Widespread Civil Disobedience Launches South African Campaign

Compiled by Jeff Graham

After months of calling on the South African government to sign and implement a national AIDS treatment and prevention plan, including access to antiretrovirals, South Africa’s Treatment Action Campaign (TAC) was forced to begin escalating their campaign.

This carefully considered decision was made after the persistent refusal of the government to support access to antiretroviral treatment for the 5 million South Africans living with HIV, of whom 600 die each day. The campaign itself was launched on March 20 when 600 TAC members converged at police stations in Durban, Sharpeville, and Cape Town to charge the South African Minister of Health and the South African Minister of Finance with homicide for denying people with HIV access to antiretrovirals. TAC then called on police to arrest the Ministers.

The response to these actions was anything but non-violent. Police in Durban, using water cannons, tear gas and batons brutalized protestors. Several TAC members are currently hospitalized as a result of police brutality.

These protests were set to coincide with South African Human Rights Day, a national holiday that commemorates the 1960 peaceful uprising in which thousands of black South African’s turned themselves over to police custody for the apartheid-era crime of leaving their passes at home.

On March 25, TAC members disrupted a speech on public health by the Minister of Health, Dr. Manto Tshabalala-Msimang, to deliver a statement: “...You have deceived, misrepresented, delayed and denied for too long. We hope you will prove us wrong by making an unequivocal and irreversible commitment to anti-retroviral therapy.”

In late April, the next wave of actions took place including public burials for two TAC leaders, Edward Mabunda and Charlene Wilson, and an international day of action on April 24 and a Health Workers Day of Action on May 5 and 6.

Some 4.7 million South Africans — one in nine — are HIV positive, more than any other country in the world. TAC hopes its campaign will help prod the government into committing to provide its people with AIDS drugs. The government has said it would be too expensive to provide all infected South Africans with the drugs. Sparking debate, the government has also questioned the effectiveness of treatment.
Yet Another ‘Costume Change’

It was two years ago that I began as editor of Survival News. As I re-read my first editorial, “A New Hat and a New Pair of Shoes”, I am reminded how fortunate I am to be a part of this place we call ASP. I began as a volunteer peer counselor in 1996. In 1997, I was hired as the program manager of what was Operation: Survive! (Now, THRIVE! Weekend). I have had the opportunity to also work with the Peer Counseling Program as well as Advocacy before becoming editor of this publication. As a matter of fact, I think I have possessed some five or six different extension numbers while here.

Soon I can be reached at extension 19, as the Treatment Education Program Manager. My colleague, Dan Dunable has decided to take care of himself and has chosen to volunteer instead of work in the Treatment Resource Center. It is comforting to me, and I am grateful to know, that in addition to Dan’s presence as a volunteer, I will have the opportunity to work with George Burgess who is one of my heroes. This new position will also allow me to read and learn more about HIV-related treatment issues and have more contact with those utilizing the TRC.

Along with a “costume change” for me will soon come a new office space for ASP, AIDS Treatment Initiatives and Positive Impact. If all goes as planned, we hope to be in our new space by June 16th. This more comfortable and creative space is only two doors up from our present building on Ralph McGill Boulevard. So, if you would like to help with this move, I am sure Jeff Smith would love to hear from you! As we get closer to the move date, we will send out more detailed information. Also, you will notice that this is the May/June issue. So look for the July/August issue in your mailbox sometime in early July. With all the change going on here at ASP, we decided to combine these issues at least for the summer.

As I put this last “baby to bed” as editor, I want to thank the folks who make this publication possible. I will begin by thanking each staff who has a by-line. I have been witness to some of the most creative and informative articles. I especially want to thank our newsletter volunteers. I have so enjoyed reading David Salyer’s articles. I consider him one of the best writers in the HIV Community. Ernie Evangelista who brings us the Chronicles each month is one of those volunteers who works quietly in the background. However, without his contribution there would not be about four pages of national and international HIV-related news in each SN! Chris Companik is a fabulous cartoonist who has given us a laugh at the end of each issue.

Our most recent volunteer, Bob Brown, is married to Mary Lynn Hemphill (bet you didn’t know that!). Bob has kindly (and thoroughly) corrected the errors of many. Even an editor needs an editor. His delightful wife and my office mate, Mary Lynn, has been a source of strength and gentleness as I type away and talk to myself for at least one week a month. I appreciate the fact also, that she is not given to violence since I am sure I am not the easiest person with whom to share an office! Thanks to John, Derek and Tran at Printing Concepts, who have been so patient as I learned how to produce this publication. Thanks to Rob and Andrea at Gates Marketing who get SN in the mail each month.

Finally, I want to thank you, our membership, who support and read this publication. Survival News was the first publication that gave me hope to live again when I was diagnosed in 1991. It is bittersweet to say goodnight to this “baby” this time. May we all continue to live well! ☺

Enjoy delicious nights out to benefit AIDS Survival Project at Atlanta’s hottest new eaterie

Tijuana Garage
353 Moreland Ave.

Every Sunday night, May 11 – July 27, 4 pm to 11 pm
20% of your food bill will go to AIDS Survival Project
Cut out this ad and give it to your server
(Make a copy of the ad & come back every week for the same great offer!) Thank you to all the folks at Front Page News & Tijuana Garage

Great Mexican food and drink in a fun atmosphere (Ample free parking in the building and adjacent lots)
AIDS Survival Project Marks 15 Years at Pride
By Rob Nixon

The days are longer, the sun’s getting more intense – it’s the time of year for Atlanta Pride, and AIDS Survival Project is once again a proud sponsor of the South’s largest lesbian, gay, bisexual, transgender celebration. We have a particular reason for pride this year as we mark our anniversary – 15 years of Advocacy, Self-Empowerment, and Partnership, bringing vital programs and services to the community as well as providing the opportunity for those affected by the AIDS epidemic to be a powerful voice for equitable and rational public policy. As we look back on our history of struggle and significant accomplishments, we recognize that although AIDS was never a disease confined exclusively to gay men, it is equally important to acknowledge the significant toll HIV has had upon the LGBT community. It’s also vital that we never forget it was this community, before all others, that banded together to fight the epidemic. Thousands of people have volunteered their time, talents and resources to this cause and to make the agency what it is today. We hope you will join them, and us, as we mark this important milestone in our history and look ahead to the crucial work we face in the future. So we hope to see you in Piedmont Park, June 27 – 29, as the 2003 Atlanta Pride festival celebrates the “Freedom to Be.”

Freedom to Remember
Pride is a time for celebration of our sexual identity and a chance to revel in the spirit of community. This year, AIDS Survival Project, in conjunction with the Atlanta Lesbian Cancer Initiative, is sponsoring a new event to kick-off the weekend. The Pride Vigil is an opportunity for all members of our community to come together to reflect, remember and celebrate the contributions of our friends and family members who are no longer with us. While the epidemics of AIDS and cancer continue to take a disproportionate toll on the LGBT community, both agencies want to pay tribute to the memories of all whose presence will be missed at Pride this year. Combining readings, reflections, and music from the Atlanta Feminist Women’s Chorus, the Pride Vigil will take us back to the time before Stonewall and up to the present day.

