conversations have begun to take on a new intensity. Ensuring that responsible spokespeople are speaking to our issues has never been more important than in this time of waning support for domestic HIV issues, reduced government and philanthropic funding, and a desire among the general public to move its attention to the next disease. The conversation then becomes one of determining which people speaking out on AIDS are the most responsible in representing a community whose diversity is unlike any other.

The answer lies not only in who demands rights, but in who is willing to take responsibility for maintaining them. It's always much easier to complain about a problem than it is to roll up your sleeves and try to solve it. It's also about maintaining a certain amount of legitimacy. Is someone's opinion formed out of habit, or by talking to a variety of people and listening to what they say? Are the advocates using their personal experiences as a starting point to look at the multiple issues affecting the HIV community, or are they looking only to get their own needs met? Are people who actually depend upon government-funded services being consulted in crafting both legislation and legislative strategy?

These are the questions that people living with HIV must be asking of those individuals, agencies and institutions that claim to speak on your behalf. Don't be afraid to hold us accountable when you

disagree with what we say. That is the best way to keep your spokespeople responsible. But don't forget to speak out yourself. That is the best way to get others to listen.

Creating a United Response— The Campaign to End AIDS

In an effort to address both the concerns of the current state of AIDS advocacy in this country as well as make room for a new generation of activists, more than 120 energized activists from 25 states and the District of Columbia participated in an intensive two-day planning summit in early January. The outcome of this summit was a call to organize the *Campaign to End AIDS*. According to HousingWorks, one of the organizations that sponsored the summit, attendees at this historic summit organized around an answer to the following "big question":

How do we draw upon our collective wisdom, strength, passion and drive to structure, implement and deliver all that is needed to bring into being the March to End AIDS in a manner that revitalizes and mobilizes the AIDS activist movement across the United States?

Although many details about the outcome will be determined by a series of workgroups formed at the summit, organizers did decide on some specific timelines for action. First: to build support for this year's annual AIDSWatch, May 2-5, in Washington, D.C., and then use that as a springboard to organize an even larger national action in late September and early October. The campaign is off to a strong start with the hiring of seasoned organizer Susan Birmingham as the coordinator of this effort and the release of the following outline of activities for both this spring and next fall:

1. AIDSWatch Events

- A super-charged AIDSWatch is envisioned in May 2005, whose goals include getting at least one person living with HIV from every state and territory.
- AIDSWatch will include a half-day advocacy toolkit training on organizing for activities to take place in October.
- A public demonstration will occur; working details describe the "Walk a Mile in My Shoes," where thousands of shoes of positive people from around the nation will be delivered to an appropriate target.
- Participants should plan to be in D.C. from Monday, May 2, through Thursday, May 5, although congressional visits will be completed

by Wednesday, May 4.

2. October Events

- Caravans will be organized leaving various parts of the country in late September to arrive in the nation's capital by October 8, where a variety of activities will occur.
- Activities in Washington, D.C., include advocacy training, a concert, direct actions, demonstrations and specific activities involving youth, faith-based communities, communities of color, etc.

Organizers are asking folks from throughout the country to take the initiative to help with planning this event. The organizers have established an e-mail list and are actively recruiting folks to serve on any number of committees that will be needed to ensure the success of the campaign. If you would like to learn more or become involved, please visit the AIDSVote.org web site.

But First, There's AIDSWatch, May 2-5

AIDSWatch, a project of the National Association of People with AIDS (NAPWA-US), is the largest AIDS-related advocacy event in the United States. Each year, people living with HIV and their advocates come to Washington, D.C., for four days of training, networking and taking the needs of the AIDS community directly to members of Congress. The event centers on the belief that members of Congress must hear from people living with HIV and their allies about the importance of robust federal funding and support for domestic and global AIDS programs.

People living with HIV and AIDS have survived four years of essentially flat funding for all domestic AIDS programs. Global AIDS dollars have increased; however, the U.S. still provides far less than our fair share. Proposals to "reform" Medicaid will likely be on Congress' table. Fundamentalist ideology threatens to hijack HIV prevention programs, both here and abroad. The Ryan White CARE Act is up for re-authorization. Strong participation at this year's AIDSWatch is more important than ever before. With so many new faces in Congress and within the administration, getting the message out about the challenges facing the AIDS community will be crucial.

If you are interested in registering for AIDSWatch, please visit our web site or contact NAPWA directly at napwa.org. While our plans are still being developed, AIDS Survival Project does hope to raise sufficient funds to provide a limited number of travel scholarships for AIDSWatch. ⚡



Awards, Nominations and Macintoshes



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

April Is Volunteer Appreciation Month

On behalf of the AIDS Survival Project staff and board, I want to thank you for all of the hours of hard work you continuously give unconditionally. We know that volunteering at ASP is a "choice." We are so glad that your choice, year after year, is to give your time, energy and heart to helping ASP. Thanks for being our BACKBONE! To celebrate and honor our volunteers, we will have our Annual Volunteer Appreciation Bowling & Pizza Party on April 23. Here's more detailed information:

Bowling Party

Time: 4:00 p.m.
Where: Express Bowling Lanes
1936 Piedmont Circle NE
Atlanta GA 30324
Cost: Free

Pizza Dinner

Time: 6:30 p.m.
Where: Johnny's New York Style Pizza
1808 Cheshire Bridge Road
Atlanta GA 30324
Cost: Free (alcoholic beverages excluded)

Please RSVP to Carmen at (404) 874-7926 or CGiles@aidssurvivalproject.org by April 18.

Kudos!

To Jeff Graham

Congratulations to **Jeff Graham**, AIDS Survival Project Executive Director, on receiving a Human Rights Guardian Award from the National Center for Human Rights Education (NCRHE) at their Second Annual International Human Rights Day Celebration on Friday, December 10. The awards are given to social justice advocates who use human rights perspective in their activism. According to NCRHE, Jeff was chosen "for his outstanding work, recognizing that treatment for HIV/AIDS is a human right, and for going beyond single-issue politics, recognizing the interconnectedness of multiple forms of oppression."

To Susan Archie

Congratulations to ASP volunteer and graphic artist extraordinaire **Susan Archie** on her Grammy® nomination. Susan, who designed ASP's logo and many other products for the organization over the years, was nominated for the award in the Best Boxed or Special Limited Edition Package category for her

design of *Goodbye, Babylon*, a five-CD set of historic gospel recordings on the Dust-to-Digital label. This is the second Grammy® nomination for Susan. She won her first award in the same category two years ago as Art Director of *Screamin' and Hollerin' the Blues: The Worlds of Charley Patton*.

A Special Thank You to Steve M.

Words can't express how truly thankful we are to have **Steve M.** as a volunteer. Steve has been around ASP for a long time and still today, I don't know what we would do without him.

Steve first started volunteering at ASP during the spring of 1993. Anyone volunteering in our offices knows that we use Macintosh computers and Steve just happens to be a Mac wiz. In 1993, we needed someone knowledgeable of Macs to do computer work around the office. It was a perfect fit! Steve jumped right in and has been one of our primary sources of technical support since then.

Steve hasn't just shared his computer knowledge with us. Between 1993 and 1996, Steve volunteered as a peer counselor, helped coordinate fundraisers and served as president of the board of directors. Steve was one of the board members responsible for hiring our current executive director, Jeff Graham. Steve has been with our offices since the agency was housed on 12th Street; we've since moved our offices three times and we haven't lost Steve yet. After 1996, Steve moved to Seattle and during that time, he stayed in contact with us and when he moved back to Atlanta in the summer of 2004, he jumped right back in again.

Steve has been in our offices several times a week helping out with our computers. Some of you know that Steve's father had been ill for some time

and passed away shortly before the holidays. Steve, in the midst of all that was going on with his family and dealing with a tremendous loss, still made time to come in our offices to upgrade our computers over the holiday break. The computer upgrade process was not only a long one, but also tedious, and he never complained about it. When we returned from the holidays on January 3, Steve was here to train us on the upgraded software.

Giving so much of his energy and time is a gift, but to give of himself during a time of loss is a special gift. If you've ever lost a parent, you know what a sacrifice Steve made for us. Since 1993, Steve just keeps on giving to us, and we wanted to take this opportunity to write this special thank you to him so he knows how much we care about him and to acknowledge the many contributions he has made to ASP. Thank you, Steve—we are so lucky to have you as a part of our family.



A Warm ASP Welcome Goes Out to Our Newest Volunteers

Miki C.	Patrick F.	Linda R.
Petite H.	Pearlie O.	Perry L.
James C.	Abeni T.	Earen P.
Kenneth W.	Steve P.	Valentin J.

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ASP's Executive Director Jeff Graham receives a Human Rights Guardian Award from the National Center for Human Rights Education in December.

Congratulations to Volunteers and Staff Members Celebrating Birthdays

In March:

Joe G.	Mary Lynn H. Al H.
Julie B.	Demetrice P. Charles N.
Craig B.	Patrick F. Jim S.
Christopher P.	

In April:

Susan C.	Rob N.	Sheryl J.
Clyde P.	Joe Z.	Marilyn H.
Charles P.	Stacy B.	David S.
Santiago H.	Joe M.	Joel D.
Greg S.	Muhammad A.	

Save the Date(s)!

Here's a list of upcoming ASP volunteer opportunities to put on your calendar. For more information, give us a call at (404) 874-7926.

THRIVE! Weekend—On Saturday and Sunday, March 12-13, THRIVE! Weekend will be held at the ASP offices. 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 THRIVE! will be held on May 14-15. For more information, to register or to volunteer, please call the ASP offices.

Volunteer Appreciation Event—Please

come celebrate with us on April 23 with bowling and pizza. You have to be an ASP volunteer to attend this event free of cost. Please RSVP to Carmen at (404) 874-7926 or CGiles@aidssurvivalproject.org by April 18.

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 CGiles@aidssurvivalproject.org and give me the details. ☹

ASP's Annual Volunteer Holiday Party



(From left:) Mohammed, Greg and Earl enjoy the good cheer at ASP's annual Volunteer Holiday Party, December 16, 2004.



Dance Contest winners Arleen Clark and Danny Singleton.



ASP Intern Nick Forge and entertainment extravaganza Justina (a.k.a. Justin Sears).



DJ Supreme "Dirty Diana from the Big D" (a.k.a. our own Sheryl Johnson).



The African-American Outreach Initiative

The African-American Outreach Initiative (AAOI) is coming up on its sixth year and continues to get better. Having been involved in the planning of this conference for the past five years and knowing firsthand about the tremendous amount of volunteer effort it takes to pull it off, I decided to sit down with Sabrina Taylor, outgoing planning committee chairperson, to get her thoughts about how the Initiative has evolved and what she sees as the vision for its future.

Sabrina is Director of HIV/AIDS Education at the Grady Infectious Disease Program (IDP) and has voluntarily been at the helm of the AAOI planning committee since 2000. I asked the following:

SJ: *Tell me something about the history of the African-American Initiative.*

ST: It started in 1999 when the Metropolitan HIV Planning Council was given some grant monies through the Congressional Black Caucus. The primary focus of the monies was to conduct some form of outreach among the black and Hispanic communities. After some initial discussion among community leaders, it was determined that too many cultural issues existed to attempt multicultural activities; therefore, the targeted population would henceforth remain black. It was also decided that the activity would always be held in March, in order to link its importance to the Black Church Week of Prayer for the Healing of AIDS, sponsored by the Balm in Gilead.

