Coverage Changes Are Coming: Get the Facts Now

by Sarah Biel-Cunningham

In 2003, Congress enacted the Medicare Prescription Drug Improvement and Modernization Act, which created a new opportunity for Medicare beneficiaries to become eligible for prescription drug coverage under a new plan called Medicare Part D, to begin in January 2006. Under this new plan, Medicare beneficiaries will have to choose to enroll in either a private prescription drug plan or in Medicare Advantage, a managed care plan that includes prescription drug coverage. Although this is a solid step in providing access to needed medical resources for those who benefit from Medicare, there is a group of individuals that will be greatly impacted by this change.

Currently, there are approximately six million individuals considered “dual-eligibles,” e.g., people who are enrolled in both the Medicare and Medicaid programs to provide their healthcare needs. Currently, Medicare and Medicaid work together to provide a comprehensive medical plan: Medicare covers basic health services, while Medicaid helps to cover the cost of Medicare premiums and to cover important benefits that Medicare does not offer, such as prescription drug costs and long-term care. Individuals who use both programs have limited financial means and more extensive medical needs. Many individuals living with HIV/AIDS use both programs and are considered to be in the dual-eligible category.

Beginning in Fall 2005, individuals who are in the dual-eligible category will be asked to identify and enroll in one of a minimum of two prescription drug plans offered through Medicare Part D. Understanding the options that will be available is extremely important for dual-eligibles, because a plan is not self-selected before January 1, 2006, those individuals will be automatically enrolled in a randomly selected prescription drug plan. The drug coverage offered through Medicare Part D will not necessarily be the same benefits afforded through Medicaid, so it is most important for dual-eligibles to understand the changes in order to make an informed decision.

All private prescription drug plans utilized by Medicare, regardless of the company, will include a monthly premium and an annual deductible. To help offset these additional costs, there will be substantial assistance offered through subsidies to those individuals who are considered dual-eligible and have restricted financial resources. One major concern to be aware of in choosing a plan: Prospective enrollees are not given information about whether specific drugs are covered or what the costs will be before they have a chance to decide whether or not to enroll. There is a one-year commitment for each prescription drug plan; every year between November 15 and December 31, enrollees will have the opportunity to change plans, if necessary.

Advocates for individuals accessing both Medicare and Medicaid have concerns with this new law. The worry is whether the new Medicare drug plan will be able to provide the comprehensive coverage necessary to give dual-eligibles the quality of services desired under Medicare and Medicaid.

CONTINUED ON PAGE 8
I’d like to share some exciting news with the entire AIDS Survival Project family. After many months of reflection and introspection, I have made the decision to seek a slightly new role here at AIDS Survival Project. While I do not plan on leaving the agency any time in the near future, I have informed both the board and staff that I intend to step down as executive director when my contract ends in August. Both the board and I share the goal of defining a role that allows me the freedom to focus more time and energy into expanding our advocacy program.

What I need everyone to know and understand is that this decision was made because of my great love for AIDS Survival Project, my concern for the people we serve, and my passion for social justice. I feel now is the best time for me to make this transition for several reasons.

Primarily, the time is right because the agency is so strong. Under the leadership of Board President Susan Cornutt, our entire board of directors is more unified, active and effective than at any time in the agency’s past. It has been a great honor and privilege to serve under their guidance and I look forward to continuing to work with them in the future. There is truly no group of individuals more concerned, knowledgeable and committed to empowering people living with HIV than our own board of directors.

Equally as strong is our staff team. Earlier this year, the staff met for our annual operations retreat and recommitted to ensuring that all of our services honor our commitment to the core values of Equal-

Board Nominations Wanted

One of the hallmarks of AIDS Survival Project is our governance by people living with and affected by HIV. Although at least half of our board is required to be HIV+, anyone is eligible for nomination to the board, regardless of HIV status. Self-nomination is strongly encouraged, and we are especially interested in hearing from women and people of color. Potential board members will be interviewed by the Human Resources and Board Development Committee, and a full slate of candidates will be submitted for election at our Annual Membership Meeting in the fall.

Board membership requires a commitment to the philosophy of self-empowerment for HIV-affected individuals through advocacy, education, peer support and treatment activism. Board members work hard but are rewarded by knowing that their skills and expertise provide the backbone for the good work of our agency.

The time commitment varies, but requires attendance at monthly board and committee meetings. If you are interested in nominating yourself for election the board of directors, please call (404) 874-7926 ext. 17 and leave a message for Eddie Young, Vice-President, or send an e-mail to info@aidssurvivalproject.org. All nominations must be submitted by Friday, June 3, 2005. A complete list of individuals up for election to our board will, along with an absentee ballot, appear in an upcoming issue of Survival News.

AIDS Survival Project Staff

Jeff Graham .......................... Executive Director
Carmen Giles .......................... Associate Director
Greg Carroll......................... Director of Development
Sarah Biel-Cunningham .......... Director of Prevention Services
Cara Emery ......................... Manager of Treatment Education
George Burgess .................... Treatment Education Assistant
Kevin English ...................... Manager of Prevention Counseling
Mary Lynn Hemphill ............... Manager of Peer Counseling
Sheryl Johnson ..................... Manager of Community Outreach
Rob Nixon .......................... Manager of Communications
Patricia Morse ..................... Linkages to Care Coordinator
Joe Greenwood .................... HIV Pre- and Post-Test Counselor
Clay Allen ......................... HIV Pre- and Post-Test Counselor

Share Project Staff

Chuck Cherry ....................... Project Director
Howard L. Pope ..................... Research Associate

Member of 

AIDS SURVIVAL PROJECT
139 Ralph McGill Boulevard NE, Suite 201
Atlanta, Georgia 30308-3339
Phone ........ (404) 874-7926
TTY .......... (404) 524-0464
Fax ........ (404) 524-2462
Toll-Free 1 (877) AIDS-444
Web Site.......................... www.aidssurvivalproject.org
E-Mail ................................... info@aidssurvivalproject.org

Volunteer Contributors

Chris Companik Nicholas Forge, M.A. Guy Pujol, D.Min.
Ernie Evangelista Rev. Mark Shepherd
Jim Faulkner Rev. Ron Kolb David Salyer

AIDS SURVIVAL PROJECT 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).