The evening promises to be an opportunity to cherish the memories of loved ones and celebrate the everyday people whose strength and commitment have brought hope to us all. Join us on Friday, June 27, 7:30 p.m., in Piedmont Park at the Verizon Acoustic Stage (near the Charles Allen entrance). If you would like to volunteer with the Vigil, please contact Gerry Hoyt (404-874-7926, ext. 13; ghoyt@aidssurvivalproject.org).

Freedom to Reach Out
The Pride Market is a great place to shop, eat, meet friends old and new, but it’s also a great place to learn and to educate. Every year, thousands of individuals gain information on community resources as they walk through the market. The AIDS Survival Project booth will have materials on our programs and services, how to become an effective advocate for yourself, and ways to volunteer to help us continue with strength into the future. We’ll also have a fun display honoring our history and all those who have been a part of AIDS Survival Project over the years. If you would like to assist us with setting up the booth, staffing it, and greeting all those who stop by to learn about us, please contact Jeff Smith (404-874-7926, ext. 20; jsmith@aidssurvivalproject.org) to sign up for a volunteer shift.

Freedom to Strut Your Stuff
On Sunday, June 29, we are inviting our friends and supporters to march with us in the Pride Parade and celebrate the spirit of community empowerment and dedication displayed by people living with HIV and their supporters. We will gather at the Civic Center MARTA station on West Peachtree at 11:30 am. Individuals can choose to march or ride on our float. And we’ll have some fun anniversary-themed hand fans to keep you cool! Volunteers are needed to decorate the float – if you can help out, contact Jeff Smith. ☎️
Making Change

Most of us would like to make some changes in our lives. New Year’s resolutions are the most common acknowledgement in our culture of the acceptability and value of seeking to improve our behaviors and life situations through conscious change. Spend an hour watching television or reading a popular magazine or newspaper and you will be inundated with advertisements and articles that promise you a change in your life through a particular product or service. Advertisements for credit cards that buy you “priceless” happiness, cars that bestow acceptance into the social group of your choice and pharmaceuticals that make you happier, thinner or more buff, more active and younger promise immediate change in your or your loved ones lives.

While quick, stress-free change looks appealing and easy (if you have enough money) the truth is that change does not come easily to most people. Often, we don’t feel like we get to select change – instead we feel like change happens to us and then we react to it. As it’s been said, some people change when they see the light, others when they feel the heat.

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—Mary Lynn Hemphill

Norcross has five stages. The length of the stages and the process of moving from one to the other (including sometimes back to an earlier one!) vary from one person to another. The first stage is Precontemplation. During this period a person does not identify themselves as having a particular problem (although others around them might), so the person has no thoughts or intention of change. In the period of Contemplation a person realizes that there is something they want or need to change. Now the person begins to think about what the problem is and how they feel about it. Their awareness is heightened and they are sensitive to information related to a certain behavior. From here a person may move to Preparation for Action, when they come to a decision to make a change in a relatively short period of time (around a month) and may begin to make plans of how they will enact a new behavior. When someone moves into the Action stage they are consistently engaging in the behavior that they want to have become a new part of their life. The Maintenance stage is reached when the person is fully carrying out their new behavior for longer than six months.

Few changes in our lives go quite as smoothly as this very, very simplified description of the theory might seem to imply. If you’ve ever tried to quit smoking, for instance, you’ve probably experienced every one of these stages, plus one called Recycling, where you’ve returned to an earlier stage, such as smoking again (but feeling more guilty!). Many people struggle with a behavior such as smoking throughout their lives, moving throughout these stages, each time a little differently. In terms of smoking cessation, people often try different techniques in the Preparation and Action stages, such as using a nicotine patch, aversion therapy, positive reinforcement or limiting the number of cigarettes or the places where they smoke.

Understanding that behavior changes occur through stages can be enlightening to people managing their HIV infection. As people infected or affected by HIV we can give each other and ourselves the support we need to make constructive, long lasting changes by providing time, support, knowledge and encouragement to develop healthier habits. The practice of consistent adherence to medication schedules, safer sex techniques, good nutrition, stress relief, recovery from addictions and healthy self-care skills do not emerge fully formed. These practices take time, patience and resilience because they develop through change. Next month this column will share some of the methods that encourage conscious change.
A system of support is crucial for individuals living with HIV to strengthen their coping strategies when dealing with this disease. This support is often provided by informal caregivers who give individuals living with HIV with physical, emotional and spiritual care in dealing with the effects of HIV on their daily lives. These informal caregivers include significant others, parents, siblings, children and friends. Being a caregiver can be a most rewarding experience. There is a feeling of fulfillment; which comes from being able to support the HIV-positive person during difficult times. This shared experience makes the hardships of the process more bearable. We recognize the importance of social support system for individuals living with HIV, however there is also a necessity to understand the need for such a system for the caregiver. Providing care for someone with HIV can be a stressful experience making a network for caregivers a crucial component of buffering the process of giving care.

Social support is an important buffer for caregivers of people living with HIV/AIDS. In an article entitled “Caregivers’ Experiences of Informal Support in the Context of HIV/AIDS”, the research explores aspects of the caregivers’ experiences and identifies that stress for caregivers is a result of not fully understanding the changes that occur with HIV. Caregivers do not necessarily understand the impact HIV can have on the body. This lack of information can create a potentially stressful situation between the person being cared for and the person giving care. The research acknowledges that this directly results in withdrawal of the caregiver from his or her social network because of what is perceived by the caregiver as a stigma surrounding HIV/AIDS and fear of discrimination and ostracism.

Unfortunately, there are only a limited number of resources specifically designed to help the caregiver deal with the effects of HIV. Many of the support systems available deal broadly with caregivers in general and are not specifically related to individuals who are caregivers for people living with HIV. According to “The Impact of HIV on Caregivers”-- an article discussing the support needs of caregivers working with individuals who are living with HIV--often information and resources from Alzheimer’s organizations were applied to caregivers of individuals who are HIV-positive. While this is important information for those who need a basic understanding of being a caregiver, the generalization from other populations to individuals living with HIV is not always appropriate. For example, there is a marked difference in age among the two groups. Individuals living with HIV/AIDS most are often younger than those who suffer from Alzheimer’s. Also, medical information about HIV changes more frequently than medical information related to Alzheimer’s making it difficult for a caregiver to stay abreast on the new medical information available. Another factor inhibiting generalization is HIV/AIDS also carries a stigma not attached to other diseases. There are several reasons why support networks for caregivers working with individuals who are HIV-positive must be developed to specific account for these issues specific to HIV.

Limited choices for accessing the external support means there is no support system which addresses the needs of caregivers working with individuals who are HIV. For this reason, many caregivers are turning towards an informal system made up of one or two confidants whom they feel can be trusted with the stresses happening within their lives. The need to model a community care system has become necessary. The support of a community in which a caregiver may feel accepted and comfortable will allow them to access the support needed to buffer the stresses experienced from such a role. Through the support of a community individual caregivers have the opportunity to become educated about HIV; thus helping dispel some of their fears about HIV and allowing them to become more open in other parts of their lives. Such community support has the potential to broaden the informal support network.