SJ: *How has the Initiative evolved over the past five years?*

ST: The first conference was held in midtown Atlanta and despite the fact that we felt it was well-marketed, we thought we'd be doing good if 50 participants showed up. To our surprise and delight, more than 150 attendees showed up and attendance rates have exceeded our

expectations every year since. After the first year, we moved to the Holiday Inn in downtown Decatur and then last year, we moved again to the Atlanta Renaissance Hotel near the Hartsfield-Jackson Atlanta International Airport. Last year, more than 600 people were in attendance.

The goals of the conference remain steadfast: to continue to meet or exceed consumer involvement, to encourage more African-Americans to apply for the HIV Planning Council, to continue recruiting individuals who are living with HIV and unaware of area services, and to track those individuals who attend the conference regarding access of care and maintaining treatment.



SJ: *Why do participants keep coming back?*

ST: I believe it's because the conference is solely focused on them. Meeting others who are living well in a safe and comfortable environment, as well as child care, a PWA lounge, two days of informative workshops and good food in a hotel environment also doesn't hurt!

SJ: *What is your vision for the future of the Initiative?*

ST: We are strategizing and looking at different methods of recruiting attendees, including utilizing street outreach teams. I would also like to see us be even more successful in assuring that attendees are getting into care. We are


looking at working with student interns from Kennesaw State University who will develop a client tracking form. We will also continue to work closely with the Ryan White staff to build attendance and to track conference attendees.

SJ: *What's on your wish list for the Initiative?*

ST: I would love to see more financial support and a more widespread capability to support attendees who are living with HIV. I'd also like to see a more diversified funding base and more participants taking on leadership responsibilities. Michael Banner (of Our Common Welfare) is the incoming program chair and represents a splendid example of someone who has done just that.

SJ: *Any final thoughts you'd like to share?*


ST: I must acknowledge that the African-American Outreach Initiative is made up of Title I planning council members and our governmental partners, including the CDC, ORC Macro International, Kennesaw State and Argosy University, and the Office of Minority Health. This speaks to the array of talent and expertise that helps pull off the conference. These folk bring a different level of commitment to the table. Finally, a special thanks to our pharmaceutical sponsors, including Abbott Laboratories, Agouron/Pfizer, GlaxoSmithKline and Roche Pharmaceuticals.

Once again, the Initiative will be held on Saturday and Sunday, March 19-20, at the Renaissance Concourse Hotel at One Hartsfield Centre Parkway in Atlanta. There is an opening reception on Friday, March 18, from 6:00 to 9:00 p.m. There will be shuttle buses running from the College Park MARTA station and activities will run from 8:30 a.m. to 5:00 p.m. on both Saturday and Sunday. Don't miss this wonderful event! 



ASP Welcomes Care Coordinator to Staff

Hello! My name is Pamela Morse, and I am the proud new Linkages to Care Coordinator (LCC) here in the Prevention Division of AIDS Survival Project. The LCC program is a CDC-funded study designed to use Strength-Based Case Management to increase the numbers of newly diagnosed people accessing medical care. We know that linking to medical care is a difficult challenge for many newly HIV+ folks. As the LCC, I will work with clients on an individual basis to move through the barriers that stand between them and medical care.

I have a deep understanding of these issues and have been committed to working in the field of HIV/AIDS for many years. Previously, I have worked in many areas, ranging from HIV/AIDS research to street outreach to counseling. I moved to Atlanta two years ago from New York City, where I obtained my Masters degree in Social Work. Upon moving to Atlanta, I worked as a case manager, which provided me with invaluable experience with my new community. However, I knew from the moment I visited ASP that this was an organization I wanted to be a part of. As the LCC, I am now able to combine my love of direct service and research, supported by the dedicated and passionate family of ASP. 



EJAF, Lowe Gallery Back Art of Dining 2005

The third annual *Art of Dining* fundraiser is coming up April 15, promising to be an even more fun and successful event this year thanks to major support from the Elton John AIDS Foundation (EJAF) and Atlanta's Lowe Gallery.

AIDS Survival Project's unique and popular art auction and food event will once again feature samplings from some of the city's most creative culinary artists and an auction of dozens of one-of-a-kind hand-decorated plates designed by noted artists and celebrities. Food journalist Carolyn O'Neil, TV cooking and entertaining personality Nathalie Dupree and Dave FM deejay Mara Davis are among those already committed to decorating plates, as well as many of the previous years' most sought-after artists, including Bob Sherer, Larry Jens Anderson, Q100's Melissa Carter and many more.

This year's event will see some new innovations, such as the addition to the auction of non-plate art items (ranging from trivets to drink glasses to handmade pottery and more) and certificates for dinners, cooking classes and other dining-related gifts. There will also be a live auction of such valuable and collectible items as a signed first-edition copy of Patricia Nell Warren's gay literature classic *The Front Runner*, as well as wine, gift certificates and more.

Perhaps the most exciting change, however, relates to the support from Lowe and EJAF. The two organizations have partnered to provide a new location for the event. The Lowe Gallery, based in Atlanta and Los Angeles, will mean more spacious digs with an even higher level of elegance and prestige at its Tula Art Center location. Those who have attended events or shows at the gallery already know it to be the perfect spot for a fun and artistically significant event.

The *Art of Dining*'s success as a fundraiser for the many vital programs and services provided by ASP is receiving a great boost this year, thanks to the Lowe's donation of its space and to a matching gift pledge from the Elton John AIDS Foundation. Ticket prices for the event, as last year, will be \$20. But each attendee may choose to increase the benefit to ASP by paying any amount above the minimum ticket price, and EJAF will match that increase dollar for dollar. Likewise, all auction items will be designated with a bid price that, if exceeded, will earn ASP matching funds from EJAF.

"The foundation is always happy to support AIDS Survival Project through sponsorships and other gifts," notes Barron Segar, a board member of both ASP and EJAF. "But we are proud and pleased to be able to leverage even greater support from the community at large by issuing a matching funds challenge."

According to Segar, the foundation will extend this challenge to other events and fundraising activities throughout 2005.

"*Art of Dining* has been one of my favorite events to attend every year," says writer B. Andrew Plant, who offered his time and talents to chair the organizing committee for this year's event. "I'm even more excited about it now, to be able to see it grow through this great support by the Elton John AIDS Foundation. And we're all looking forward to having this unique and beautiful art auction in a space as wonderful as the Lowe."

Announcements about further special auction items, as well as the names of this year's celebrity emcee and honorary chair, are forthcoming. For more details about the event or to order tickets, please visit www.aidssurvivalproject.org/donate/specialevents.html or call Rob Nixon at (404) 874-7926 ext. 16.

Host committee and business sponsorships at various levels are still available. If you know of an

individual or business that would like to partner with the Elton John AIDS Foundation and the Lowe Gallery to make this the greatest *Art of Dining* yet, please direct them to Rob Nixon at the phone number listed above or via e-mail to RNixon@aidssurvivalproject.org.



Rob Nixon (far left) and Greg Carraway (far right) greeted the many supporters who enjoyed the art display at Momus Gallery at ASP's very successful 2004 Art of Dining event.

The Art of Dining
 AIDS Survival Project's
 Unique & Popular Food & Art Benefit

Friday April 15, 2005
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Info & tickets:
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It's a House Party, and You're Hosting It to Benefit ASP!

One of the easiest and most fun ways you can support ASP is by throwing a House Party as a benefit for us. It's a great way to celebrate a birthday, anniversary, holiday or any special occasion... or simply gather with friends, family and colleagues for a sociable evening for a great cause. Here's all you have to do:

- Plan your party. Make it as formal or informal as you wish, for as many (or as few) people as you can comfortably entertain. You may wish to organize it around a theme or just have an elegant dinner, buffet or cocktail hour. You don't need to overburden yourself with huge expenses for throwing a party, but to maximize the number of people who will respond favorably and be willing to donate, plan a nice meal, drinks, special activities or entertainment—anything that gives your guests some “return” on their gift.
- Send out invitations (phone, mail, e-mail or word of mouth) and ask for RSVPs so you know how many to plan for. The invitation should make clear that your guests are invited for a fun gathering that will help raise funds for the many vital programs and services ASP provides for people affected by HIV and AIDS. Make note on the invitation of a minimum donation you would like each guest to make (and suggest that higher amounts are *always* welcome).
- Collect donations at your party in any way that feels most comfortable for you: receiving checks as guests come in the door, providing a collection jar or passing the hat, even making up a game or having a raffle of some item that everyone will be expected to contribute to.
- Give your collected donations to Greg Carraway at ASP.

In other words: you're probably going to have a party at some point anyway, so why not use it to support the advocacy, education, counseling and testing, and all the other empowerment resources AIDS Survival Project has been providing in Georgia since 1987?

We Can Help!

Please inform ASP about the details of your party beforehand. This helps us to keep track of fundraisers that are being done in our name and allows us to offer you some assistance to get maximum benefit from your event. While having people take full charge of planning and executing House Parties for us is a great way to increase individual giving with limited staff resources and involvement, there are certain things we can offer to help make it

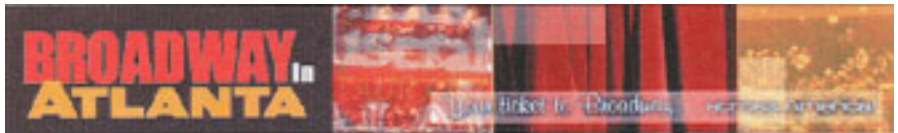
more successful:

- Information about ASP in the form of brochures, flyers, annual reports, videotapes or DVDs (to be created at a later date—please ask us about this option)—anything that will help you and your guests understand the organization and what your donations are supporting. You may even choose to have our web site on your computer in a prominent place so people can browse through it and get the full scope of what we do and who we serve.
- Speakers and guests from ASP board, staff or volunteers are willing to attend for any length of time you prefer if you would like a more personal presentation or someone from our agency to be part of the meet-and-greet.
- Logos, graphics and photos for use on invitations, place cards, table signs, donation jars, etc.

- Thank you letters and full acknowledgment to you and your guests. As a House Party host, you will be included at the level of your overall donation in any lists and postings of ASP donors. Your guests will also be listed individually for their donation. You and your guests may also choose to have your donations kept anonymous or make them in honor of or in memory of someone else. Thank you letters can be used for tax purposes, within the limits of the laws covering 501(c)(3) nonprofits.

Be the Host with the Most—It Will Be MOST Appreciated

If you have any questions, ideas or other needs in planning an ASP House Party, please feel free to contact us any time: Greg Carraway at (404) 874-7926 ext. 18 or GCarraway@aidssurvivalproject.org, or Rob Nixon at (404) 874-7926 ext. 16 or RNixon@aidssurvivalproject.org.