News and resources included in this publication are for informational purposes only and do not constitute any endorsement or recommendation of or for any medical treatment or product by AIDS Survival Project. With regard to medical information, AIDS Survival Project recommends that any and all medical treatment you receive or engage in be discussed thoroughly with a competent, licensed and fully AIDS-informed medical practitioner—preferably your personal physician. Opinions expressed in various articles of this publication are not necessarily those of AIDS Survival Project members. Any individual’s association with AIDS Survival Project or mention of an individual’s name should not be considered an indication of that person’s health status. Please contact AIDS Survival Project for permission to duplicate any information contained within this publication. Subscribers may contact the ASP office to have their copies mailed to them in a plain sealed envelope.

Circulation .......................................................... 5,300
Survival News is circulated to nearly 5,300 people of color.  Potential board members will be interviewed by the Human Resources and Board Development Committee, and a full slate of candidates will be submitted for election at our Annual Membership Meeting in the fall.

Survival News

Eric L. Watts .......................... Editor & Graphic Designer

Circulation .......................................................... 5,300
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).

News and resources included in this publication are for informational purposes only and do not constitute any endorsement or recommendation of or for any medical treatment or product by AIDS Survival Project. With regard to medical information, AIDS Survival Project recommends that any and all medical treatment you receive or engage in be discussed thoroughly with a competent, licensed and fully AIDS-informed medical practitioner—preferably your personal physician. Opinions expressed in various articles of this publication are not necessarily those of AIDS Survival Project members. Any individual’s association with AIDS Survival Project or mention of an individual’s name should not be considered an indication of that person’s health status. Please contact AIDS Survival Project for permission to duplicate any information contained within this publication. Subscribers may contact the ASP office to have their copies mailed to them in a plain sealed envelope.

Volunteer Contributors

Chris Companik Nicholas Forge, M.A. Guy Pujol, D.Min.
Ernie Evangelista Rev. Mark Shepherd
Jim Faulkner Rev. Ron Kolb David Salyer

AIDS SURVIVAL PROJECT 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).

News and resources included in this publication are for informational purposes only and do not constitute any endorsement or recommendation of or for any medical treatment or product by AIDS Survival Project. With regard to medical information, AIDS Survival Project recommends that any and all medical treatment you receive or engage in be discussed thoroughly with a competent, licensed and fully AIDS-informed medical practitioner—preferably your personal physician. Opinions expressed in various articles of this publication are not necessarily those of AIDS Survival Project members. Any individual’s association with AIDS Survival Project or mention of an individual’s name should not be considered an indication of that person’s health status. Please contact AIDS Survival Project for permission to duplicate any information contained within this publication. Subscribers may contact the ASP office to have their copies mailed to them in a plain sealed envelope.

Circulation .......................................................... 5,300
Survival News is circulated to nearly 5,300 people of color.  Potential board members will be interviewed by the Human Resources and Board Development Committee, and a full slate of candidates will be submitted for election at our Annual Membership Meeting in the fall.

Survival News

Eric L. Watts .......................... Editor & Graphic Designer

Circulation .......................................................... 5,300
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).

News and resources included in this publication are for informational purposes only and do not constitute any endorsement or recommendation of or for any medical treatment or product by AIDS Survival Project. With regard to medical information, AIDS Survival Project recommends that any and all medical treatment you receive or engage in be discussed thoroughly with a competent, licensed and fully AIDS-informed medical practitioner—preferably your personal physician. Opinions expressed in various articles of this publication are not necessarily those of AIDS Survival Project members. Any individual’s association with AIDS Survival Project or mention of an individual’s name should not be considered an indication of that person’s health status. Please contact AIDS Survival Project for permission to duplicate any information contained within this publication. Subscribers may contact the ASP office to have their copies mailed to them in a plain sealed envelope.

Volunteer Contributors

Chris Companik Nicholas Forge, M.A. Guy Pujol, D.Min.
Ernie Evangelista Rev. Mark Shepherd
Jim Faulkner Rev. Ron Kolb David Salyer

AIDS SURVIVAL PROJECT 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).

News and resources included in this publication are for informational purposes only and do not constitute any endorsement or recommendation of or for any medical treatment or product by AIDS Survival Project. With regard to medical information, AIDS Survival Project recommends that any and all medical treatment you receive or engage in be discussed thoroughly with a competent, licensed and fully AIDS-informed medical practitioner—preferably your personal physician. Opinions expressed in various articles of this publication are not necessarily those of AIDS Survival Project members. Any individual’s association with AIDS Survival Project or mention of an individual’s name should not be considered an indication of that person’s health status. Please contact AIDS Survival Project for permission to duplicate any information contained within this publication. Subscribers may contact the ASP office to have their copies mailed to them in a plain sealed envelope.

Circulation .......................................................... 5,300
Survival News is circulated to nearly 5,300 people of color.  Potential board members will be interviewed by the Human Resources and Board Development Committee, and a full slate of candidates will be submitted for election at our Annual Membership Meeting in the fall.

Survival News

Eric L. Watts .......................... Editor & Graphic Designer

Circulation .......................................................... 5,300
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).