I would be remiss if I didn’t take an opportunity to mention one resource for caregivers that is available within our community. THRIVE! Weekend is an educational weekend the goal of which is to inform to the community about HIV while providing an open and accepting environment for individuals to their informal support network. The information provided during THRIVE! Weekend is not only meant for individuals living with HIV. We encourage family, friends, caregivers and community members to experience our educational weekend to learn more about HIV/AIDS.

As mentioned above, one of the leading causes of stress for caregivers is not understanding HIV, the effects HIV has on the body and not knowing what one can do to help counteract these effects. During the weekend, there is also the opportunity to meet other individuals who may be in the same position as you. There is a breakoutgroup called Family, Friends, and Caregivers with a underlying theme of helping caregivers care for themselves so that they can better care for other. This is a prime opportunity to help caregivers that realize there is an informal support network out there in that community which understands and works to help those who are living with HIV. I encourage you to come to THRIVE! to experience the support available to help everyone, even those caring for others!
May is the time of year we celebrate all mothers and this month I want to talk about some issues surrounding HIV/AIDS that have particular relevance for mothers. Recently, the U.S. Centers for Disease Control (CDC) announced a new strategy urging HIV testing for all pregnant women. Dr. Julie Gerberding has said in a recent interview that “with the number of new HIV cases hovering around 40,000 annually...it is time for physicians to screen for HIV in the same way they do for other [chronic] conditions such as diabetes or hypertension”. Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases notes, “the guidelines represent a much more aggressive approach toward HIV prevention, nationally. We know that the majority of people, when they know they’re infected will become much more careful with their sexual partners. Testing is the gateway to a realization of the problem” (New York Times, April 17, 2003)

These guidelines represent a current trend toward focusing on women and their particular treatment issues. Perinatal transmission is not the only issue that concerns women and especially those infected with HIV/AIDS. Other topics that are currently under investigation include: transmission of HIV through breastfeeding, Co-infection of HIV and Herpes Virus 8 (HHV-8), immune responses to an HIV vaccine in infants born to infected mothers, inflammation in the female genital tract and vaginal HIV viral shedding, and bone mineral density in HIV-infected women. In addition, there is a growing campaign to bring attention to the potential development of microbicides for use in vaginal protection against HIV infection.

Investigation of this subject alone is turning the contraceptive world on its ear as women see the opportunity to have a greater say in protecting themselves from getting infected.

With statistics regarding infection rates from heterosexual contact steadily on the rise, researchers are paying more attention to factors such as; viral load level of the male partner, the presence of sexually transmitted diseases (STDs) and genital ulcers in either partner, trauma during intercourse, cervical ectopy and circumcision status of the male partner. The question of whether or not oral contraceptives increase the risk for infection is also being examined. How HIV is affected by the aging process, including the onset of menopause is yet another question for which there are no set answers.

With all this to consider, there is a woman here in Atlanta, who has taken on as her mission the task of educating people, especially those of African descent, with the goal of decreasing HIV statistics and promoting healthy life choices. I am speaking of Zina Age and her nonprofit company, ANIZ, Inc. (that’s Zina spelled backwards). Zina established her organization as a 501c3 entity that would empower children and adults, providing professional support and therapeutic intervention. A primary goal of ANIZ is to be a resource to African-Americans as well as other underserved populations and to those organizations dedicated to meeting their needs.

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--Sheryl Johnson
Rolling Stone is an odd magazine—sort of a rock/pop/rap biweekly featuring music news and interviews along with regular investigative reports on subjects as diverse as heroin use and presidential elections. It’s always been a publishing hybrid in search of relevancy and prestige, not unlike Playboy—a magazine that’s really all about naked women and sex despite regular bits of serious journalism. Some men claim to read Playboy for the articles; how lucky for them that the words are squeezed between photos of airbrushed babes in their birthday suits. Similarly, Rolling Stone tends to feature pop and hip-hop stars wearing next-to-nothing while simultaneously running articles designed to give the magazine an illusion of substance and depth. It’s a rather calculated pitch for relevance that, more often than not, reeks of desperation.

Take Rolling Stone’s February 6th issue, for instance. Shania Twain graces the cover. Directly to the right of her exposed navel and slightly higher than her awfully short skirt, is a little graphic exposing annavel and slightly higher than her exposed navel. Directly to the right of her exposed navel, there is a little graphic illustrating a special report on “bug chasers,” gay men who say they want to get infected with HIV. Yes, these men exist. It’s a minor phenomenon of the last decade. It’s real. It’s controversial. HIV prevention advocates and public health officials acknowledged “bug chasers” at least four years ago. Credible studies estimate that one to two percent of infected gay men sought out infection, nearly always in rash behavioral decisions that they later regretted. Oops. That sage medical journal, Rolling Stone, doesn’t care much about any of that... unless twisting and distorting it can generate greater newsstand sales.

Rolling Stone’s bug chaser article was written by Gregory A. Freeman, a married freelance writer and former Associated Press employee currently living in Roswell, Georgia. According to Freeman’s bio, he’s “an award-winning writer with 20 years experience in journalism and historical nonfiction.” A graduate of the University of Georgia and author of two books, his publicist asserts that “Freeman’s books are scrupulously researched and entirely factual, yet they read more like novels because he weaves the personal stories of his subjects into a compelling narrative.”

According to Freeman’s Rolling Stone article, a mind-boggling 25 percent of new gay male HIV infections are due to bug chasing. And Freeman bases that astonishing statistic on one doctor’s completely unsubstantiated estimate. That doctor, Bob Cabaj, is a psychiatrist and graduate of the University of Georgia and author of two books, his publicist asserts that “Freeman’s books are scrupulously researched and entirely factual, yet they read more like novels because he weaves the personal stories of his subjects into a compelling narrative.”

Freeman’s story has completely fallen apart. How many actual bug chasers did he interview? A grand total of two, one of who is undeniably mentally disturbed and quoted under a pseudonym—hardly representative of a trend.

--David Salyer
Don’t care about anything beyond their next orgasm? Rolling Stone was not compelled to explore those possibilities. The editor and publisher opted to print a preposterous, wildly exaggerated piece of crap that could only be relevant to right-wing, fundamentalist, gay-hating crazies looking for a new opportunity to denigrate homosexuals and call for AIDS funding cuts.

Note to Rolling Stone: stick to reviewing CDs and interviewing boy band members – or better yet, let’s hear you expound upon whatever lurid logic or compulsion makes pop divas like Shania Twain and Britney Spears tart themselves up like hookers for an appearance on your cover. Sounds juicy!

David Salyer is an HIV-positive journalist and AIDS educator living in Atlanta, Georgia. He is a Georgia co-chair of the Global Campaign for Microbicides, 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.