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BROADWAY IN ATLANTA, 517 West Peachtree, Suite 910, Atlanta, GA 30308

ASP Helps Keep MLK Dream Alive

The Bruce Almond Community Room at the offices of AIDS Survival Project was packed with about 150 people representing gay groups, AIDS organizations and individuals from the diverse community who came together to celebrate the birthday of civil rights leader Dr. Martin Luther King, Jr., January 17. Hours before the annual King Day Parade, the city's Black Gay Pride organization, In the Life Atlanta (ITLA), sponsored a breakfast in honor of Bayard Rustin, the openly gay civil rights activist who served as an important colleague of Dr. King's and chief organizer of the 1963 March on Washington.

"There are those out there who would say Dr. King's dream doesn't include us," ASP's Jeff Graham told the breakfast crowd. "But I challenge anyone to look around this room and not see that this is Dr. King's dream come to life."

Jeff then exhorted the community to take a stand on key issues facing us in the coming years and to recognize the connections between anti-gay and anti-AIDS positions.

"I hope I can scare a few people by pointing out that Tom Coburn was made a U.S. senator by running an anti-lesbian campaign in Oklahoma," Jeff noted. "He's poised to have extreme influence over reauthorization of the Ryan White CARE Act, which he believes is a tool the LGBT community uses to fund an agenda anathema to the people he represents."


Jeff went on to name several other major areas of concern: a group putting pressure on the federal government to strip funds from any AIDS organization that worked in coalition to defeat anti-gay marriage amendments; "unprecedented" attacks on Medicaid; a potential \$5.5 million shortfall for the

state's AIDS Drug Assistance Program that will likely create a waiting list by the summer (for the first time in years), which could grow by up to 150 people per month. But he also noted the growth of this one event from its beginnings 11 or 12 years ago, when about two dozen people gathered in a cold parking lot behind a downtown nightclub to pay tribute to Bayard Rustin on King Day.

"This is a wonderful day of people coming together to represent diversity and hope," he noted.



Peer Counseling Manager **Mary Lynn Hempbill** (with sign) was part of the ASP contingent at the MLK Day Parade, January 17.

The group also heard from other speakers, including ITLA's Darlene Hudson, who thanked the event's sponsors: Radial Café, Metrotainment, Starbucks, Flying Biscuit, Ria's Bluebird Café, ASP, Positive Impact, Black and White Men Together, Atlanta Lesbian Cancer Initiative and EM Designs Group, which created the event's stunning poster (see below). The large contingent then gathered on Peachtree Street to march as one in the parade. 



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Viramune and Women in the News

Viramune (also known by the generic name of *nevirapine*) is one of the current antiretrovirals used in HIV therapy. Viramune use in women has been in the news lately, for different reasons. First, the FDA recently issued a public health advisory concerning the appropriate use of Viramune in women (see *Chronicles*, pg 13, column 3). The current recommendation is to not start taking Viramune if you are a woman who has more than 250 T-cells unless the benefits clearly outweigh the risks. This warning is because it can be damaging (or toxic) to your liver. Liver toxicity can be asymptomatic, which means that the only way you would know something was wrong is by doing blood tests. Symptomatic Viramune liver toxicity primarily involves a rash, but can also include flu-like illness or fever. This liver toxicity usually occurs fairly quickly, a few weeks after starting the drug. It may result in liver failure and death, despite monitoring of blood tests, which is not characteristic of other antiretrovirals. Here is the breakdown of who is at increased risk while taking Viramune:

- Women overall are three times more likely to develop liver toxicity than men.
- Women with T-cell counts *above* 250 are twelve times more likely to develop liver toxicity than women with T-cells *below* 250.
- Men with T-cell counts above 400 are three times more likely to develop liver toxicity than men with T-cell counts under 400. However, men, as a group, experience less of a problem.

After reading this, you may wonder, “Why would anyone take Viramune?” There are many reasons why it remains an important part of HIV treatment. Remember, the FDA advisory states it should not be used in women with more than 250 T-cells “unless benefits clearly outweigh risks.” If you are resistant to other drugs, Viramune may be the only one that will help keep your HIV under control. Yes, liver failure may be fatal. But so is HIV, especially if it is


untreated. Other antiretrovirals can have serious side effects, including ones that can lead to death.



The possibility of serious health risks while taking any medication can be greatly minimized by paying attention to side effects and seeing your healthcare provider regularly.

There is another important reason to use Viramune. Given in single doses, it can prevent mother-to-child (also called vertical or perinatal) HIV transmission. This is a huge problem in parts of the world where combination therapy is not possible. Of course, in an ideal world, all HIV+ mothers would have access to combination therapies, for both their health and their children’s, but reality is much different. In many places, the need for a simple and inexpensive means to prevent children from being infected is paramount. Such a therapy can easily mean the difference between HIV infection and non-infection for thousands of children. Viramune has been tested in multiple clinical trials and found to be an effective means to prevent children from being born HIV+. One such study called HIVNET 012 has been criticized for ethical and regulatory problems. While this is disturbing, these charges don’t

change the basic fact that Viramune works well in preventing mother-to-child transmission. Recently, the Associated Press published three articles dealing with Viramune. The first two concerned HIVNET 012 and the allegations of the ethical and regulatory problems. The third story was about a pregnant woman who died while she was taking Viramune in combination therapy, not as a single dose. The studies conducted using single-dose Viramune, such as HIVNET 012, don’t show the liver toxicity problems associated with long-term use. As a matter of fact, the women and babies who took Viramune in HIVNET 012 suffered fewer serious side effects than ones that took AZT. But the timing of the articles (published on three consecutive days) may have served to further confuse the issue in some people’s minds.

The bottom line: If you are a woman considering using Viramune, make sure you talk with your healthcare provider. If you start, make sure to have your blood work done on time. Don’t skip follow-up appointments and tell your healthcare provider if you have any symptoms. 

For More Information

- The FDA’s recent advisory on Viramune: www.fda.gov/cder/drug/advisory/nevirapine.htm
- General information on Viramune: www.aidsmeds.com/drugs/Viramune.htm
- The Elizabeth Glaser Pediatric AIDS Foundation’s statement on use of single-dose Viramune to prevent transmission: www.pedaids.org/fs_news.html
- National Institute of Allergies and Infectious Diseases—Q&A on nevirapine and mother-to child transmission www2.niaid.nih.gov/Newsroom/Releases/HIVNET012QA.htm

Support for AIDS Survival Project is provided by Titles I and IV of the Ryan White CARE Act, the Centers for Disease Control and Prevention’s HIV Prevention Projects for Community Based Organizations and Case Management Linkage to HIV Care, the Atlanta AIDS Partnership Fund, Fulton County Human Services, the LiveWell Fund, the Elton John AIDS Foundation, the M•A•C AIDS Fund, Georgia Shares, IBM, Roche Laboratories, the DeKalb County and Clayton County School Employees Funds, Bristol-Myers Squibb Immunology, Broadway Cares/Equity Fight AIDS, GlaxoSmith-Kline, Pfizer, Inc., Concerned Brothers & Sisters of Atlanta, Until There’s A Cure, the BroadView Foundation, the Schiffman Family Foundation, Serono, Gilead Sciences, and hundreds of organizations, businesses and individuals who share our vision and commitment to the education, empowerment and support of all people affected by HIV and AIDS.

Stretching a Month into a Year

"He that takes medicine and neglects diet, wastes the skill of the physician." —CHINESE PROVERB

While this announcement may not inspire you to mark your calendar, I thought you should know that March is National Nutrition Month®, a nutrition education campaign sponsored annually by the American Dietetic Association. I must admit, however, that I am sharing this information with you for a selfish reason. You see, this is the time each year when dietitians can shamelessly proclaim the importance of good nutrition. So, please allow me to participate in National Nutrition Month® by using this column as a platform to reintroduce myself and stress the importance of proper nutrition for all individuals living with HIV/AIDS.

I am Ellen Steinberg, a Registered and Licensed Dietitian at AIDS Treatment Initiatives (ATI). I have worked at ATI for the past year and have had the pleasure of counseling, writing and presenting about something I feel passionate about—the connections among food, fitness and health. My goal is to educate (not dictate) and provide individuals with the information necessary to make positive lifestyle

choices that can enhance their overall quality of life.


While proper nutrition and exercise are important for everyone, it is paramount for people living with HIV/AIDS. There are many ways in which HIV/AIDS can affect the body's nutritional status and a few are listed below.

- HIV increases the body's metabolic demands which, in turn, increase the amount of calories and protein needed to maintain body weight and muscle mass.
- HIV infects intestinal epithelial cells which can compromise your body's ability to absorb nutrients from food and medications.
- HIV/AIDS, opportunistic infections and some medications can decrease, or even eliminate, your appetite, increasing the risk for weight loss and wasting.
- Some antiretroviral therapies can increase your cardiovascular risk factors by altering your cholesterol, triglyceride and glucose levels.

While weight loss, malnutrition and increased risk for cardiovascular disease frequently accompany HIV/AIDS, there are things you can do to protect your-

self. Research shows that good nutrition and exercise can boost your immune function, help fight infections, improve your tolerance and response to medications, reduce fatigue and improve your strength. Simply put, adopting healthy dietary habits can help reduce the damage caused by HIV. So, even if you do not have nutritional problems, optimizing your nutritional status should become a personal goal.

The foundations for healthy eating are the same for all of us; however, everyone has unique nutritional needs. A dietitian can assess these needs and put you on the fast track to obtaining all the benefits that healthy eating habits can provide. Whether you desire nutrition counseling or not, explore other resources and discover the benefits that can be achieved through healthy eating.

At ATI, one-on-one nutrition counseling is free and I can help you establish a dietary plan that is right for you. Please contact me at ATI at (404) 659-2437 to arrange for a nutrition assessment or to talk about your nutrition goals. Treat your body right and maximize your health and wellness through good nutrition, and make National Nutrition Month® a yearlong campaign! 

Spirituality and Living with HIV

AIDS Treatment Initiatives—HIV/AIDS Buyers Club
 139 Ralph McGill Boulevard NE, Suite 305
 Atlanta, Georgia 30308-3311
 Phone: (404) 659-AIDS
 Toll-Free: (888) 874-4845

Health means more than just physical health, and healthy living means more than just caring for our bodies. Holistic health means taking care of ourselves not only physically, but also mentally and spiritually. A

panel of people living with HIV shared this message during a Healthy Choices = Healthy Lives program, *Spirituality and Living with HIV*, presented by AIDS Survival Project in December 2004.

Body, mind and spirit are interconnected and essentially determine who we are as human beings. Caring for our spiritual selves, therefore, is just as important as monitoring CD4+ counts and viral load. Customarily, spirituality affects our physical health as much as medications, proper nutrition and exercise.

Spirituality is that center around which we order our lives. For each person, that object or center may differ. For theists, or people who believe in a God, gods or an Ultimate Power, the object or center around which they order their lives will be defined or described in terms of the Holy.

For non-theists, spirituality is primarily defined by a concept or core value around which they order their lives. Such concepts or values may include

love, justice, peace, mercy, compassion, kindness or knowledge.