News and resources included in this publication are for informational purposes only and do not constitute any endorsement or recommendation of or for any medical treatment or product by AIDS Survival Project. With regard to medical information, AIDS Survival Project recommends that any and all medical treatment you receive or engage in be discussed thoroughly with a competent, licensed and fully AIDS-informed medical practitioner—preferably your personal physician. Opinions expressed in various articles of this publication are not necessarily those of AIDS Survival Project members. Any individual’s association with AIDS Survival Project or mention of an individual’s name should not be considered an indication of that person’s health status. Please contact AIDS Survival Project for permission to duplicate any information contained within this publication. Subscribers may contact the ASP office to have their copies mailed to them in a plain sealed envelope.
**Dateline: ASP**

**Hot News for the Warm Months**

Spring and summer are heating up with exciting developments here at AIDS Survival Project. To start with, we recently completed our biggest and most successful Art of Dining fundraiser in its three-year history at The Lowe Gallery on Friday, April 15. The bidding was hot and heavy, with one-of-a-kind hand-decorated plates and other kitchen-related items by the cast of *Queer Eye for the Straight Guy*. Honorary Event Chair Lynne Russell (author, designer and former CNN anchor), celebrity emcee Mara Davis (Dave FM 92.9 deejay, who led the live auction part of the evening), such internationally acclaimed artists as Robert Sherer and Larry Jens Anderson, and dozens more. Thanks to all the artists, donors and hard-working team of volunteers who made this such a success. And to The Lowe Gallery, which donated its entire space for the night, and its wonderful staff who made things run so smoothly in their beautiful and prestigious gallery.

A special thanks goes out to Drew Plant for his incredible work on Art of Dining 2005. Drew took on the event as chair this year, and he and his super committee (including auction maven supreme Joan Campitelli, Jim Brans, Chad Boyd, Alex Wan and Jay Matheny) not only brought in many fabulous auction items and an eclectic array of delicious food treats, but also raised a record amount in sponsorships for the third annual installment of this unique fundraiser. Please check the large ad in this issue for a list of all those who contributed food, drink and sponsorship money to the event.

**Elton John AIDS Foundation**

A special mention needs to be made of the great support from the Elton John AIDS Foundation, which has provided ASP with the basis for valuable matching funds efforts. The total benefit from The Art of Dining was raised to an even greater level as a result of this support. EJAF matched dollar-for-dollar all funds raised through Host Committee sponsorships and ticket prices paid above the minimum $20 admission.

In addition to the matching funds for Art of Dining, the Foundation is providing additional support to ASP this spring in the form of a testimonial from EJAF Executive Board Member Barron Segar, who also serves on the AIDS Survival Project board. By now, you may have received in the mail (or will soon) our annual Spring Donation Campaign letter, asking for your support for vital support services that have been underfunded by federal dollars this year. In his appeal, Barron cites the high esteem held by the Elton John AIDS Foundation for AIDS Survival Project. Recognizing ASP as a “model agency,” Barron says, the Foundation is pleased to continue the support it has given ASP since 2003.

“The Foundation has made financial contributions to AIDS Survival Project in the past and recruited other organizations to do the same,” Barron writes. “But that support alone is not enough. And it is no longer possible to count on government funding to cover the ever-changing and growing needs of the thousands of people ASP serves every year. In this time of budget cuts and belt-tightening by federal and state governments, many of the programs that provide hope, health, support and life are being threatened. As a caring community, we cannot let that happen.”

Barron is joined in the appeal by ASP Board President Joan Cornutt, who writes about how such programs as THRIVE! Weekend, Peer Counseling and Treatment Education have directly contributed to her life as “a happy, healthy, informed and active woman living with HIV.”

If you haven’t received an appeal letter, but would like to contribute, contact Development Director Greg Carraway at (404) 874-7926 ext. 18 or GCarraway@aidssurvivalproject.org. You can also contribute securely online by going to www.aidssurvivalproject.org/donate/fundcampaigns.html.

**Advocacy**

Elsewhere in this issue, Executive Director Jeff Graham provides a wrap-up of the most important current issues and developments in the area of public policy and funding for AIDS services. But it’s also important to note a few events in recent months that bolstered ASP’s continuing advocacy efforts on the local, state and national levels.

On Tuesday, February 15, the organization sponsored a public policy briefing focusing on the key issues of reauthorization of the federal Ryan White CARE Act and actions in the Georgia General Assembly affecting people with HIV/AIDS in the state. This event was made possible through the Host Committee donations of a number of people and generous support from the law firm of Alston & Byrd and Ken Britt, who supplied the venue as well as food and bar for the evening.

The briefing included a special presentation by Hunter Carter, an attorney with Arent Fox (New York and D.C.), the lobbying firm for Ryan White CARE Act issues through the national CAEAR (Communities Advocating Emergency AIDS Relief) Coalition, and a board member of the Gay & Lesbian Victory Fund. Hunter’s presentation educated the audience of about 100 on all the aspects and political realities involved in assuring that Congress reauthorizes the CARE Act this year, thereby preserving a crucial source of funding for nationwide services in all areas of AIDS care, treatment and support.

Sylvia Galey, lobbyist for HIV issues in the Georgia General Assembly on behalf of AIDS Survival Project and Georgia ADAP Task Force, spoke about a number of measures moving through the legislature, focusing attention on the need for additional funds to make up for the AIDS Drug Assistance Program shortfall in 2005. This issue was also the focus of AIDS Survival Project’s annual ADAP Lobby Day at the state capitol on Monday, February 7, in which AIDS advocates and people living with HIV spoke to their elected officials about the vital need
Good news came through this year’s Georgia General Assembly in the form of a $500,000 increase in funding for the state AIDS Drug Assistance Program (ADAP). Although the program has not had a waiting list for new enrollment since 2001, the Georgia Department of Human Resources has operated a waiting list for ADAP recipients needing the medication Fuzeon® since adding it to the formulary over a year ago. The new funds allocated by the state legislature are specifically earmarked to assist people already enrolled in ADAP-accessed Fuzeon. At this time, it is uncertain whether the current ADAP funding will keep the program open throughout the next state fiscal year, which begins on July 1.