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The Emory AIDS Clinical Trials Unit is studying three different HIV drug combinations to see which one works better to fight HIV. One drug regimen contains three protease inhibitors (PI) and the others contain two PI’s. Each combination will be taken with one or two nucleoside drugs (NRTIs) that are chosen by your doctor. The NRTIs are not provided by the study.

Volunteers will receive either:
1) Kaletra + Viread (tenofovir) and one or two other nucleoside drugs.
2) GW433908 +Norvir (ritonavir) +Viread + one or two other drugs.
3) Kaletra + GW433908 + Viread + one or two other drugs.

NOTE: GW433908 is a new form of amprenavir (AgeneraseTM) that includes smaller and fewer pills than the current AgeneraseTM, but it has not been FDA-approved.
SARS and HIV

SARS, or severe acute respiratory syndrome, is a respiratory illness that has been reported in 28 countries as of press time for this issue of Survival News. At this time there have been over 5000 probable cases of SARS reported, with 321 deaths believed to be caused by this illness.

SARS has not yet been associated with HIV, however it is logical to assume that individuals with compromised immune systems will be more susceptible to SARS should they become exposed to it. Luc Montagnier, the French biologist who was the joint discoverer of HIV, and the president of the World Foundation for AIDS Research and Prevention, spoke about SARS during a press conference in Tokyo on April 21, where he expressed fear that the death rates from SARS will be much higher among people who also have HIV/AIDS. Montagnier also suggested that people exposed to the virus should reinforce their immune system with antioxidants and immunostimulants.

Ray Yip, head of AIDS prevention for the UNICEF China office has said that if SARS hits areas populated with high rates of HIV-infected individuals, those individuals who are HIV-positive will quickly die from the combined viruses. Hu Jia, executive director of the Beijing-based AIDS prevention group, Aizhixing Institute of Health Education has stated that the death rates from SARS may be approximately 4% (as of mid-April), but if it gets to AIDS villages in China, it could jump to as high as 30-40%.

How is SARS Spread?

It is currently believed that SARS is spread by close person-to-person contact, with most cases of SARS involving people who care for or live with someone with the illness, or who had direct contact with infectious materials from a person who has SARS. According to the CDC, potential ways in which SARS can be spread include touching the skin of other people or objects that are contaminated with infectious droplets and then touching your eyes, nose or mouth.

So far, it is believed that people who have SARS are most likely to be infectious when they have symptoms, such as fever and/or cough. However, it is not known how long before or after these symptoms occur that patients might be able to transmit the disease to other individuals.

In the United States, most cases of SARS are directly attributable to people who have either traveled to one of the countries having the highest number of suspected cases of SARS, most notably China, or having come in direct contact with an infected person.

---Dan Dunable

SARS has not yet been associated with HIV, however it is logical to assume that individuals with compromised immune systems will be more susceptible to SARS should they become exposed to it.

What are the symptoms of SARS?

SARS usually begins with a fever greater than 100.4 degrees Fahrenheit, sometimes accompanied by chills, headache, general feeling of discomfort and body aches. After 2 to 7 days, SARS patients may also develop a dry, non-productive cough. In a small percentage of these cases, 10 – 20 percent, patients may progress to a point where insufficient oxygen is getting to the blood and they require mechanical ventilation.

What is the cause of SARS?

It is believed that a type of virus called a coronavirus is the cause of SARS. Coronaviruses are a common cause of mild to moderate upper respiratory illness in people. Scientists have found a new coronavirus in patients with SARS, and this is currently believed to be the cause of SARS, however other viruses are still under investigation as possible causes of SARS.

How is SARS treated?

Currently, it is not known what the best treatment is for SARS. Some areas have tried antivirals such as oseltamivir or ribavirin, but with no clinical trials to date, the effectiveness of these regimens are still unknown. Early information reported by the CDC suggests that ribavirin does not inhibit virus growth. Additional laboratory testing of ribavirin and other antiviral drugs is being done. Many researchers and laboratories that have been dedicated to HIV treatment research are now being used for research into the treatment of SARS.

How can we protect ourselves from SARS?

The main protection is to avoid close contact with someone who already has SARS. Cases of SARS are reported primarily among people who have direct close contact with an infected person, such as those sharing a household and health-care workers caring for those infected. There are now standard infection control procedures recommended for health-care workers to avoid further transmission of the virus.

Transmission has frequently occurred in those people who have traveled to areas where SARS is in higher numbers, primarily Hong Kong, Hanoi, Singapore and Mainland China. There have been numerous travel advisories recommending that travelers postpone all nonessential travel to these areas. For additional information about travel advisories and alerts, visit the CDC and WHO websites listed below.

(Also, see SARS Timeline on page 10)

For Further Information:

Centers for Disease Control SARS site http://www.cdc.gov/ncidod/sars/

SARS Timeline

November 16, 2003
The first case of an atypical pneumonia is reported in Southern China.

February 26, 2003
The first case of an unusual pneumonia was reported in a hospital in Hanoi, Vietnam.

March 10, 2003
A World Health Organization (WHO) officer, Carlo Urbani, MD, reports to the main office of the WHO that there have been an unusually high number of healthcare workers (approximately 20) becoming sick with similar symptoms in the hospital in Hanoi. The pneumonia is now beginning to be referred to as Severe Acute Respiratory Syndrome (SARS).

March 11, 2003
Similar outbreaks are reported in health care workers in Hong Kong.

March 12, 2003
WHO issues a global alert about cases of atypical pneumonia in Vietnam and China.

March 15, 2003
WHO issues an emergency travel advisory for SARS. They state that cases have been reported in Canada, China, Hong Kong Special Administrative Region of China, Indonesia, Philippines, Singapore, Thailand, and Vietnam. WHO also presents a case definition of SARS in this advisory.

March 24, 2003
The Centers for Disease Control and Prevention (CDC) announced that a previously unrecognized virus from the coronavirus family is the leading candidate for the cause of SARS.

March 27, 2003
WHO issues an update recommending new screening measures relating to international travel to reduce the risk of further spread of SARS.

April 2, 2003
WHO issues a travel advisory recommending that persons traveling to Hong Kong Special Administrative Region and Guangdong Province, China postpone all but essential travel.

April 4, 2003
President of the United States George W. Bush added SARS to the list of quarantinable communicable diseases, the first addition to the list since 1983.

April 14, 2003
The Centers for Disease Control and Prevention (CDC) announced that it has sequenced the genome for the coronavirus believed to be responsible for SARS.

April 18, 2003
Researchers in the Emory School of Medicine in Atlanta announced that they have demonstrated the validity of a rapid laboratory test capable of determining whether a patient has SARS.

April 23, 2003
WHO extends SARS-related travel advice to Beijing and Shanxi Province in China and to Toronto, Canada, recommending that persons planning to travel to these destinations postpone all but essential travel.

April 24, 2003
Wall Street Journal reports that AIDS researcher David Ho, who runs the Aaron Diamond AIDS Research Center in New York and was a key driver of AIDS treatment approaches now in use, said he has agreed to conduct work on potential therapy and vaccine approaches for SARS.