I define spirituality as that inner calling which motivates and challenges people to live ethically.

How we live our lives may be a better indicator of our spirituality than what we claim our spirituality to be.

In other words, spirituality is more than prayer, meditation, contemplation or personal reflection. It is those things, *plus* our actions. Caring for ourselves, others and our community is how we best demonstrate our spirituality.

Similarly, our health—not only our spiritual and emotional health, but also our physical health—is an indicator of our spirituality. People who are spiritually grounded generally live longer and have improved quality of life.¹ People who are spiritually centered have less stress in their daily lives (which benefits the immune system), are happier and less likely to be depressed, and tend to develop stronger social support networks; and studies have shown that people living with HIV who have strong support systems live longer, healthier lives. Ultimately, everyone benefits from spiritual involvement.

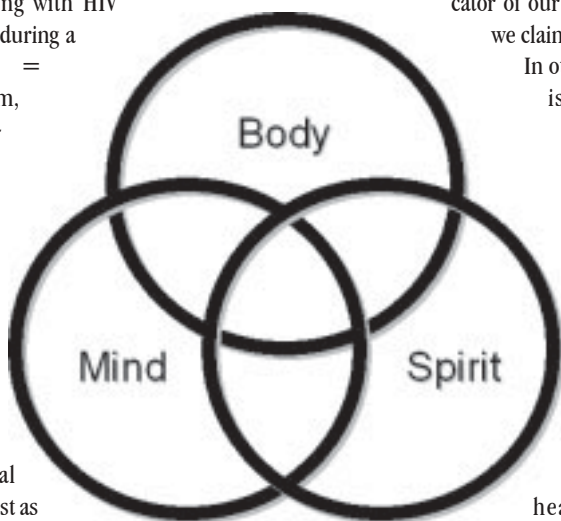
While spirituality has measurable outcomes—

such as our physical well-being—it is not an isolated task; rather, it is a process. Spirituality is a personal journey, and the therapeutic value comes in the journey itself. Each journey begins with taking the next step from where you are now. As you contemplate your next step, complete the following sentence:

Given where I am on my spiritual journey, one thing I can do this week to take that next step toward my own spiritual health is _____.

As you take action to make that statement a reality, trust that your physical health may benefit from that spiritual involvement. **✕**

¹ Tuck, Inez, et. al. "Spirituality and Psychosocial Factors in Persons Living with HIV." *Journal of Advanced Nursing*, 0309-2402, March 15, 2001, Vol. 33, No. 6, 776-783.



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Quiet Crisis. UNAIDS and the World Health Organization have released data on the growth of HIV infections. From 2003 to 2004, infections rose 3% globally. In various regions of the world during the same period, HIV among persons ages 0-49 grew by the percentages shown. East Asia, Fiji and Papua New Guinea: 22%. Eastern Europe and Central Asia: 17%. North Africa and the Middle East: 13%. Latin America: 6%. South Asia and Southeast Asia: 4%. Sub-Saharan Africa: 2%. Caribbean: 2%. Europe (excluding Eastern Europe), North America, Australia and New Zealand: 0%.

FDA Clears Generic Regimen for U.S. Global AIDS Effort. The Food and Drug Administration's approval of the first generic AIDS drug regimen for use in the United States' global treatment initiative clears the way for wider use of cheaper medications in developing countries. The U.S. plan calls for spending \$15 billion to fight the disease over five years, chiefly in Africa. The FDA's move partially answers the criticism of AIDS advocates who have called on the United States to allow the program to purchase generics, even though they violate U.S. patent laws. The newly approved product is manufactured by South Africa's Aspen Pharmacare. It packages together three drugs, with two combined in a single pill. Health experts maintain this will make regimen adherence easier for patients. UNAIDS Executive Director Peter Piot called the development "a first from many perspectives. It's great news because it's the first time a producer of generic antiretroviral therapy has received FDA approval." The FDA said its approval of Aspen's regimen was "tentative"—meaning the drugs are safe, effective and approved for use in the President's Emergency Plan for AIDS Relief. However, the product cannot be marketed in the United States due to patent protections on brand-name products. Aspen obtained voluntary licenses from GlaxoSmithKline PLC, which makes the twin-one pill Combivir, and from Boehringer Ingelheim, which makes Viramune. Advocates, however, continue to lobby for wider use of foreign-made generic AIDS drugs—in particular, one from India that combines three treatments in a single pill.

CDC Widens Access to Preventive HIV Drugs. On Thursday, January 20, the CDC issued new guidelines recommending that more people accidentally exposed to HIV receive antiretroviral drug treatment to prevent infection. Since 1996, use of HIV post-exposure prophylaxis (PEP) was limited to health-care workers at risk because of needle sticks or other on-the-job accidents. The CDC now recommends PEP for people exposed to HIV through situations such as sexual assault, accidents, unprotected sex or a one-time sharing of needles. The CDC's new guidelines recommend treatment with three antiretroviral drugs a day for 28 days, initiated no later than 72 hours after exposure, said Ronald Valdiserri, deputy director of the CDC's National Center for HIV, STD and TB Prevention, who announced the guide-

lines during a briefing. While not foolproof, the treatment offers "an important safety net to prevent HIV infection in certain cases," he said, stressing that PEP should not be considered a substitute for more reliable ways to prevent HIV infection, such as abstinence, monogamy or condom use. "Clearly, this is not a morning-after pill," said Valdiserri. People who have repeated exposures to HIV are not included in the advisory because they would require recurrent or continuous treatment with antiretroviral drugs. According to epidemiologist Lisa Grohskopf of the CDC's Divisions of HIV/AIDS Prevention, studies have demonstrated that PEP slashed the risk of HIV infection by 80% in healthcare workers exposed on the job. The regimen also cut mother-to-child HIV transmission by about half when given to HIV-infected women during delivery and to their newborns immediately after birth, she said. The CDC said a handful of state and local public health agencies already have PEP policies covering nonoccupational HIV exposure, including the New York State Department of Health AIDS Institute, the San Francisco Department of Public Health, the Rhode Island Department of Public Health and the California Department of Health Services Office of AIDS. In some cases, these policies apply to rape survivors, who comprise a small number of the 40,000 new HIV cases recorded each year in the United States, the CDC reported. The new guidelines, "Antiretroviral Postexposure Prophylaxis After Sexual, Injection-Drug Use, or Other Non-occupational Exposure to HIV in the United States: Recommendations from the U.S. Department of Health and Human Services," were published in the CDC's *Morbidity and Mortality Weekly Report* (2005;54(RR02):1-20).

Merck Plans to Start Phase II of AIDS Vaccine Human Trials. In a collaborative effort, Merck & Co., the HIV Vaccine Trials Network and National Institutes of Allergy and Infectious Diseases are beginning phase II clinical trials of Merck's AIDS vaccine candidate MRKA5 in the United States, Canada, Australia, Latin America and the Caribbean. An HIV vaccine would ideally both block initial infection and fight any remaining virus. However, Merck's MRKA5 does not contain the external HIV virus coat component that is needed to activate neutralizing antibodies that could prohibit initial infection. Instead, MRKA5 contains three man-made copies of genes from HIV's core. Researchers hope these will trigger cytotoxic T-cells to destroy HIV-infected human cells, thus preventing or delaying the onset of the disease. The prototype vaccine prevented or delayed the onset of AIDS-like disease in animal testing, said Robert Belshe, professor of medicine at Saint Louis University, one of the testing sites. "This is a step forward. It's clearly not the final vaccine. We still need antibodies. This is half the equation," he said. The company and the researchers said they believe the vaccine is safe, based on phase I testing involving 250 people. In the phase II trial, which is expected to last at least 4½ years, volunteers will

receive either three vaccine injections or three placebo injections over six months. All participants will be instructed in safe sex and other preventive behaviors. Researchers will examine the rate of infection and the severity of disease in the two groups. "It's an exciting trial conceptually," said Lawrence Corey, lead researcher of HVTN. The candidate has "given the best immune response," he said, adding that he receives no stock or personal funding from Merck.

WHO, Boehringer Back German AIDS Drug Despite Fears. On Thursday, January 20, the World Health Organization said it continues to back the use of Boehringer Ingelheim's Viramune (nevirapine), a drug used for preventing mother-to-child HIV transmission and part of a subsidized triple AIDS drug cocktail used as continuous therapy. The announcement came one day after the U.S. Food and Drug Administration issued a warning that nevirapine could cause liver damage. "We are aware of the toxicity profile [of nevirapine], but at the moment, we believe the benefits outweigh any problems," said Charles Gilks, director of WHO's AIDS treatment and prevention scale-up team. German drugmaker Boehringer said it would continue to offer nevirapine free of charge to poor countries for preventing mother-to-child HIV transmission. "There is no consequence for our donation or for supply of the drug for continuous treatment at reduced prices in developing countries," said a company spokesperson. "We do not expect any major effects on the behavior of doctors or on our sales as a result of the FDA warning," she said, adding that Boehringer was in discussions with European regulators over the drug's labeling in Europe. According to the FDA, cases of liver damage that produce a rash, fever or other symptoms were more common with nevirapine than with other AIDS drugs. The FDA said doctors should weigh risks and benefits before prescribing the drug. "This is a formalization of something known in the medical community," said Daniel Berman, coordinator of Doctors Without Borders' Campaign for Access to Essential Medicines. "All of the drugs have side effects and should be monitored at the beginning of treatment. Other drugs have other issues, none of them is perfect."

Taking Medicine Prevents AIDS Mutations—Studies. Taking AIDS drugs exactly as prescribed is the best way to prevent HIV from becoming drug-resistant, researchers recently told an American Medical Association briefing. Since missing even the occasional dose is enough to let HIV adapt and mutate, helping patients adhere to their regimens will save both lives and money, they said. Richard Harrigan of the British Columbia Center for Excellence in HIV/AIDS and colleagues found that of all factors affecting HIV mutations, patient adherence to drug therapy was the most important. Patients who missed less than 5% of their medications did not develop resis-

CONTINUED ON NEXT PAGE

tance. "Those who took 80% of their medication were likely to develop resistance most quickly," said Harrigan, whose study was published in the February issue of *The Journal of Infectious Diseases*. That could mean HIV was free to replicate and was exposed to enough of the drugs to evolve in response to them. HIV drug cocktails are expensive, must be taken in a complicated daily regimen and can cause serious side effects. To help handle HIV that has become resistant, the drug regimen can be changed. But given the limited number of HIV drugs, treatment options can run out. "There are only two things that make a drug fail," said Dr. John Bartlett, an infectious disease expert at the Johns Hopkins University. "One is if [HIV] is resistant. Probably what is most important is what we call adherence," he said. The full study, "Predictors of HIV Drug-Resistance Mutations in a Large Antiretroviral-Naïve Cohort Initiating Triple Antiretroviral Therapy," was published in *The Journal of Infectious Diseases* (2005;191:339-347).