Thanks must go out to everyone who communicated with their state lawmakers about this issue. Going into this session—the first under Republican control in over 130 years—there was a great degree of uncertainty about the level of support that would exist for ADAP funding. Luckily, this issue continues to receive broad bipartisan support, which we hope will lead to the future increases in funding that the program will need to remain open and effective.

Other news from the capitol was not as good, clearly showing that our work is far from over. In addition to attacks on reproductive rights and minority communities such as people of color and gay men and lesbians, the legislature continued to move towards limiting access to healthcare. Although some of the worst provisions, such as restrictions on what insurance companies are required to cover, were softened through the legislative process, many challenges continue to face healthcare advocates in Georgia. The Department of Community Health, which oversees Georgia’s Medicaid program, continues to move forward with their plans to enact a managed care program. Such proposals have been tried in other states, often with limited impact on containing Medicaid costs. They can also pose challenges to people living with HIV/AIDS whose infectious disease specialists are sometimes not included in the network of providers or when formularies restrict which medications are approved to treat certain opportunistic infections on side effects (see related story on page 1).

Reauthorization Updates
This year, a major focus of our advocacy efforts will center on the reauthorization of the Ryan White CARE Act. This legislation, first enacted in 1990, provides for the funding and provision of HIV-related services for those who either do not qualify for Medicaid or for the essential supportive services that Medicaid does not cover. Through five different titles, including ADAP, resources are directed at various communities throughout the country. While the reauthorization of the CARE Act itself is not in question, there are grave concerns over what changes may be made to the law and what impact these changes will have upon service provision over the next five years.

The views of Georgians will be especially important this year, as the congressional House committee responsible for overseeing the reauthorization is chaired by Georgia Rep. Nathan Deal (R-10th District). You can find out more about the specific position papers being released by visiting the ASP web site. We will have links to the various position papers, as well as action you can take to ensure that the CARE Act is passed intact and without harmful changes.
Why Do Volunteers Volunteer?

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.

We had a great time!

Thanks to all the volunteers and staff who came out for bowling and pizza in April. We had so much fun, and we invite everyone who couldn’t join us this year to come out next year.

As always, our volunteers make our success possible. Doug M. helps to make our spring volunteer appreciation bowling event happen each year. We all send Doug a heartfelt “Thank You!” for his contribution.

Why do you volunteer?

Any textbook on volunteerism will tell you the main reasons why people volunteer:

- It brings people together. You get to meet new people and make new friends.
- It promotes self-growth. You can use your skills and learn new skills.
- You make a difference. Volunteering makes you feel appreciated and needed. It provides an opportunity to give back what has been given to you.
- It strengthens our community and breaks down barriers of fear and misunderstanding.

I wanted to know how current, active ASP volunteers would answer this question, so I asked and below are some of the responses. I know we have some of the best volunteers in the metro area, but I didn’t expect to receive such thoughtful responses in such a timely manner. Thanks to everyone who e-mailed me their response.

“I love to volunteer because it is not what you give, but what you get in return. Where there might have been despair in the face of one person, to see that replaced with hope is a gift beyond words. Feels good.” — Joe Z.

“I volunteer with ASP as a way of giving back, and out of compassion. You never know where you might find yourself in life, one day it could be my turn! We are one big ‘human’ family and need each other. I play a very small part, but I feel blessed to be able to play that part, and I applaud ASP and the work done there.” — Joyce

“The reason why I started volunteering was because I had too much time on my hands. I was used to working and my ill health had caused me to become unemployed. Volunteering at ASP gave me back a sense of worth and motivation.” — Thea

“The God I worship demands that we each help the sick, the hungry, prisoners, the helpless and the hopeless, and strangers in need. To do so is to act as if we are helping God. If we fail to do so, we are denying God.” — Ross

“I began volunteering to help others, but the person I helped the most was me. There is nothing more satisfying than giving some of your precious time to others, because it is always the best time of your life. The most important work of my life is my service as a volunteer, because it is where I give and receive unconditional love.” — Joe G.

“For me, volunteering at ASP allows me to keep in touch with the HIV community and connect with individuals that I would not otherwise encounter. Being a peer counselor and a THRIVE! facilitator also motivates me to learn more about the impact of AIDS and affords me the opportunity to stay on top of current treatment strategies.” — Doug

“I started volunteering at ASP four years ago when I was beginning a new life for myself. ASP gave me the support and love I needed at that time. That’s my reason for volunteering and I’m still here helping the agency anyway I can.” — Antoniette

“The reason why I volunteer—that is an easy one. It is because of the people that work and volunteer at ASP. There is always a big smile or hug awaiting me when I walk in the door. Everyone is always very appreciative of all our efforts.” — Jan

What I’ve learned from all of this? People volunteer because they care.

If you don’t know where to start

Most nonprofit organizations welcome the help volunteers have to offer. Ask friends, neighbors or coworkers where they volunteer. Look in your telephone book or on the web for volunteering web sites that match you with volunteer opportunities in your area.

To volunteer at AIDS Survival Project, visit our web site for additional information or contact me, Carmen, at (404) 874-7926 or CGiles@aidssurvivalproject.org.

What’s going on with volunteers, members and staff

- Alex H. facilitated his first support group at THRIVE! Weekend.
- Michael A. is lending his volunteerism to help the Atlanta Harm Reduction Center.
- James Powell was appointed to serve an interim position on the board of directors. James is a certified public accountant, has joined the LiveWell Fund and is serving on the host committee for the Art of Dining. He will be up for election for a full term at the Annual Meeting in the fall.
- Producing a special on African-Americans and HIV, ABC World News Tonight anchor Peter Jennings visited Grady IDP. There, he interviewed board member Michael Banner, staff members Kevin English, Sheryl Johnson and George Burgess, and volunteer Richard A., among others.
- Sheryl Johnson and George Burgess were interviewed for “Snapshots: African-Americans & AIDS,” a part of the Journey to Wellness series produced by Nwandi Lawson and broadcast on WABE 90.1 FM. To hear “Snapshots,” visit www.wabe.org/health/aids/index.html.
- Nicholas F.’s internship has ended with ASP. Nicholas plans to attend Fordham University to pursue his Ph.D. We will all miss Nicholas and the tremendous contributions he has made to ASP.