April 28, 2003
WHO removed Vietnam from the list of affected areas, making it the first country to successfully contain the SARS outbreak.

April 28, 2003
More than 5000 cases worldwide; as of this date, a cumulative total of 5050 probable SARS cases with 321 deaths having been reported from 26 countries.

June 17-18, 2003
WHO plans to hold an international scientific meeting in Geneva to review the epidemiological, clinical management and laboratory findings on SARS and to discuss global control strategies. A report of the meeting will be posted on the WHO website (www.who.int) following the meeting.

Sources: World Health Organization (WHO), Centers for Disease Control (CDC), Emory University School of Medicine, Wall Street Journal.
Many folks—particularly young folks—think that HIV/AIDS has become a manageable condition. Many think that they don’t really need to worry about getting infected with HIV. If they do get infected, they just start taking pills and everything will be fine. I doubt that those with this mindset really understand the true price of living with HIV.

I have been living with HIV for nearly 21 years. I was infected in 1982. To look at me one would have no idea that I was infected with HIV. It doesn’t “show” at all. There is nothing obviously physical that would give it away.

I am alive and quite healthy, no infections, no illness, pretty much a “normal” life. But it’s a normalcy that comes with a price, and that price presents itself in many forms.

There’s the price of just living with HIV, not knowing for how long or how much longer, not knowing whether I will be stricken with an opportunistic infection… just plain not knowing. (Although many can rightly claim that none of us knows our fate.)

There’s the price of stigma. Some will not date people who are infected with HIV. Others don’t want to be around people with HIV—true even after more than two decades of HIV in the world.

There’s the price of being a survivor. That brings a degree of guilt: Why am I still here when so many others have died? The other side of the price of surviving is losing those dear to you who did not survive. So grief also becomes part of the price of living with HIV.

There’s the price of living with the regimen of medications I have to follow each day. Remembering to take three HIV medications in the morning… remembering which ones I can take with food, which I must take with food, which I can’t take with food. Remembering to take another round of medications at bedtime. Again, which with food, which without, which can, which can’t. Just remembering carries a price. What if I don’t remember? What if I take something twice?

There’s the price of the side effects of the medications. Is what I am feeling because of the meds? Why does my stomach hurt? Why doesn’t food taste right? And then I end up taking another five medications every day to counteract the side effects of the HIV meds. What’s the impact on my body of all of this? How long will any of it last? If these stop working, what is available to replace them? Some of the drugs I once took I can no longer take. What happens when there aren’t any left that I can take?

Finally, there’s the monetary cost of living with HIV. The three HIV medications I take cost $3,538.87 for a three-month supply of each. That’s $14,155.48 a year just for the three HIV medications. That doesn’t include the other drugs to supplement or counteract the effects of those medications. If I didn’t have excellent insurance coverage, where would I be? Who would pay the price for those medications? My visits to the doctor every four months average over $1,000.00 each. The cost of lab work alone is astronomical. But I have to have that lab work done for the doctor to know if the medications are still working or if we need to make a change.

Sure, the marvels of medical science make living with HIV easier these days, but look at the price. Wouldn’t it be a lot cheaper to have never gotten infected? That wasn’t really an option when I became infected… we didn’t even know what was out there.

You know what’s out there. What’s your excuse? Is it going to be worth the price for you? Is it worth the price for someone you love? Is it worth the price of a condom? It’s still worth the price of a condom for me to make sure I don’t get any further infection from HIV or give HIV to someone else. I wish the only price I had to pay was just for that condom.

—Bruce Garner is a member of ATI’s Board of Directors

FOCAT Discussion Group
(Focus on Complementary Alternatives)
facilitated by Guy Pujol and Jim Faulkner

Where: Treatment Resources Center
AIDS Survival Project

When: 2nd Wednesday of May, June, July.

May 14, 2003
5:30 to 7:00 P.M.
Skin Problems, Rash, Wounds and Mouth - Gum Problems

June 11, 2003
5:30 to 7:00 P.M.

July 9, 2003
5:30 to 7:00 P.M.
Headache, Pain, Migraine, Fibromyalgia, Angina and Backache
Call for Review of AIDS Vaccine. AIDSVAX, the AIDS vaccine developed by VaxGen Inc. and reported to potentially have benefits for some minorities, continued to trigger debate as the company presented further analysis at the Keystone Symposia in Canada on Monday, March 31. AIDS activist groups are calling on the National Institutes of Health to independently review the company’s claim that the vaccine could hold promise for blacks and other minorities, while it failed for the mostly white study’s participants. Controversy over AIDSVAX’s results highlights not only scientific validity but also social impact. Some minorities and other groups rejected statements that the vaccine was a failure simply because it did not work for white participants. Several AIDS groups said the company was irresponsible to interpret data based on such a small group of minority participants. A coalition of seven AIDS groups support an NIH review to determine whether further studies of participants.should the panel find potential benefits, funding of another trial would be discussed. VaxGen spokesperson Lance Ignon said that the March 31 unveiling would be one of many chances for the scientific community to review AIDSVAX data, and he added that the company would comply with an NIH review.

Merck and Aventis Combine AIDS Drugs. Merck & Co. and Aventis SA are combining their AIDS vaccine candidates in a joint human test in the United States that will begin later this year. For reasons neither company understands, monkeys that were injected first with the Merck vaccine and then later with the Aventis medicine achieved a better immune response than monkeys given either vaccine separately or in reverse order. “It’s very clear that there’s a certain order of these candidates that’s preferred,” said Dr. John Shiver, Merck’s HIV vaccine program head. Aware that hopes for vaccine candidates have been raised and dashed numerous times, Shiver warned that the Merck and Aventis vaccine programs and newly combined effort are still in their early stages. Merck’s vaccine candidate is a modified version of a cold virus, while the Aventis candidate comes from the pox family. Merck called the French-German company to see if they could test them together. Late last year, data started to develop that a certain combination seemed to work well, Shiver said. “This is not a sign of desperation” that the companies are testing their vaccine candidates together, said Shiver. Both companies are also continuing vaccine development independently. Merck is now testing a vaccine in 1,300 HIV-positive and HIV-negative volunteers in 70 clinical sites.

AIDS Drug in Halted Trial Is Less Effective Taken Alone. The US National Institutes of Health halted the trial of GlaxoSmithKline’s AIDS drug Trizivir after it proved less effective than when used in combination with another AIDS drug, the company said. A Glaxo spokesperson said the NIH’s AIDS clinical trial

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**AIDS Vaccine Clinical Trials for Pregnant Women Only**

Sometimes HIV positive pregnant women have an increase in the amount of HIV in their blood (viral load) after their baby is born.

The Emory AIDS Clinical Trials Unit (ACTU) invites you to participate in a clinical research trial that will try to find out how often this happens and look at some of the reasons why.

Are you:
- HIV Positive?
- Female at least 18 year of age?
- Between 22 AND 30 weeks pregnant?
- Planning on taking HIV drugs for at least 8 weeks before delivery?
- Willing to take HIV drugs after your baby is born?