New Hope for HIV Patients. A stem-cell transplant procedure could be a viable treatment option for select HIV+ patients with relapsed lymphoma, according to new research by City of Hope Cancer Center scientists. In the study, Dr. Amrita Krishnan and colleagues monitored the effects of stem-cell transplants in a group of 20 patients who had both HIV and relapsed lymphoma. Researchers harvested stem cells from the patients, all of whom had previously undergone chemotherapy, gone into remission and then had a relapse of their lymphoma. The patients underwent high-dose chemotherapy for the lymphoma. The stem cells were next reinfused into the patients to produce bone marrow to replace that wiped out by the chemotherapy. Seventeen of the 20 patients (85%) are alive and in remission and their HIV infections did not worsen with treatment, said Krishnan. Follow-up ranged from six months to six years. Though the transplant procedure is already the standard for HIV- patients with relapsed lymphoma, it was widely thought that the potential for infection with treatment was too great in HIV+ patients and the chances of extracting enough healthy stem cells was too low. Krishnan said this new study refutes that idea. She added that all study patients had well-controlled HIV infections and their tumors were already in remission for some time following chemotherapy. Three study patients died during treatment or shortly after transplant. More than half the patients were unable to continue taking their antiretroviral HIV therapy during the study due to nausea and mouth inflammation. The research "sets the platform for future trials using stem-cell therapies in HIV+ patients," said Krishnan. For example, she said, researchers may be able to modify the harvested stem cells to make them HIV-resistant before safely reinfusing them. The full study, "Durable Remissions with Autologous Stem Cell Transplantation for High-Risk HIV-Associated Lymphomas," was published in the journal *Blood* (2005;105(2):874-878).

Bush Falls Behind on Promises for Antipoverty,

AIDS Funding. President Bush notified the Millennium Challenge Corp. that his proposed fiscal 2006 budget for the newly created foreign aid agency will probably be billions of dollars less than he promised during his first term. The budget plan, expected to be released in early February, also included an increase in global AIDS funding that is considerably smaller than he pledged when announcing his initiative two years ago. In his 2003 State of the Union address, Bush said he would increase U.S. funding to fight AIDS by \$10 billion over the next five years, up from the \$1.6 billion in annual aid Congress was approving at the time. In fiscal years 2004-05, U.S. AIDS funding grew to \$2 billion. Sources familiar with the new budget say Bush is proposing an additional \$1.6 billion increase for 2006. But that would leave him \$6.4 billion short of his pledge, with just two years remaining to get the funds from Congress. The administration announced Wednesday, January 26, that the increased funding has allowed 172,000 HIV-infected people to access antiretroviral therapy in Uganda, Guyana, Botswana and elsewhere. "We're dead on target for the original plan to scale up integrated prevention, care and treatment, and to also scale up the budget as capacity is built," said Mark Dybul, the administration's assistant global AIDS coordinator. The plan calls for boosting spending gradually so nations can grow the healthcare systems needed to deliver the drugs effectively. Mary E. McClymont, president of the aid group alliance InterAction, said that while the proposed increase is appreciated, it "falls far short of the U.S. share of the global need." Separate from other U.S. foreign assistance, the administration plans to request nearly \$1 billion for tsunami aid, including reimbursements for the costs incurred by the military for providing relief and airlifting survivors.

Study: Many Blacks Cite AIDS Conspiracy. A significant number of African-Americans believe government scientists created HIV/AIDS to control or destroy their communities, according to a new study by Rand Corp. and Oregon State University researchers. That belief is a major challenge to HIV prevention efforts among blacks, whom the CDC says account for 50% of the nation's new HIV infections, although they represent just 13% of the population. The study, which was supported by the National Institute of Child Health and Human Development, polled 500 African-Americans. Nearly half said HIV is man-made. More than one-quarter said they believed AIDS was created in a government laboratory, and 12% said the Central Intelligence Agency created and spread HIV. About 53% believe a cure for AIDS exists but is being withheld from the poor, and 15% said AIDS is a form of genocide against black people. Fifty-four percent said people who take new HIV medicines are government guinea pigs. The responses, which varied just slightly by age, gender, education and income levels, alarmed the researchers. Laura Bogart, a Rand Corp. behavioral scientist who coauthored the report with Oregon State professor Sheryl Thorburn, called the findings "a wake-up call to the prevention community." "The prevention community has not addressed conspiracy

beliefs in the context of prevention," Bogart said. Na'im Akbar, a professor of psychology at Florida State University who specializes in African-American behavior, said he was not surprised by the findings. "This is not a bunch of crazy people running around saying they're out to get us," he said. The belief "comes from the reality of 300 years of slavery and 100 years of post-slavery exploitation." But past discrimination is no excuse for embracing conspiracies that allow an epidemic to rage out of control, said Phill Wilson, executive director of the Los Angeles-based Black AIDS Institute. "The whole notion of conspiracy theories and misinformation removes personal responsibility," said Wilson. "It's a huge barrier to HIV prevention in black communities." The full report, "Are HIV/AIDS Conspiracy Beliefs a Barrier to HIV Prevention Among African-Americans?" was published in the *Journal of Acquired Immune Deficiency Syndromes* (2005;38(2):213-218).

Some Drugstores Refuse to Sell Syringes, Despite Laws. People who sought to purchase sterile syringes from pharmacies in Colorado, Connecticut, Kentucky and Missouri were refused at least one third of the time, despite laws in those and most other states permitting the sale of syringes without a prescription, a recent study found. This could hamper HIV prevention efforts, since injection drug users who purchase sterile syringes are less likely to share needles and transmit bloodborne viruses. In the study, research assistants—all of whom had a prior history of drug use—attempted 1,600 syringe purchases and were refused 35% of the time. In Colorado, 25% of purchases were refused; in Connecticut, 28%; in Kentucky, 41%; and in Missouri, 47%. Rural settings had lower refusal rates than urban settings, 31 and 40%, respectively. Though the four states have no specific laws prohibiting pharmacies from selling syringes, the level of permissiveness varies among them. For example, Connecticut permits prescription-free sale of syringes, while Missouri gives pharmacies the power to set their own policies, allowing pharmacists the right to refuse syringe sales to suspected drug users or to demand a prescription. "As a way to reduce the spread of HIV, pharmacy syringe purchase without a prescription is a promising alternative to needle exchange, but pharmacies and pharmacists often erect barriers to such purchases," said study author Wilson M. Compton, MD. "We need to study educational strategies to enhance the willingness of pharmacies and pharmacists to engage more fully in these and other HIV prevention activities." The full report, "A Multistate Trial of Pharmacy Syringe Purchase," was published in the *Journal of Urban Health* (2004;81(4):661-670).

Syringes Now Available Without a Prescription. Yolo County, California, has not decided whether to authorize nonprescription syringe sales at local pharmacies under a new state law intended to reduce transmission of HIV, hepatitis C and other bloodborne diseases among injection drug users. The Yolo County Health Department supports the new law and

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officials hope to get county approval to allow such sales in the near future, said Norma Springsteen of YCHD. "We are taking the issue to the county board of supervisors," said Springsteen. "As far as I know, [it] might not be put before the board until February or March, but we are actively asking the Health Council for support," she said. Under the state law, only those needles held in appropriate containers would be exempt from drug paraphernalia statutes, which are still in effect, according to the California Department of Health Services. The law also established the Disease Prevention Demonstration Project to monitor the amount of sales during the five-year allowance period. By January 15, 2010, the CDHS will report sales results to the governor and legislature and ask for an extension, if necessary. Over 24,000 HIV infections in California have resulted from shared needles since 1981, CDHS figures state.

Poor Lands Treating Far More AIDS Patients. The number of AIDS patients receiving antiretroviral (ARV) treatment in developing countries rose 60% in the past six months, from 440,000 in June to 700,000 in December, the World Health Organization said Wednesday, January 26. A significant portion of the gain occurred in sub-Saharan Africa, where an additional 160,000 patients received ARVs, WHO said in a 64-page report. Despite the progress, ARV treatment reaches just one in eight needy people in low- or middle-income nations, leaving approximately 5.1 million patients without such access. Jim Yong Kim, director of WHO's HIV/AIDS division, said expanding ARV treatment is the most complex public-health challenge the world has ever tackled. Funding from international donors and a growing determination by governments to confront the pandemic have thus far kept the momentum going. Even in countries with weak health infrastructures and few health-care workers, Kim said, the gains made have shown that some of the world's poorest nations can not only provide treatment, but also scale it up. In mid-2002, WHO set a goal of providing three million patients in developing countries with ARV therapy by 2005. Last June, WHO said progress had been slow and that the selected countries were 60,000 short of their interim target of 500,000 patients in treatment programs. But a number of countries, led by Thailand, have since made huge strides. Kim said South Africa, Nigeria and India must make stronger commitments to meet WHO's treatment goals for this year. These countries combined account for 41% of the unmet need, said WHO. "They have to put their plans and declarations into action," Kim said. The report concluded that ARV treatment expansion had largely bypassed HIV-infected children. People under age 15 account for more than half a million AIDS deaths a year, said WHO, yet children account for fewer than 1 in 20 who receive ARV treatment. WHO endorsed numerous strategies to reach more people, including encouraging routine HIV testing at prenatal clinics and health centers, employing existing TB clinics to dispense ARVs, and training lay people to perform tasks reserved for doctors or nurses in wealthy countries.

Pope Rejects Condoms as a Counter to AIDS. On Saturday, January 22, Pope John Paul II reiterated Roman Catholic Church teaching that forbids condom use, even to stop the spread of AIDS. "The Holy See... considers that it is necessary above all to combat this disease in a responsible way by increasing prevention, notably through education about respect of the sacred value of life and formation of the correct practice of sexuality, which presupposes chastity and fidelity." His statement caps a week in which a Spanish Bishops Conference spokesperson acknowledged condom use in AIDS prevention; the spokesperson was a day later overruled by the full conference. In Europe, two cardinals hypothetically justified condom use to protect a woman who must have sex with someone who has HIV. At a news conference Friday, January 21, in Mexico City, Felipe Arizmendi, bishop of San Cristobal de las Casas, said it could be the "lesser evil" if someone "incapable of controlling their instincts" used condoms to prevent AIDS. Pope Paul VI banned contraceptive use among Catholics 37 years ago and senior church officials have considered the issue closed ever since. "From a moral point of view, we cannot condone contraception," said Monsignor Angel Rodriguez Luno, a professor of moral theology at the Pontifical University of the Holy Cross. But when a person refuses to listen to advice to stop acting in harmful ways, "one might say, 'Stop. But if you are not going to, at least do this,'" said Luno, an adviser to the Congregation for the Doctrine of the Faith, whose mission is to safeguard Vatican orthodoxy. Advice from priests and health workers to use condoms in particular cases would not represent a change in teaching, said Vatican officials. Extramarital sex would violate the Sixth of the Ten Commandments, said Luno, and transmitting HIV would violate the Fifth Commandment against murder. Condoms could diminish that danger, said Luno, who nevertheless did not advocate changing policy.