A warm ASP welcome goes out to our newest volunteers

- Greg P.
- Frank T.
- Victor T.
- Preston L.
- Emily N.
- Hirokazu T.
- Thurman S.

Congratulations to volunteers and staff members who will be celebrating birthdays

In May:

- Cara E.
- Steven G.
- Sonny M.
- Steve M.
- Carolyn J.
- Gloria B.
- Jimmie S.
- Trevor T.
- Victor M.
- Greg P.
- Preston L.
- Thurman S.

CONTINUED ON PAGE 7
There is a dizzying array of HIV- and AIDS-related conferences. Most people have heard of the International AIDS Conference that is held every two years, but there are many others, and the Conference on Retroviruses and Opportunistic Infections (CROI) is one that is generally followed by care providers, treatment activists and others with an interest in the scientific side of HIV. The 12th annual CROI was held in late February and traditionally, AIDS Survival Project holds a wrap-up forum to give the community a chance to hear the latest in treatment news. For those who missed our forum on Tuesday, March 29, here is a rundown of some of the studies released at this year’s CROI. You can also use the listed resources for more information.

Individual drug adjustments?

One problem with treatment therapies has always been that medications aren’t a “one-size-fits-all” deal. One person may take an antiretroviral and have no problems, while another can’t tolerate the side effects. And some people will develop resistance even when they adhere to their regimens because they metabolize a drug differently. The idea of monitoring the level of medications in an individual, then adjusting to their optimal levels, is known as therapeutic drug monitoring, or TDM.

One study followed 199 patients who were starting a new regimen with either a new protease inhibitor (PI) or a non-nucleoside reverse transcriptase inhibitor (NNRTI). After two weeks, drug blood levels were measured and submitted to a panel of experts along with CD4 counts, treatment histories and other relevant information. The panel then issued recommendations for each patient to take either more or less of the drug, or to leave it the same. However, not all patients received the recommendations. They were randomized into two groups: one group received the expert opinions but the other did not, in order to provide a control group. The expert panel recommended dose adjustments for 67 of the patients (38%) and in 64 cases, the recommendation was to increase the dosage. Factors associated with increased dosage were higher weight or body mass index, use of Sustiva® (efavirenz) or Kaletra® (lopinavir), and belonging to a non-Hispanic ethnic group. There was no association with adherence, age or gender.

So what does this study tell us? That a lot of people probably have lower drug levels in their blood than their doctor would like to see. Whether that translates into a difference in how their disease progresses or whether they get sick isn’t known, but no doubt, future studies will address this question.

New version of “hit early, hit hard”?

Our understanding of how HIV works in the body is constantly evolving. We have known for quite a while that early in HIV infection, there is often a rapid rise in viral load, a drop in CD4 count, and sometimes a flulike illness. This episode seems to pass, and conventional wisdom held that the body regained some control of HIV infection, which slowly deteriorated over time. But researchers have always wondered what exactly is going on during the early stages of infection, and if very early treatment would change the course of infection.

One very small study of 58 subjects examined what would happen if antiretrovirals were given within six months after testing positive for HIV. Forty-five of the patients (78%) began treatment two weeks to six months, took meds for at least twelve weeks, and then stopped for at least four weeks. After 72 weeks, they had, on average, 79 more CD4 cells than a group who never received antiretrovirals. One very small group of 13 patients began treatment within six months after testing positive for HIV. Forty-two weeks, they had, on average, 125 more CD4 cells.

So what does this mean? During the conference, Dr. Douek of the National Institutes of Allergies and Infectious Diseases (NIAID) presented evidence that HIV does a lot of damage in the early stage of infection and that the body never really recovers from that initial phase. If further research bears this out, then early treatment might delay the progression of HIV. CD4 counts and viral load might stay low for many more years, delaying the need to take antiretrovirals on a permanent basis. The Emory AIDS Clinical Trials Unit is opening a similar study in those who are recently infected with HIV, so there is local ongoing research in this area.

Will switching drugs help lipodystrophy?

Well, it depends on what you mean by “lipodystrophy” and “help.” There have been previous studies to address this question as we continue to try to define both what constitutes lipodystrophy and what actually causes changes in fat distribution and lipid levels.

One study presented at CROI addressed lipodystrophy (loss of fat) in the arms and legs. This study looked at patients who had lipodystrophy and were taking antiretroviral combinations containing either AZT (Retrovir®) or zidovudine) or d4T (Zerit® or stavudine). They were then randomly assigned to replace those drugs with either Ziaingen® (abacavir) or Viread® (tenofovir). After 48 weeks, there was a significant increase in the amount of fat in the limbs. It didn’t seem to matter which drug they were switched to so far as regaining the fat, but a few more people stopped taking the Ziaingen than the Viread, due to side effects. There were other studies presented at CROI on switching drugs to avoid lipodystrophy and/or high cholesterol, and they, too, indicate that changes in drug therapy can be helpful.

There were several hundred other abstracts and posters presented, covering everything from mental health and substance abuse to the very latest antiretrovirals under development to hepatitis C infection... and the list goes on. If you missed our community forum on the 12th annual CROI, you can get a lot of information from the Internet, or stop by our Treatment Resource Center here at AIDS Survival Project.