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

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Sometimes HIV positive pregnant women have an increase in the amount of HIV in their blood (viral load) after their baby is born.

The Emory AIDS Clinical Trials Unit (ACTU) invites you to participate in a clinical research trial that will try to find out how often this happens and look at some of the reasons why.

Are you:
- HIV positive?
- 18 years of age or older?
- Never taken HIV drugs?
- With a viral load of 2000 or greater?

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conducted three studies in parallel, one of which tested patients taking just Trizivir. In two further studies, some patients took a combination of the Bristol-Myers Squibb Co. drug Sustiva with Trizivir, while others took a combination of Glaxo’s drug Combivir with Sustiva. NIH decided to stop the Trizivir-only trial because only 74 percent of patients had a viral load of less than 200 after 48 weeks. In the other two trials, 89 percent of patients achieved a viral load of less than 200.

Software for AIDS Virus Research Has Southern Louisiana Roots. The National Science Foundation has awarded $100,000 to a Louisiana-based company that has developed software that provides real-time access to changes in complex genetic data for the research and treatment of HIV. With quick access to genetic data on both the patient and virus affecting the patient, clinicians can better evaluate how each responds to various treatments, said Susanna LeFleur, founder of Gene Johnson Inc., maker of the software. “What we’re doing is creating, for clinical researchers, clinical data and genetic data in a relational system,” LeFleur said. Analysis of genetic data in HIV research that used to take two weeks can be done in 10 minutes with the software HIVbase, said Gene Johnson Chief Management Officer Luke Dunlap. Most HIV researchers use a system that generates paper printouts of genetic sequences, and one patient can easily generate enough data to fill a 4-inch-thick binder in just a few years, he said. Data in that form is hard to access and manipulate, Dunlap said. “With a system like [HIVbase], you can easily see the [genetic] mutations and responses,” Dunlap said. “It’s instantaneous and it’s at your fingertips.” HIVbase is not the only software that tracks genetic information, but it is unique in that it gives researchers new ways to analyze data. The software can instantly compute hundreds of thousands of bits of information that comprise genetic codes and can operate on standard personal computers, Dunlap said. Gene Johnson Inc. plans to develop software for hepatitis C, called HCVbase. LeFleur said she expects to begin selling HIVbase to government, university and pharmaceutical research facilities in May. NSF is also considering an additional $750,000 award for HIVbase.

Clues to How Men Exposed to HIV Stay Virus-Free. According to researchers, men who have sex with HIV-positive women but remain virus-free carry relatively high levels of antibodies that specifically fight HIV infection in the tissue that first encounters the virus. These antibodies may help protect people exposed to the virus from becoming infected. Study author Dr. Mario Clerici of the University of Milan in Italy explained that people become infected with HIV during intercourse when the virus binds to proteins in genital tissue, allowing HIV to penetrate mucosal cells, after which it eventually spreads in the body. But in a small number of people exposed to the virus, this process does not occur. Clerici said. The study “Mucosal and Systemic HIV-1-Specific Immunity in HIV-1-Exposed but Uninfected Heterosexual Men,” published in the journal AIDS (2003;17:531-539), compared 14 HIV-negative men whose female partner was HIV-positive with seven men infected with the virus and seven men without any known risk factor for HIV infection. All of the virus-free men had been having unprotected sex with an HIV-positive women for at least four years. On average, the couples said they had unprotected sex 14 times per year, most of the recent time being within the four months before they enrolled in the study. The authors noted that 11 of these 14 men carried relatively high levels of the antibody known as IgA that specifically targets HIV in their seminal fluid. These “good” HIV-targeted antibodies were not present in the seminal fluid of the men who were at low risk of HIV exposure, according to Clerici. In addition, the concentration of these antibodies tended to be highest in men who had recently had unprotected sex with their infected female partner. Scientists have shown that IgA helps protect the body against HIV by changing its shape and barring its entry into target cells. Previous studies have also detected the presence of IgA targeted to HIV in secretions from commercial sex workers in Africa and Thailand, who have a high risk of having been exposed to HIV. Clerici said studies underway in mice and monkeys are seeking to reproduce such natural mechanisms for an HIV vaccine.

Study Looks at How HIV May Spread Through Oral Sex. Laboratory studies of mouth tissue suggest that unprotected oral sex does have the potential to transmit HIV, but one expert said it is still less risky than other routes of transmission. Dr. Xuan Liu of Charles R. Drew University of Medicine and Science and colleagues at the University of California-Los Angeles obtained oral tissue samples from over 50 healthy, HIV-negative patients and exposed the tissue to three different types of HIV. They found that two of the types could infect and reproduce within keratinocytes that line the mouth’s surface, and then transfer the infection to adjacent white blood cells. However, the level of infection in the mouth cells was much lower than that seen in white blood cells - approximately one-fourth to one-eighth lower. “HIV is able to get into [keratinocytes], but it reproduces less than it would in blood cells... because saliva contains an HIV inhibitor,” said Liu. Researchers found that keratinocytes have two receptors that bind to HIV. However, when the team used inhibitors to block HIV from attaching to those receptors, they noticed that they did not completely block transmission, suggesting that the cells may have lower levels of other receptors used by the virus. Further research is necessary to determine if the laboratory results mimic what actually happens in a living patient, Liu said. Dr. Jeffrey Laurence, senior scientific consultant for programs at the American Foundation for AIDS Research and director of AIDS Virus Research at Cornell’s Weill College of Medicine, said that keratinocytes lack two of the most common receptors for HIV transmission - CD4 and the CCR5 co-receptor. An effective vaccine would likely have to block these two primary receptors, which are found in cells that line the vagina and rectum. Laurence believes the findings indicate there is “no reason for altering safer sex guidelines that have been talked about for over 15 years.” Laurence said, “No exchange of infected bodily fluids is absolutely safe, but kissing has been shown to be of no risk, and oral sex is of much lower risk than the other traditional factors known to spread HIV.”

HIV’s Ability to Rapidly Evolve Occurs Quicker than Thought. HIV evolves more rapidly than previously thought, according to a new finding that underscores challenges to developing an effective vaccine. HIV has long thwarted both scientists and the body’s own defenses with its rapid ability to adapt. The virus’s protective envelope is a hotbed of variability, according to a new study by researchers at the University of California-San Diego and ViroLogic Inc., a South San Francisco biotechnology company. The virus mutates its protective coating “at an incredibly rapid rate” to stay one step ahead of neutralizing antibodies produced by the immune system, said Dr. Douglas Richman, the study’s lead author. The full report, “Rapid Evolution of the Neutralizing Antibody Response to HIV Type 1 Infection,” appeared in the March 18 online edition of the Proceedings of the National Academy of Sciences (10.1073/pnas.0603053100). The study provides the closest look yet at how HIV evades the body’s powerful efforts to churn out antibodies that can render it ineffective. ViroLogic’s work is part of an increasingly successful effort to describe the battle between antibodies and HIV in detailed molecular terms, said Gary Nabel, director of the vaccine research center at the National Institute of Allergy and Infectious Diseases. “It’s been our biggest challenge to developing drugs or vaccines,” he said. In recent years, HIV has been tamed in infected individuals by retroviral and other drugs that disrupt its ability to replicate, but stopping infection in the first place is more difficult. Richman said his group’s findings and methods may open a path toward more effective vaccine strategies, such as vaccines that target portions of the virus that are unable to undergo rapid changes.