Chirac Calls for Global Tax to Fight AIDS. On Wednesday, January 26, French president Jacques Chirac called for a tax to fund the global fight against HIV/AIDS. The experimental levy could generate \$10 billion per year, Chirac said. Addressing the delegates at the World Economic Forum in Davos, Switzerland, by video link-up, Chirac said imposing the tax on a fraction of international financial transactions would not hamper the market. He also suggested funds might be raised by taxing fuel for air and sea transport, or charging \$1 on airline tickets sold worldwide. Chirac's proposal comes as the rollout of antiretrovirals (ARVs) in the developing world has gained momentum. UN agencies said the number of people receiving treatment jumped 75% in the past year. ARVs are now distributed to 700,000 patients, up from 440,000 six months ago, meeting the World Health Organization's interim target in the "Three by Five" campaign. That initiative calls for getting medication to three million patients by the end of 2005. However, the current figure represents only 12% of the estimated 5.8 million people officials say will die if they do not receive medicine within two years. Meeting WHO's goal will cost an addi-

tional \$2 billion dollars this year. Chirac said the tax money would fund ARV distribution, vaccine research and prevention campaigns. Richard Feachem, executive director of the Global Fund to Fight AIDS, TB and Malaria, said the idea could help move HIV/AIDS treatment in the developing world to a new level after "a strong but modest start." According to the UN's "Progress Report" on the "Three by Five" initiative, obstacles to the program are not just monetary. Other bottlenecks include the high cost of second-line ARVs when patients develop drug resistance, the high price of diagnostic tests and the lack of affordable formulations of ARVs for children.

Ethiopia to Provide Free Antiretroviral Drugs in Major Anti-AIDS Drive. On Monday, January 24, Ethiopia launched an AIDS plan—its fifth AIDS campaign since 1996—that will for the first time include the distribution of antiretroviral drugs. "Twenty hospitals have been selected and 30,000 people are going to get antiretroviral therapy this year, and more than 200,000 persons within three years," said Deputy Health Minister Tedros Adhanom. The U.S. government is funding the plan with \$43 million. Antiretroviral treatment will save 78,000 lives in the country per year and reduce the number of AIDS orphans to 332,000 by 2008, according to an Ethiopian government report. "The major targets are to improve the quality of life of people living with AIDS, to accelerate the local manufacture of antiretrovirals, to develop locally based HIV/AIDS prevention and to ensure sustainable social mobilization," said Adhanom.

Two Million Nigerians Orphaned by AIDS. In Nigeria, two million children have been orphaned by HIV/AIDS, and each day, "more than 900 Nigerians will die of HIV-related diseases," Tobias Luppe, a spokesperson for Doctors Without Borders, said on Wednesday, January 19. "These deaths will tear families apart, will separate parents from their children, will have a heavy impact on this country," Luppe said, adding that the deaths could be prevented with antiretroviral treatment. "Instead of being the future of this country, these children grow up as orphans lacking parents who could take care of their education or even teach them the most basic skills in their lives." Of an estimated four million Nigerians with HIV, some 500,000 need ARV treatment, and only about 20,000 receive it, he said. A study by three UN agencies said an estimated 200,000 to 490,000 Nigerians died of AIDS in 2003.

Tourism Body Offers AIDS Help. On Tuesday, January 18, the Southern Africa Tourism Services Association (SATSA) announced it will contract with Calibre Clinical Consultants to offer HIV emergency medical and counseling services to foreign and local tourists. The services will also be provided to the 250,000 employees of SATSA's 920 member hotels and tour operators. Many visitors engage in high-risk sexual behaviors that could expose them to HIV, and the joint effort is a first for the tourism industry. SATSA president Mike Speed said international trav-

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elers are "intelligent and learned" and well aware of sub-Saharan Africa's high HIV caseload. "We are not going to go around broadcasting this to guests, but if they approach us for help, we will have the necessary action plans in place," said Speed. SATSA members work with most tourists to South Africa, where an estimated five million people are HIV-infected. SATSA members will pay five rand (US\$0.84) per employee per year to access Calibre's services. Workers and visitors who approach SATSA hotels or tour operators for help will be directed to a toll-free call center where consultants will offer advice on obtaining free counseling, testing and AIDS drugs. The method of exposure "doesn't have to be a mugging or a rape; it could be an accident, such as a tour bus crash where blood is spilt," Speed said. "It is important for the tourism and hospitality industry to realize the short-, medium- and long-term consequences that the pandemic holds for society and that one cannot rely on external support or government programs alone," Speed said.

Ugandan Taxis to Give Away Condoms in New Anti-AIDS Program. On Tuesday, January 18, officials said Uganda's taxi cabs, minibuses, municipal and regional coaches and ferries will immediately begin distributing free condoms and advice as part of the government's fight against HIV/AIDS. "We have developed a strategy to work with [the] public transport system to raise awareness," said Julius Byenkya, who runs the program for the Health Ministry. Under the plan, the ministry will recruit transport operators to serve as peer educators, and taxis will become distribution points for condoms, said Byenkya. In addition, passenger vehicles will have audio recordings of a serialized drama series about HIV prevention, he said. "The main focus is about behavioral change because it seems the majority of people know about HIV/AIDS, but many have failed to change their behavior," added Byenkya.

UN Warns of HIV/AIDS in Thailand's Tsunami-Hit Provinces. On Wednesday, January 26, in Bangkok, UNAIDS officials warned that Thailand's tsunami-devastated provinces could see a rise in HIV/AIDS due to condom shortages, unemployment and trauma. The December 26 tsunami claimed the lives of some 5,300 people in Thailand's six southwest-ernmost provinces lining the Indian Ocean; 3,000 more people are still missing. "The problem is that many livelihoods have been destroyed, so people may engage in behavior they wouldn't have normally done because they are dislocated or in trauma," said Patrick Benny, UNAIDS country coordinator. Officials are concerned that tsunami survivors could turn to prostitution—already highly prevalent in some well-known beach resort towns like Patong—or to drug use. "There may be a higher level of vulnerability because people are traumatized or don't have their social fallback," explained Benny. "But we're not saying this is going to happen, we're saying this is a risk." UNAIDS personnel who recently traveled to the area also found evidence of condom shortages, particularly among refugee populations in Phuket, Phang Nga and Krabi provinces. "There is a critical

need for prevention programs and sexual health information among this population, not to mention getting people back to work and restoring their livelihoods," Benny said. A recent UN Development Program surveillance report on HIV/AIDS in Thailand found an infection rate of almost 5% among migrant women in Phuket, while fisherman tested in the coastal province had an infection rate of about 9.5%.

Almost 63% of Indian Injections Unsafe: Study. A study commissioned by the All India Institute of Medical Sciences—the country's most prestigious state-run hospital—found that nearly 63% of injections administered annually in India are unsafe. "Approximately three billion to six billion injections are administered in the country every year, of which 1.9 billion to 3.8 billion are unsafe," said researcher N. K. Arora. Indians on average receive 2.9-5.8 injections per year, said Arora, adding that 48.1% of all prescriptions recommend taking an injection. Almost 33% of unsafe injections were associated with syringe reuse, putting patients at risk for bloodborne diseases like HIV/AIDS and hepatitis, Arora said. "The rest of the injections were rendered unsafe due to wrong practices, including faulty administration techniques," he said, and around 74% of injections provided under immunization campaigns were unsafe. In December 2004, Indian Health Minister Anbumani Ramadoss—himself a physician—told the Indian Parliament that most of the injections administered in the country were not safe. Ramadoss noted that 69% of injections given at government-run hospitals were unsafe. "In order to reduce unsafe injections, the government has taken a decision to introduce auto-disable syringes in all the immunization clinics and central government hospitals from 2005," he told Parliament.

Japan's AIDS Experts Alarmed as HIV Infections Hit Record High. On Thursday, January 27, Japanese officials said the annual number of new HIV/AIDS cases topped 1,000 for the first time in 2004. They voiced concern that lack of awareness may have led to the virus' spread. A health ministry survey showed that new HIV infections, while still low by global standards, increased by 17% to 748 in 2004—the highest figure Japan has registered. The number of HIV+ patients who developed AIDS in 2004 also reached a record high of 366, an 8.9% increase from 2003. The new infections bring Japan's number of HIV+ patients to 6,528, of whom 3,258 have AIDS. However, health ministry official Masanori Suzuki said the government estimates the true figure of HIV+ Japanese to be 14,000. Many people have not been tested. "We must launch more aggressive and vigorous campaigns to make people aware of AIDS issues," Suzuki said of the 2004 figures, noting that early detection is key. Japan offers free, anonymous HIV testing at public healthcare centers. Men accounted for 90% of the 748 new HIV patients. More than 60%, according to the survey, were infected through gay sex. Activists warn that the relatively low rate of HIV in the country has left the Japanese indifferent to condom use and other preventive measures, making the nation vulnerable

to a sudden spike in HIV infections. Health ministry data show domestic sales of condoms sunk 43%, to 419 million in 2003, from a 1980 high of 737 million.

Governor Wins Praise for ADAP Allocation. On Monday, January 10, Governor Arnold Schwarzenegger proposed funding the AIDS Drug Assistance Program at \$263.6 million in the 2005-2006 budget, a \$29.4 million increase from 2004-2005. Last spring, ADAP needed an additional \$30 million due to rising client numbers and drug costs. Schwarzenegger provided ADAP \$20.6 million in increased general state fund support and estimated the state would receive \$8.8 million in drug company rebates on ADAP purchases. For the last two years, ADAP was initially underfunded under Governor Gray Davis, but proposals to create an ADAP waiting list and require client copayments were rejected by the legislature and AIDS patient advocates. "The ability of low-income people living with HIV and AIDS to access this program is a matter of life and death, and the governor clearly recognized this fact," said Dana Van Gorder, San Francisco AIDS Foundation's director of state and local affairs. "AIDS advocates are especially thankful to him for fully funding ADAP at a time when the state continues to face significant fiscal challenges," she said. The allocation will both allow full ADAP access and save the state "more money down the line in acute health care costs," said Anne Donnelly, Project Inform's director of public policy. AIDS groups also lauded the governor for not cutting money to other AIDS programs in the state budget; rather, he proposed flat-funding for them. Even so, advocates are concerned about Schwarzenegger's proposal to save \$12.3 million in general funds through redesigning Medi-Cal. Among its proposed adjustments are monthly premiums for some beneficiaries of \$10 per adult and \$4 per child under 21, with a \$27 per-family cap; moving the aged, blind and disabled into mandatory managed-care programs; and capping annual dental expenses at \$1,000 per person. Medi-Cal, the state's Medicaid program, serves more than 50% of adults with AIDS and 90% of children with AIDS. ♂

April 15, 2005—Tax Day

It's that time of year again when we are preparing to file our tax returns, and as we all know, this can be an overwhelming process. Fortunately, there are qualified professionals willing to help. We have a listing of referrals in the peer counseling database of individuals within the community you can contact for help with filing your tax return. Please feel free to call a peer counselor at (404) 874-7926 and ask about these referrals.



LIVING WITH CRYSTAL METH, CONT'D FROM PAGE 2
 exposed myself to other sexually transmitted diseases. I so weakened my immune system that I developed Kaposi's sarcoma. I became paranoid, skeptical, mistrustful and isolated. I felt hopeless and full of despair, and came to rely more on meth to escape feelings of worthlessness. I was caught in the vicious cycle of addiction.