For More Information

- The official CROI web site. Lots of written information, and some of the presentations are available in video and audio downloads. www.retroconference.org/2005/home.htm


- The National AIDS Treatment Advocacy Project (NATAP) has assembled an excellent list of the new antiretrovirals that were covered at the conference. www.natap.org/2005/CROI/croi_42.htm

- NATAP also has their own coverage, too. www.natap.org/2005/CROI/croi.htm

CROI 2005
February 22-25, 2005
Hynes Convention Center
Boston, Massachusetts

Treatment News

News from the 12th Annual CROI
Introducing the Linkages to Care Program

It is estimated that 300,000 people in the U.S. who know they are HIV+ are not accessing medical care. The inability to access medical care is influenced by many factors, including feeling healthy, fear and denial, lack of money and/or transportation, language barriers and misinformation. However, with appropriate medical care, we know that the quality of life for these individuals can increase. With ongoing preventative medical care, individuals can experience less infection, increased knowledge of HIV/AIDS, increased knowledge of harm reduction techniques and an increased ability to connect with other community resources.

Currently, the continuum of care relies on case managers to work with clients on the barriers to medical compliance. However, traditional case management is designed to assess a client’s needs and coordinate, evaluate and monitor a package of multiple services to meet the total of those needs. It is not a service provided with the specific goal of linkage to medical care. In addition, traditional case management is accessed in conjunction with medical care services. If people are not accessing medical care, how can they effectively access case management?

The Antiretroviral Treatment and Access Study (ARTAS) was designed to bridge that gap. The study assessed the efficacy of a brief intervention, using Strengths-Based Case Management to engage newly diagnosed folks into medical care. Due to the positive results of this study, the CDC has awarded a grant to ASP subcontracted with Our Common Welfare, to conduct the program evaluation portion of the project, The Linkages to Care Program: ARTAS 2.

The Linkages to Care Program will recruit participants from AIDS Survival Project’s and Our Common Welfare’s counseling and testing programs, as well as other community counseling and testing sites. Participant eligibility is:

- 18+ years old
- HIV+ diagnosis within the last six months
- no previous medical care for HIV/AIDS, and
- income less than 200% of the Federal Poverty Level

Participants will be assigned a care coordinator (typically referred to as a case manager) who will provide a five-session intervention, grounded in the Strengths-Based Case Management (SBCM) model. The end goal is to successfully link participants to medical care.

The SBCM approach was developed at the University of Kansas School of Social Welfare in the early 1980s. It has been used primarily in the field of substance abuse and is now being translated to work within the field of HIV/AIDS. SBCM has been shown to increase the commitment that clients experience in the process of accessing services, teaching self-advocacy and reducing feelings of denial and resistance. During interactions, the care coordinator does not focus on what the client has done wrong in the past but focuses on the client’s strengths instead. This teaches clients to recognize the motivation and personal strengths they possess that have led them to being successful in the past. For example, we may ask, “Is there a time in your past that you remember as being really challenging? How did you handle that? What strengths do you see that you used during that time?” We then use these identified strengths to set goals for the future.

At the core, SBCM is completely client-driven. All goals, meeting places and meeting times are set by the client. The care coordinator is then able to transform from a role of teacher/instructor to that of a guide. As a guide, the care coordinator must have a deep understanding of community resources. We are challenged, at every turn, to look at our community as a sea of resources, not as barriers. This is best evidenced in the intensive outreach prescribed as the first steps to participating in SBCM. A phone number and piece of paper will not suffice. Care coordinators make personal contacts and/or gain in-depth knowledge of each site a participant may be referred to prior to the referral. This is extremely important in meeting the goal of linkage to medical care. Entering medical care for HIV is a difficult process for many. Through SBCM, we hope to support folks through the initial process and create a lasting commitment to medical care.

The overarching benefit of using this model is that it does not demand that clients conform to what the community or society deems as right and wrong behavior. Because it is wholly client-driven, each interaction stems from what the client brings into the room. We are then able to celebrate cultural differences and identify the unique strengths as seen through the eyes of each individual.

While this approach to providing services may seem intuitive in many respects, it is very different from what many HIV+ folks experience when navigating the system here in Atlanta. It is a process that has been shown to change people and create a new, positive path in their lives. In meeting our goal of connecting newly diagnosed people with medical care, we also hope that through solely focusing on people’s strengths, participants are able to find the unique capabilities, innate strength and self-esteem that may have been disguised for many years. It is our expectation that the Linkages to Care Program will build upon the past success of SBCM, and continue to provide services that exemplify support, self-determination and individuality.
An Attitude of Entitlement

The African-American Outreach Initiative (AAOI) for 2005 has come and gone for another year. Last year, the entire conference was dedicated to Faye Brown-Sperling, the founder and executive director of Our Common Welfare (OCW) and one of the founding members of the AAOI planning committee. Last year, our attendance levels came in at slightly over 600 conference participants. This year, we’ll be looking at slightly under 400. The drop in attendance is not particularly a cause for concern. After six years of scheduling pretty much the same workshops and seminars, most people have attended most of the things that we offer during one year or another. After six years of successfully providing a full two-day free conference, we are looking for “fresh blood,” so to speak. Personally, I have set a goal to increase the membership of both the AAOI planning committee as well as the Ryan White Consumer Caucus that was established under the guidance of AIDS Survival Project.

AAOI is in need of (and due for) an overhaul from top to bottom. Several committee heads, including planning committee chair Sabrina Taylor as well as program chair Jeanette Nu’man, have resigned from their positions, citing the time pressures of having to juggle these unpaid positions with job, family and personal commitments. We have been blessed with strong leadership since the AAOI’s inception, but now it is time for other folks to step up to the plate.

I am very excited about the new incoming committee chair, Mr. Michael Banner. Michael was a long-term protegé of Faye Brown-Sperling and came up through the ranks of OCW. He is a fairly laid-back, soft-spoken man who knows how to get the job done. Michael is well-respected in the HIV/AIDS community and is as comfortable speaking with CEOs as he is with junkies and thieves.