Insurance Fights Grow on ‘HIV Retirement.’ Since the development of a new class of HIV drugs in the mid-1990s, many people who had gone into “HIV retirement,” as their nonworking status is often referred to, are in limbo. They once assumed they would die an early death, but the drug regimens have allowed them to survive longer than they ever thought possible. This means that insurance companies that once approved AIDS-related disability claims, expecting that the payments would end in a year or two, may have to support patients for decades. Winthrop Cashdollar, a disability expert at the Health Insurance Association of America, a trade group of Washington, acknowledged that insurers had to change their policies about reviewing HIV-related claims to correspond to the new medical
real. “Until fairly recently, AIDS was an imminent death sentence, so claims tended to be approved quickly and paid,” Cashdollar said. “And perhaps there was no review to speak of. Now there has to be, because HIV/AIDS has become manageable, like some other diagnoses.” The trade association does not keep statistics on how many HIV-positive people are receiving long-term disability. But Per Larson, a New York financial analyst for HIV-positive people, estimated that the figure was easily in the tens of thousands. Doctors who treat people with HIV/AIDS are frequently caught in the middle. Dr. Stephen Becker, a San Francisco primary care physician, said the time he spends defending disability claims has increased markedly in the last three years. And many disability insurers he has dealt with, he said, seemed to resist the notion that patients who are HIV-positive can remain disabled even though their lab-test results may improve. One problem is that some symptoms caused by HIV and the drugs used to treat it can be harder to measure objectively. And the disability companies, he added, scour medical records for signs that the person can work again. “If the person doesn’t note a symptom in the charts every time, the insurers construe that absence as a sign that the person is better,” Becker said. “I think they’re playing hardball.”

**Hospital Worker Sentenced to Jail for Forging AIDS-Drug Prescriptions.** A former employee of Montefiore Medical Center received up to five years in prison Monday, March 24, for forging AIDS drug prescriptions and selling the drugs on the black market. Enrique Rojas, an HIV education coordinator at the Bronx hospital, was sentenced and ordered to pay more than $1.7 million in restitution, said New York Attorney General Eliot Spitzer. Rojas, of Bronxville, N.Y., pleaded guilty to grand larceny in the first degree in July. Rojas had faxed hundreds of forged prescriptions for the drug Serostim to out-of-state pharmacies for a nine-month period, Spitzer’s office said. Believing the prescriptions to be legitimate, the pharmacies then filled them, sent the drug to addresses Rojas provided, and billed Medicaid, which reimbursed providers $6,300 for a month’s supply of Serostim. Rojas admitted to selling Serostim on the black market. Spitzer said a month’s supply of the drug carries a street value of $3,000-$3,200.

**Woman Charged with Criminaly Transmitting HIV to 200 Partners.** A Jacksonville, Fla., woman is facing charges that she criminally transmitted HIV to at least 200 unprotected partners. Melissa Jernigan, 24, told police that she tested positive for the virus in 1999 and continued to have unprotected sex. It is a third-degree felony in Florida, punishable by five years in prison, for an HIV-positive person to have sex with a partner without first informing them about the diagnosis. “This crime is actually in the area of attempted murder,” said Sgt. H.R. Atkinson of the Duval County Sheriff’s Office sex crimes unit. Jernigan was being held Friday at the John E. Goode Pre-Trial Detention Facility in Jacksonville.

**UN Launches First Comprehensive Web Site on Gender and HIV/AIDS.** In an effort to place gender equality at the center of the fight against HIV/AIDS, the UN has launched its first comprehensive Web site that promotes understanding, knowledge and action on the epidemic as a gender and human rights issue. “By bringing knowledge and information to the global community, we are able to empower women,” said Noeleen Heyzer, executive director of the UN Development Fund for Women (UNIFEM). Designed to be user-friendly, informative and interactive, the site offers research, training materials, surveys, advocacy tools, current news and opinion pieces by leading experts. “This online resource center is a practical step forward by UNIFEM and UNAIDS together, designed to improve the support for the millions of women around the world living with HIV and affected by the epidemic,” according to UNAIDS Executive Director Peter Piot. Visit the Web site at: http://www.genderandhiv.org.

**Half of HIV Cases Spread Heterosexually in Europe.** The number of women being diagnosed with HIV in Europe is quickly catching up with men, raising the risk of more babies being born to infected mothers, researchers warned Wednesday, March 19. ISIS Research Plc, a health care market research agency, said its analysis of HIV figures showed just how fast this was happening in Europe, even though transmission remains the dominant route of infection. ISIS analyzed 3,000 European patients on HIV therapy from July-October 2002 and found 308 patients had been newly diagnosed with HIV earlier that year. Of these, 51 percent were infected through heterosexual contact and only 36 percent as a result of homosexual contact. Yet, ten years ago, the transmission routes were 28 percent heterosexual and 38 percent homosexual.

ISIS examined 3,000 US patients and found that new HIV diagnoses were 51 percent homosexual and 31 percent heterosexual by route of infection. ISIS analyst Amanda Zeffman said that numerous factors, including different ethnic origins and awareness campaigns, account for the differences in the epidemic between Europe and the United States.

The gap is narrowing, however, as more US heterosexuals become infected. The number of European females being diagnosed with HIV is “fast catching up with the number of males,” said the report, with the consequent risk of more babies being born to infected mothers. The question arises of “which treatments to use or avoid during pregnancy and at the time of birth to prevent” mother-to-child HIV transmission. On a positive note, the report said initiatives to supply sterile needles to drug users seemed to be effective, with HIV transmission via intravenous drug use now almost eradicated in France, Germany and the United Kingdom and significantly reduced in Spain and Italy. However, in the United States, where initiatives are less widespread, infection rates have dropped less.

In Sweden, a Proposal for Nationwide Needle-Exchange for Drug Addicts. Sweden’s drug policy coordinator said Wednesday, March 5, that it should follow international examples and permit nationwide needle exchange programs. Such programs are credited with curbing the spread of HIV and hepatitis C in other countries, although Sweden has been reluctant to implement a national needle exchange policy. In his proposal to the center-left Social Democratic government, drug policy coordinator Bjorn Fries said that two trial programs in the

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**Positive Impact, Inc. presents:**

**Women’s Issues Group**

co-facilitated by Debbie Pottinger

starting:

Tuesday, May 13

5:30 - 7:00 PM

159 Ralph McGill Boulevard
6th Floor
Atlanta, GA 30308
404-589-9040

This is a drop-in group for all women living with HIV, from those newly diagnosed to long-term survivors, who are looking for support from other women. The group addresses adjusting to new diagnoses, relationship issues, treatment question and other issues relevant to HIV-positive women.