If you think you may have a problem with crystal meth, you probably do have a problem with crystal meth.

Deep into my addiction, a former party buddy ran up to me one day and whispered in my ear that he had entered recovery and had been clean for a few months. He planted a new seed in my mind. I saw him a couple of weeks later and knew that I had to find the courage to ask about his new life. As a wise man once said, "Courage is the first of human qualities, because it is the quality that guarantees all the others." My friend said that with a little bit of willingness and an open mind, I, too, could find hope for a different way of living. I considered the possibility that I may have a problem.

We drove together to my first 12-step meeting, where I found recovering crystal meth addicts talking about what using did to their minds, bodies, careers and relationships. They talked about how they got and stayed clean and how they are living their lives today. I realize now that I am not the eternally unique outsider as I had so selfishly believed. I now know that I am more like other people than different. I've also learned that I am only as sick as my secrets. To stay sober, I must let people know who I am, warts and all. As people get to know me, I no longer feel lonely and want to escape. The vicious cycle is broken. Crystal meth addiction is progressive and fatal, but today I know that there is a solution. Today, I carry the message and not the mess.

To talk with someone who can help, please call the Georgia CMA Help Line at (404) 454-3637. This 24-hour help line is staffed by volunteers who are in recovery. If you get voice mail, please leave a message and someone will return your call as quickly as possible. Note that this line offers the support of one addict helping another and cannot answer your medical or legal questions. If you are infected with or affected by HIV, a "Positively No Speeding" recovery group meets every Thursday at 7:00 p.m. at the AIDS Survival Project offices. Call the help line or visit www.atlantacma.org for more information.

Eddie Young is a board member and immediate past president of AIDS Survival Project. ♂

MAKE YOUR VOICE HEARD!

There are many challenging issues facing the HIV/AIDS community in the 2005 legislative session. You can make a difference by supporting AIDS Survival Project's crucial advocacy efforts. Check our web site (www.aidsurvivalproject.org/advocacy/advocacy.html) or e-mail info@aidssurvivalproject.org.



CMA CrystalMeth Anonymous

Sunday

11:00 AM "IceBreakers" room 2
 8:00 PM "Crystal Clear"
 9:30 PM "LateNight Unwired" room 2

Monday

8:00 PM "IceBreakers" room 2

Tuesday

7:00 PM "Meth-Enders" room 200
 9:30 PM "LateNight Unwired" room 2

Wednesday

6:30 PM "IceBreakers" room 2
 6:30 PM "IceBreakers" room 4
 Literature Meeting

Thursday

6:30 PM "IceBreakers" room 2
 7:00 PM "Positively No Speeding" for people infected with or affected by HIV
 8:00 PM "LateNight Unwired" room 2
 11th Step Moving Meditation meeting
 9:30 PM "LateNight Unwired" room 2

Friday

8:00 PM "IceBreakers" room 1
 8:00 PM "Meth-Enders" room 111
 Starting January 7, 2005

Saturday

10:00 AM "Meth-Enders" room 200
 6:30 PM "IceBreakers" room 2
 Beginners meeting.
 6:30 PM "IceBreakers" room 4

These are open meetings and all are welcome.

*Taking the 11th Step through peer pictures, breathwork, and meditation. Business as usual. Wear comfortable exercise clothing. Bring a towel or a mat.

Ice Breakers

Crystal Clear

Meth-Enders

Positively No Speeding

Late Night UNWIRED

The Galano Club
 585 Dutch Valley Rd.
 Atlanta, GA 30324
 404.881.9188
GalanoAtlanta.org

The Freedom Club
 47 Fairground Street
 Marietta, GA 30060
 678.290.1515
FreedomClub.org

St. Marks United Methodist Church
 781 Peachtree St. NE
 Atlanta, GA 30308
 404.873.2636
StMarkUMC.org

AIDS Survival Project
 139 Ralph McGill Blvd.
 Atlanta, GA 30308
 404.874.7926
AIDSSurvivalProject.org

The Galano Club
 585 Dutch Valley Rd.
 Atlanta, GA 30324
 404.881.9188
GalanoAtlanta.org



Share Your Story!

Health Students Taking Action Together (HealthSTAT), a nonprofit dedicated to engaging health profession students in HIV/AIDS and other issues, is doing an oral history project this semester, and they need your help. Health students learn a lot about the medical aspects of HIV/AIDS, but rarely get a chance to talk in depth with people living with HIV about their lives and experiences. By sharing your story, you will help to educate them about what it means to be HIV+.

Interviews will take place at AIDS Survival Project and will last about an hour. You can choose whether you want your interview to be anonymous or confidential. Your stories will be used by HealthSTAT to educate other health students about


non-clinical aspects of HIV/AIDS through live presentations and on their web site. The perspectives learned from your stories will also help HealthSTAT to more effectively advocate for HIV/AIDS legislation. To protect your confidentiality, any use of the information from your story—whether for publication, web or live presentation—will not include any identifying details.

It's time for future healthcare providers to hear from the experts on HIV/AIDS—you! If you are interested in participating or have further questions, please e-mail Larissa Thomas at Larissa@hstatweb.org or leave a message with HealthSTAT at (678) 637-6923. For more information about HealthSTAT, please visit www.hstatweb.org. ♂



Thank You, Armorettes!

A tremendous thank you goes out to The Armorettes—that fabulous coven of singing, dancing, lip-synching divas who have been such tireless and fearless supporters of the HIV/AIDS service community since the last century (although goodness knows they're not as old as that makes them sound!). At their 26th Anniversary Show on Sunday, January

16, they raised \$3,460 for AIDS Survival Project, along with thousands more for our friends at Jerusalem House and the BRAC Center. Please join us in expressing our heartfelt gratitude to these generous dames, who never hesitate to perform their hearts out for the greater good of our community. 



THRIVE! Weekend Wish List

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

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

Infected Affected Negative Positive Long Term Survivor Newly Diagnosed Infected Affected Negative Positive

AIDS SURVIVAL PROJECT

THRIVE!

W E E K E N D

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.

2005 THRIVE! Weekend Dates
 March 12-13 May 14-15 July 16-17
 September 17-18 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, Roche Laboratories, Inc., the Bristol-Myers Squibb Company, The BroadView Foundation, The Central Congregational United Church of Christ and The LiveWell Fund.

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

Infected Affected Negative Positive Long Term Survivor Newly Diagnosed

Infected Affected Negative Positive Long Term Survivor Newly Diagnosed

Infected Affected Negative Positive Long Term Survivor Newly Diagnosed



Who's in Charge of Abstinence, Anyway?

Abstinence. Hey! Who's in charge of abstinence in this country, anyway?

Well, it's Wade Horn. Last December, W, The President, appointed Horn, an Assistant Secretary for Children and Families in the U.S. Department of Health and Human Services, head of a new federal program to promote sexual abstinence. Horn blames Hollywood for teen promiscuity and believes comprehensive sex education programs that include information about contraception or condoms send "mixed messages." Despite having a name that makes him sound like a porn star, he's all pumped up about spending millions and millions of dollars to make sure teens just say "no" to sex and feel supported in that choice. This tired, recycled and very retro Nancy Reagan approach is doomed, and so is Wade Horn. He's already been dubbed the "chastity czar" by the media; that "czar" title is pretty much the kiss of death.

Do we need Wade Horn? Do we need a federal program to promote sexual abstinence? According to Centers for Disease Control statistics, 61% of America's graduating high school seniors have had sex, so maybe *somebody* ought to be talking to teens about abstinence. But wait a minute... hasn't the federal government already been spending big bucks on abstinence-only programs for years? Sure! Back in 1996, Congress passed that welfare reform law, The Personal Responsibility and Work Opportunity Reconciliation Act, and it authorized \$50 million annually for five years so schools would "teach that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity." You remember that legislation; it's the one where they managed to come up with eight different ways to declare that sex outside marriage is always bad and wrong and harmful. And just last year, Congress committed another \$168 million for abstinence-only education in 2005.

Truth be told, the Feds have been spending money on abstinence since 1982, way before this Horn dude entered the picture. In fact, the federal government has never funded any comprehensive sexual education. In the 1970s, the feds doled out money for school programs that featured monotonous little films about sperm or menstrual cycles. Boys in one room, girls in another—*why do we accept the arbitrary notion that teenage boys don't need to know anything about the female menstrual cycle?* If school systems wanted money for any other kind of program, they had to look elsewhere for funding. Plenty of states, especially those in the South and Midwest, just took the government money and let schools screen those feckless flicks.

By the 1980s, HIV and AIDS had made it im-

possible for public school districts to ignore sex. As a result, many adopted a more comprehensive approach, sometimes known as "abstinence-plus," that emphasized saying "no" to sex in addition to providing medical and scientific information about contraception, sexually transmitted diseases, abortion and sexual orientation. By the 1990s, two out of three public school districts mandated sexuality education—a development that galvanized America's Religious Right and had them scheming and plotting ways to have sex education removed from the classroom altogether. But since all kinds of polls and surveys tell us the majority of parents *want* comprehensive sex education in schools, the Religious Right was forced to concoct a new strategy: take control over what *is* taught.

And so the shrill, ultraconservative voices behind groups like Eagle Forum, Focus on the Family and the Christian Coalition rabidly promoted the misconception that comprehensive sexuality programs don't really discuss the merits of abstinence, but provide explicit directions about how to have sex. When presented with evidence that such programs actually corresponded to a decline in out-of-wedlock teenage births and sexually transmitted diseases in the 1990s, they huffed and puffed and predictably ignored the facts in favor of something they have always put first: *getting their way*.

In 1995, several quasi-Christian, self-described family groups approached Lauch Faircloth, the Republican senator from North Carolina, with a plan to draft abstinence-only legislation. Their goal was to restrict the language of all federally funded sexual education by mandating that any program "*have as its exclusive purpose teaching the social, psychological and health gains to be realized by abstaining from sexual activity.*" Buried in 1996's welfare reform law, abstinence-only legislation passed with little debate and no revisions. If states wanted funds provided by the new legislation, they were forced to abandon whatever programs they had in place and adopt abstinence-only education. Plenty of states with education budget problems accepted the funds and this has ultimately led to the widespread institutionalization of abstinence-only education.

Ironically, one year before the Religious Right succeeded in getting their agenda subsidized by the federal government, a study conducted by the Sexuality Information and Education Council of the United States found that nearly two thirds of teenagers believed teaching "Just Say No" was an ineffective deterrent to sexual activity. With all the energy America's Religious Right puts into the crass manipulation of politicians and fretting over the sexual orientation of every puppet and animated creature

on TV, there's probably no time left for them to care what teenagers think or feel, anyway. The Right's goal is to create generations of sexless, puritanical Stepford teens, devoid of passion or curiosity or even a hint that sex feels good. With these folks, it's not even clear if it's supposed to feel good in the context of one of those traditional, monogamous, heterosexual marriages they consider sacred.