Antoinette Barnes is being mentored for the program committee chair position and works with SisterLove, Inc. Given the committee members who will be staying on (at least for another year), I am excited about the prospect of expanding upon the only FREE two-day conference planned for African-Americans, mostly by African-Americans, for the purpose of easing the process of getting infected persons into medical care. There is no other conference (that I am aware of) that is planned expressly for African-Americans where one can glean information on a variety of topics from safer sex and stress reduction to buying a home, meditation and learning to advocate for oneself. All this, plus four hot, delicious meals, nice conference goodies and transportation costs covered made for a well-rounded conference experience.

That being said, I am sorry to say that I witnessed several incidents of totally inappropriate behaviors that “make me want to holler, throw up both my hands” (that’s Marvin Gaye, for the unenlightened). I want to give special kudos to Dr. Marvin Ghourm, who gave the Sunday morning inspirational talk and gave witness to “telling a testimony or a testa-lie.” The essence of his message was that if you go to a county agency for help in paying your rent and you get the help that you need, that is a testimony. If you go to three county agencies and get monies from each because you used several names, then that is a testa-lie.

Dr. Ghourm concluded his talk (and I strongly concur) by emphasizing that we must eliminate this “free for me” attitude or we will watch our resources dry up and cease to exist. When we are up against billions of dollars being funneled into wars, the depletion of our oil and gas resources and other issues, we must take care not to be greedy or there will be no services for those who really need them. Remember that if you take two tokens and you don’t really need them, you are taking them out of the hands of someone who does. Let’s think about this and take the situation very seriously before the money for the conference (and other much needed services) runs out. Peace!

ASP Board Member Michael Banner is the new Chair of the African-American Outreach Initiative.

CONTINUED ON PAGE 12
This past legislative session, the Georgia General Assembly actively sought to legislate new restrictions on access to abortion care. Ironically, for women with HIV, the concept of reproductive justice has often been more focused on finding support for being pregnant. Evolving from the overall movement for women’s reproductive rights, the concept of reproductive justice encompasses decision-making and the provision of such reproductive health issues as abortion care, contraception, opportunities for pregnancy and access to all of the above. Reproductive justice asks the question: Who has the power to make reproductive decisions and who should hold that power?

Shared concern about reproductive justice was the driving force behind a community forum and panel discussion organized by MSWs for Change (of which I am a member), Georgians for Choice and Charis Circle, and hosted by AIDS Survival Project on Thursday, March 3. The goal of the forum was to bring the community together in an effort to equally involve women with HIV disease in the women’s reproductive justice movement.

The panel included Dr. Edith Biggers of the Fulton County Department of Health and Wellness; AIDS Survival Project’s Executive Director, Jeff Graham; Antoinette Barnes of SisterLove, Inc; as well as Dawn Averitt-Bridge, founder and CEO of The Well Project. Representing the medical profession, Dr. Biggers spoke of her efforts to advocate within the medical community for respect and appropriate healthcare for the choices that women with HIV have to make.

Jeff Graham introduced the audience to the Denver Principles, the guidelines that drive the mission of ASP and indeed, much of the AIDS advocacy movement. Stated briefly, they assert that people with HIV must be involved in every aspect of decision-making and policy-planning that affects their lives and well-being. (For the complete text of the Denver Principles, see www.aidssurvivalproject.org/aboutus/denver.html.) Jeff also stressed the connection between the HIV movement and the women’s movement based on self-empowerment and personal dignity, and highlighted the importance of collaboration between the two movements based on these shared values.

Antoinette Barnes spoke of how women of color have historically faced barriers to reproductive healthcare, which have been accentuated by the rise in HIV infection rates within that community.

The forum participants greatly benefited from the personal story of Dawn Averitt-Bridge, who shared her own journey about choosing to get pregnant in the face of HIV infection. She stated her lifelong desire to become a mother and stressed that her HIV status did not change that dream. Dawn and her husband had to consider all of the facts involved in their desire to become parents and together made an informed decision that has lead to two beautiful HIV-negative daughters.

Collectively, the panel represented what HIV+ women need in order to make the most empowered decisions about reproductive choices: education, unbiased medical providers and high-quality medical care, and all forms of support.

**Resources for HIV and Reproductive Issues**

- **The Well Project**
  
  PO Box 8101
  
  Charlottesville VA 22906
  
  (434) 293-2955
  
  www.TheWellProject.org

- **SisterLove, Inc.**
  
  1285 Ralph David Abernathy Blvd SW
  
  Atlanta GA 30310
  
  (404) 753-7733
  
  www.SisterLove.org

- **National Women’s Health Network**
  
  514 10th St NW, Suite 400
  
  Washington DC 20004
  
  (202) 628-7814
  
  www.WomensHealthNetwork.org

- **Georgians for Choice**
  
  PO Box 8551
  
  Atlanta GA 31106
  
  (404) 532-0022
  
  www.GeorgiansForChoice.org

**Nominations Open for Kappers Award**

AIDS Survival Project is accepting nominations for the John Kappers AIDS Community Service Award, the highest award granted by this agency. Nominations for the Kappers Award are accepted from AIDS service organizations, other contributing community agencies and individuals. A nominee may be either a dedicated volunteer or professional. Nominees are considered to be knowledgeable and vocal on vital HIV issues. Individuals also are considered who have contributed to the HIV/AIDS community a significant amount of time and/or money to support the self-empowerment of those infected with or affected by HIV. These nominated individuals must have utilized their energy and resources to ensure a better quality of life for those in the HIV community, through advocacy, education, support services or treatment facilitation. Specific criteria regarding nominations, a description of the award selection process and nomination forms will be available at www.aidssurvivalproject.org or by sending an e-mail request to info@aidssurvivalproject.org or calling (404) 874-7926 ext. 17. Nominations must be received by Friday, August 5, 2004.

The award is named for the late John Kappers, a founder and former board president of AIDS Survival Project, whose tireless work helped to shape the provision of AIDS services in the early days of the epidemic. John exemplified the wisdom, determination and positive example of self-empowerment of all people affected by HIV that this award now recognizes in others.