**POSITIVE IMPACT, INC.**

Our mission is to facilitate culturally sensitive mental health and prevention services for people living with HIV.
AIDS drugs, ignoring patents issued before 1997, when the country signed an intellectual property law to join the World Trade Organization. Brazil also threatened to break more recent patents unless drug companies granted large discounts on the AIDS drugs they produce. They complied, and Brazil has so far respected newer patents. Schwartlander was vague about the source of the money to pay for the treatments in this largely poor continent. “The increase [in coverage] depends fundamentally on the governments of the countries and funding from institutions like the World Bank and the Global Fund,” said Schwartlander. Paulo Teixeira, the coordinator of Brazil’s AIDS program, said WHO had failed to use its muscle to reduce the price of AIDS drugs. “Unity among different countries has shown itself to be fundamental in reducing the price of medications. However, these results would be very much better if there was clear leadership from the WHO and other international bodies,” Teixeira said. “From the multilateral organization there is a lack of action on the question of patents, regional funds, local drug production and quality control for generics,” he said.
Chronicles, continued from page 15

media Wednesday, March 26, show that more than 300,000 Chinese will contract HIV during 2003. According to health ministry data reported in the China Daily, China had more than 1 million HIV cases last year - a figure projected to increase by more than 30 percent annually. Previous reports indicate that about 100,000 Chinese have AIDS, and this number is estimated to double over the next five years. The paper said the government has put together a task force on AIDS vaccine research and welcomes foreign pharmaceutical companies and research institutes to participate in the Chinese search for a vaccine, although human trials are not permitted. If a foreign company's efforts achieve a breakthrough and it desires to use locals for a vaccine study, it must seek permission through a local partner, the paper said.

Walks Step Out to Boost AIDS Awareness. About 200 people turned out for Saturday's AIDS Walk (on March 8) at the Myrtle Beach, S.C., Pavilion to promote HIV/AIDS awareness and raise money for CARETEAM, a nonprofit social services agency. CARETEAM Executive Director Valerie Harrington said Saturday's walk was a success, and at least five new volunteers were registered. "We are thrilled with the participation we had this year," said Harrington. CARETEAM offers comprehensive case management services to those with HIV/AIDS, including housing assistance, counseling and medical help. Harrington said that there are currently about 1,800 known HIV cases in Horry, Georgetown and Williamsburg counties; she could not estimate how many unreported cases there may be in the area. By promoting prevention, Harrington hopes to stem the increase in new HIV/AIDS cases among females, which she attributes to growing complacency. "It is not in the public eye like it should be. And people are not aware that it's in this community," she said. "Many women still think it's a problem for the gay man."}

Walk Raises $500,000 to Fight AIDS. An estimated 7,500 people helped to raise more than $500,000 in the Sunday, March 9 AIDS Walk Houston, organizers said. Money raised during the 14th annual downtown walk will help fund AIDS Foundation Houston and 13 other agencies that provide education, counseling, housing, food and medical care to thousands. Kelly Rowland of the Houston-based R&B group Destiny's Child appeared at Sunday's event to focus the black community's attention on preventing HIV/AIDS.
POSITIVELY PERSONAL

Seeking Men
• GWM, 40’s, masculine, muscular, 5’5”, 135, Atlanta house and 50 acre farm north of Gainesville. Into outdoors, travel, ISO masculine, versatile, self-confident, independent 30-50 y.o., 5’6”-5’,11”, under 175 lbs. Jason 706-770-7400. (05/03)
• HIV+, 40 y.o. seeks friends in the field of helping persons newly released from prison. Not seeking relationships, funds or games. Friends who can help with info on housing and real friendships wanted and needed. George K. Pitts, EF 232663, BSP, P. O. Box 1700, D3-41, Hardwick, GA 31034-1700 (05/03)
• WM, 35, seeks LTR. Easy going, good sense of humor, 5’7”, 170 lbs., Brn. hair, grn. eyes. Soon to be released from prison, will send photos with response. Johnny Tanner, EF 308763-1G-72, Scott State Prison, P. O. Box 417, Hardwick, GA 31034-0417. (05/03)

Seeking Women
• Italian, 6’2”, 200lbs., poz for 18 years and I need a woman to love me. I love sports, scuba diving, camping and dancing. Will answer all responses. Tony Raposa, Southeast Probation Detention Center, P.O. Box 869, Claxton, GA 30417 (05/03)
• SBM, 37, newly dx HIV+, caring, passionate, handsome, healthy, seeks nice caring female to share, friendship, race/age unimp. Robert Pullin, BK# 0222815, 55 S 400, 901 Rice St., Atlanta, GA 30318 (06/05)
• WSDM, 32, sks nice lady, 25-40, country boy, Danny Scott Spillers, EF 421295, Bostwick State Prison, P. O. Box 1700, Hardwick, GA 31034 (05/03)

Roommates
• ASAP! Quiet and employed, GWM roomate wanted to share large 2 bedroom/2 bath apartment with sunroom, laundry, off street parking. Quiet neighborhood in Lawrenceville. $450.00 per month including utilities except cable and long distance. Stand last month’s rent required. Sorry no pets. Contact: Ron DeNardo 770-931-0489 or therubdownman@msn.com (07/03)

DONATIONS
• “Buying Your Home is not a Science...It’s an ART!” Art Auerbach (Paris & Associates Realty) Long time volunteer and old friend of AIDS Survival Project will donate the equivalent of 25% of the commission he receives for each buyer or seller referred from AIDS Survival Project. If you are ready to buy or sell a home or condo, call Art at 404-321-1930 or on the web at www.TheARTofAtlantaHomes.com. You will receive great real estate assistance and ASP will benefit from a generous donation! Be sure to tell Art you are an ASP referral!

SERVICES
• Graded Benefit Whole Life Insurance Policy. Available with no questions asked for ages 40-80, face amounts $1000 - $25,000. Permanent protection for your whole life. Premiums never increase. call Brian Freeman at 404-233-5411, ext. 231 for further information. (02/02)

All Classifieds are printed free of charge. Roommates, Jobline, Services, and Misc. listings are usually run for one month only. Personal ads for two months. To place ad, send written copy to 159 Ralph McGill Blvd., Suite 500, Atlanta, GA 30308; Personal ads should use the form below, and be clearly marked as "PERSONALS." Do not call our office to place an ad, unless correcting a mistake. Deadline for all ads is the 1st weekday of the previous month. AIDS Survival Project reserves the right to edit ads as necessary, and is not responsible for the content or credibility of any ad.

The 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 people who cannot afford to purchase a subscription; however, we ask that anyone who can afford to subscribe, do so.

☐ I am a person living with HIV/AIDS and want to be a member of the 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: __________________________________________________________
Phone Day:________________ Evenings: __________________________
City, State, Zip: _______________________________________________________

☐ I would like to make a donation in Memory of:
☐ I would like to make a donation in Honor of:

Please send this form to: AIDS Survival Project, 159 Ralph McGill Blvd, Suite 500, Atlanta, GA 30308. Thanks!