The five-year abstinence-only funding cycle created by 1996's welfare reform law ran its course and legal challenges from various states assured it wouldn't be revived. In 2000, Congress simply established *another* abstinence program to bypass state governments and send grant money directly to community-based organizations. This allows the U.S. Department of Health and Human Services to fund any kind of public, private and faith-based entity committed to promoting abstinence. Shockingly, grants have been awarded on the basis of nothing more than the submission of a table of contents page or a brief summary of the curricula.

Late last year, the U.S. House of Representatives Committee on Government Reform (Minority Staff Special Investigations Division) released an analysis of the 13 most commonly used abstinence-only curricula in the country. Eleven curricula, used by 69 organizations in 25 states, contain errors, misrepresentations, subjective conclusions and outright falsehoods about reproductive health, abortion, gender traits, condoms and HIV. It's pretty shameful to be teaching kids that sweat and tears are risk factors for HIV transmission when we've known for over 20 years that they are not. Regrettably, it appears that abstinence-only proponents will do anything—lie, distort facts, blur religion and science—in their efforts to stop teenage sexual activity. Is this what it has come to in America?

Again, let's ask: Do we need Wade Horn? Do we need a federal program to promote sexual abstinence? Since the Department of Health and Human Services is crawling with publicly pro-abstinence appointees—Tommy Thompson, Claude Allen, Dr. Alma Golden, William Steiger—who needs Wade Horn czaring up the place? And why create a *new* federal program to promote sexual abstinence when HHS is all over it?

Like everything else beget by W, The President, none of this adds up.

David Salyer is an HIV+ journalist, educator and activist 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. ♂



HIV NAMES REPORTING IN GEORGIA: THE FIRST YEAR, CONTINUED FROM PAGE 1

law requires all physicians to report, all providers will ultimately be reporting.

Public Health understands that complying with notifiable disease reporting requirements is challenging for physicians in the current environment of HMOs, shorter and shorter time for patient interactions, and confusion over HIPAA. In order to make reporting less burdensome for providers, we developed a shorter, more user-friendly form for private physicians. A Physician Resource Manual has also been created that explains reporting requirements, why HIPAA does not interfere with reporting, and how to make a report. Physicians may contact my office at (404) 657-2624 to request a manual or assistance from one of the surveillance technicians.

NF: *Has this new method data produced recommendations for the development of education programs? If so, how and what programs are benefiting from this data? How do you see the new data being integrated into education*

programs? Will it produce more directed education or testing?

LS: The surveillance system and HIV data aren't mature enough yet to be used for developing education, care or prevention programs. In the future, HIV data will replace AIDS data in directing decisions for primary HIV prevention programs, HIV counseling and testing programs, outreach efforts, early intervention programs and many other programs that affect at-risk populations or those newly infected with HIV. HIV data will be more useful and accurate than AIDS data in informing these programs, since it is more reflective of those most recently infected with HIV.

HIV names reporting has been a controversial issue, with many opponents expressing concern about privacy. Now that the policy has been implemented, we will continue to follow up with the Department of Human Resources to keep you informed of ways in which this new method of data collection affects services for our community. **X**

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CLASSIFIED AD POLICIES: All classified ads are printed free of charge and will run in two consecutive issues per submission [1/2, 2/2]. Ads may be renewed by resubmitting. To place an ad, use the form at right and send to Classified Ads, c/o ASP, 139 Ralph McGill Blvd #201, Atlanta GA 30308-3339 or e-mail TrekBearGA@aol.com. E-mailed ads *must* include a daytime phone number for verification. Do not call the ASP office to place an ad. Deadline for all ads is the first workday of the previous month. ASP reserves the right to edit ads as necessary and is not responsible for the content or credibility of any ad.

POSITIVELY PERSONAL

MALE SEEKING MALE

Passionate WM, 43, brown/brown, 5' 7", 150 healthy lbs., HIV+ bottom, seeks a well-built top for a serious, honest, sincere LTR. David Spurgeon, PO Box 212, Milligan College TN 37682-0212. (423) 404-4683. [1/2]

GWM, 40, HIV+, 5' 9", 160 lbs., excellent shape mentally and physically. Seeking older penpal for friendship and understanding. Mark Partain, #166286, LCF Dorm 7, 28779 Nick Davis Rd, Harvest AL 35749-7009. [2/2]

MALE SEEKING FEMALE

Youthful-looking 50-year-old looking for HIV+ female, 35-40, to correspond and motivate, and to possibly share their lives. Melvin Jackson, #19171-083, B33, Terre Haute IN 47808. [2/2]

MALE SEEKING ANY/ALL

Incarcerated Capricorn, attractive, 6' 2", 198 lbs., understanding, diligent, caring, spontaneous, humorous, optimistic, adventurous, athletic Black man seeking companionship which will first derive from friendship, us knowing each other's inner selves. Charlie Roberts, GDC#408997, S.S.P. Holly A-64T, Hardwick GA 31034. [2/2]

FEMALE SEEKING ANY/ALL

30-year-old Nubian woman seeks correspondence with one who desires to grow in mind and spirit as well as build each other up in areas that would produce a harmonious relationship. Scorpio. 5' 4", 150 lbs. Roszina Jones, 1115849-J2, PO Box 206, Davisboro GA 31018. [2/2]

EMORY UNIVERSITY SCHOOL OF MEDICINE VOLUNTEERS NEEDED

ARE YOUR HIV MEDICINES NOT WORKING FOR YOU ANYMORE? HOW ABOUT TRYING A NEW INVESTIGATIONAL ENTRY INHIBITOR?

The Emory AIDS Clinical Trials Unit is studying an investigational anti-HIV medication known as an entry inhibitor, which means it blocks one of the ways HIV enters a T-cell (the blood cells that fight infection). This phase II clinical research trial will assess this drug's safety, effectiveness and dosage. A nominal fee will be given for time and travel.

IF YOU:

are HIV+ • are 18 or older • have a viral load of 5,000 or more • have failed at least two anti-HIV combinations of drugs • are currently taking a failing combination of anti-HIV drugs that contains Norvir • have 50 or more T-cells

THIS 48-WEEK RESEARCH STUDY IS NOW SEEKING VOLUNTEERS TO ENROLL!

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

SHOP AT KROGER—SUPPORT AIDS SURVIVAL PROJECT!

Every time you use your Commitment Card, Kroger donates a percentage of your purchase to ASP, at no additional cost to you! Thanks to you, ASP received almost \$1,300 from Kroger last year. Call Greg Carraway at (404) 874-7926 ext. 18 to get your free card!



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Mail to: Classified Ads, c/o ASP, 139 Ralph McGill Blvd #201, Atlanta GA 30308-3339

AIDS Survival Project is incorporated in the state of Georgia as a 501(c)(3) nonprofit corporation. All donations are tax-deductible. A large percentage of our annual budget is funded solely by your contributions; the rest is supplemented by grants solicited from private foundations.

We are happy to provide the newsletter to anyone who cannot afford a subscription; however, we ask that anyone who can afford to subscribe, please do so.

- I am a person living with HIV/AIDS and want to be a member of **AIDS Survival Project**.
- Enclosed is \$30.00 for a one-year subscription.
- I cannot afford to pay for a subscription. Please enter my free subscription.
- Please send me information on how I can include **AIDS Survival Project** in my will or planned giving.

Name: _____

Address: _____

City/State/ZIP: _____

Phone: Day _____ Evenings _____

E-Mail: _____

Please contact me about volunteering for the following:

- Survival News* Committee *THRIVE! Weekend*
- Peer Counseling Treatment Advisory Committee
- Advocacy Committee Special Events Committee
- I have other special skills I would like to offer:

I would like to make a donation in memory of:

I would like to make a donation in honor of:

Please acknowledge this donation to:

Name: _____

Address: _____

City/State/ZIP: _____

Please send this form to **AIDS Survival Project**,
139 Ralph McGill Blvd, Suite 201, Atlanta GA 30308-3339. Thanks!

MARCH 2005

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		11:00 am - 12:00 pm Volunteer Orientation 6:00 pm Women's Support Group (closed)	5:30 pm - 7:30 pm MACAI (closed)	7:00 - 8:00 pm Positively No Speeding (open Crystal Meth Anonymous group)	4	7:00 - 8:30 pm Narcotics Anonymous 12-Step Group
6	7	6:00 pm Women's Support Group (closed)	9	7:00 - 8:00 pm Positively No Speeding (open Crystal Meth Anonymous group)	11	<i>THRIVE! Weekend</i> Details pg. 18 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group
<i>THRIVE! Weekend</i> Details pg. 18	14	6:00 pm Women's Support Group (closed)	AIDS Awareness Day, Georgia Capitol 12:00 pm - 2:00 pm Ryan White Consumer Caucus (closed, but in- quire at (404) 874-7926)	5:30 pm - 6:30 pm, Volunteer Orientation 7:00 - 8:00 pm Positively No Speeding (open Crystal Meth Anonymous group)	18	7:00 - 8:30 pm Narcotics Anonymous 12-Step Group
20	21	6:00 pm Women's Support Group (closed)	23	7:00 - 8:00 pm Positively No Speeding (open Crystal Meth Anonymous group)	25	7:00 - 8:30 pm Narcotics Anonymous 12-Step Group
27	28	6:00 pm Women's Support Group (closed)	30	5:00 pm - 10:00 pm Human Rights Campaign (closed) 7:00 - 8:00 pm Positively No Speeding (Crystal Meth group)	1	7:00 - 8:30 pm Narcotics Anonymous 12-Step Group
3	4	11:00 am - 12:00 pm Volunteer Orientation 6:00 pm Women's Support Group (closed)	5:30 pm - 7:30 pm MACAI (closed)	7:00 - 8:00 pm Positively No Speeding (open Crystal Meth Anonymous group)	8	7:00 - 8:30 pm Narcotics Anonymous 12-Step Group
10	11	6:00 pm Women's Support Group (closed)	13	7:00 - 8:00 pm Positively No Speeding (open Crystal Meth Anonymous group)	<i>Art of Dining</i> (see pg 7)	7:00 - 8:30 pm Narcotics Anonymous 12-Step Group
17	18	6:00 pm Women's Support Group (closed)	12:00 pm - 2:00 pm Ryan White Consumer Caucus (closed, but in- quire re: membership at (404) 874-7926 ext. 15)	5:30 - 6:30 pm Volunteer Orientation 7:00 - 8:00 pm Positively No Speeding (open Crystal Meth Anonymous group)	22	Volunteer Appreciation Party (see pg 4) 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group
24	25	6:00 pm Women's Support Group (closed)	27	5:00 pm - 10:00 pm Human Rights Campaign (closed) 7:00 - 8:00 pm Positively No Speeding (Crystal Meth group)	29	7:00 - 8:30 pm Narcotics Anonymous 12-Step Group

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<h1>APRIL 2005</h1>						

TIMES AND DATES SUBJECT TO CHANGE. ADDITIONAL EVENTS MAY BE ADDED AFTER PUBLICATION DATE. FOR MORE INFORMATION ON THESE AND OTHER EVENTS AT ASP, VISIT www.aidsurvivalproject.org/events.html OR CALL (404) 874-7926.