The winner of the 2005 John Kappers AIDS Community Service Award will be announced at AIDS Survival Project’s Annual Membership Meeting in the fall.
Creating from Nothingness

The exciting journey and study of complementary therapies began for me after my AIDS diagnosis in February 1990. Before that, I had worked in the medical research field and published seven papers in medical journals, so I knew that medical science was not going to be able to save me from my disease. The virus had only recently been identified, and very little was known about it except that it was still biologically a mystery. AZT was the only medical treatment available and the epidemic had already taken hundreds of my friends.

Intuitively, I turned to something I knew very little about, and thus my study of complementary therapies began. Like a medical student, I dove into research and study: What was the cellular mechanism for this effect, and how did this technique affect cellular activity in the body? I explored complementary therapies with zeal and an open mind, learning more and more until the ultimate certainty of understanding came to me. You and I are not just cells, tissues and organs; instead, we are a body (cells, tissues and organs), a mind (and not necessarily the brain) and a spirit. As a result of my discovery, I began to understand reality: Healing happens when the body, mind and spirit are unified or allowed to become whole. This is the meaning of the words “wholeness” and “holistic”; therefore, health has its origins in wholeness. Conversely, the word “disease” (dis-ease) implies not being at ease or not being whole. As human beings, we often do all the things that we do while forgetting that we have a choice in how we “be.” We forget that we can choose to “be” whole (happy, etc.). This understanding for me was truly a “Eureka!” moment!

One of the ways to achieve this wholeness is through exercise, meditation and yoga, the subject of this past February’s Healthy Choices = Healthy Lives workshop. The presentation was very powerful, and many in attendance wondered how they could access these therapies in a safe, compassionate environment that is inclusive of all people affected by HIV. Well, now that option is available right here at 139 Ralph McGill Boulevard, home of ASP Positive Impact, AIDS Treatment Initiatives and Atlanta Interfaith AIDS Network. Space is available and reserved for meditation groups that currently take their name from the workshop that started it all: Healthy Choice Meditation Group.

Meditation groups began the first week in April and are meeting on the first and third Mondays from 6:00 p.m. to 7:30 p.m., and the second and fourth Tuesdays from 12:00 noon to 1:30 p.m. in ASP’s Bruce Almond Community Room. Participants are encouraged to arrive before the beginning time. Admission to the groups will be closed five minutes after the starting time. Considerable thought has gone into creating a safe atmosphere where all may feel comfortable to meditate. Participants may subscribe to confidential e-mail reminders of future groups. Careful instruction is given at the beginning of each group so that all participants can receive the most benefit from their participation in meditation. The first exercise at each group session is a guided meditation, which has been wonderfully powerful for the group members. The first meditation is followed by a share period, as in a support group, where participants can share their experiences and feelings about the meditation. The closing meditation is silent, akin to transcendental meditation.

Meditation is a standard practice in many cultures. The human benefits of participating in meditation are extensively published and include the lowering of blood pressure, an enhanced sense of well-being, reduced stress, awakening the intuitive sense and sharpening mental focus. The most exciting benefit is a strengthening of spiritual growth. It is proven very useful for those who are actively participating and working in a 12-step program. Rev. Ron Kolb and Rev. Mark Shepherd have written a brief introduction to meditation techniques in this issue. And I would appreciate your help in letting me know more about what you want and need in complementary therapies. For more information or suggestions, please contact me at HealMeditation@bellsouth.net.
Meditation Techniques

Meditation is one form of what is called relaxation therapy. Meditation allows us to use the mind as a tool to bring into balance our body, mind and spirit. When we use the word spirit, we are referring to the highest aspect of ourselves that is part of something greater. When we refer to the word mind, we are referring to the levels of the mind known as the conscious mind, the unconscious mind (where the ego and our reactive emotions are stored), and the superconscious mind, also known as the soul or higher self.

Think of the mind as the connecting link between the body and spirit. These levels of the mind are meant to interact with each other in a harmonious manner. Distortion comes when we allow our negative feelings and emotions to interfere with this natural process. There have been numerous studies done by doctors on their patients with HIV showing the effect that stress and negative reactive emotions such as regret, guilt, shame, resentment, being critical of others and intolerance have on our physical bodies; in particular, our immune systems. These studies show how powerful an influence the unconscious mind has over our physical body.

In their book, *The Power of the Mind to Heal*, Doctors Joan and Miroslav Borysenko state, “Letting go of negative reactive emotions...is at the very heart of physical, emotional and spiritual healing.” The reason for this phenomenon is very simple, they say. “When we judge and criticize, we feel instantly separated from ourselves, from the ones we’re blaming and from life itself. This means that we, in essence, separate from our Higher Self/Soul and let our negative thoughts and emotions take over. The more we feed our energy into these kinds of reactive emotions, the more power we give to them.” Meditation helps us in the process of letting go of these negative reactive emotions. Meditation puts us in touch with our own Higher Self/Soul by utilizing the levels of the mind appropriately. Meditation allows us the opportunity to separate ourselves from the stress and chaos of everyday life. Meditation is, in a sense, the chiropractor of the mind. It aligns the mind like a chiropractor would align the body, opening the channels that reach deep inside us. This is accomplished by our going inside ourselves and realizing that we are more than our thoughts. We are also that space between our thoughts. It is by connecting to that space between our thoughts that we connect to the deepest and innermost level of our being. The more we connect to our innermost level of being, the more we can control our reactions in situations that bring us stress. At the end of your meditating experience, you should feel calm and peaceful. This experience is the result of allowing the levels of mind to communicate appropriately and harmoniously.

Using meditation as a tool to connect to your inner being can be done through some basic techniques to bring oneself into a receptive meditative state of being. There are many different types of techniques; however, there are some basics we feel should be incorporated into the design of your individual meditation:

- Meditation should be done in a quiet environment with soft lighting and at the most peaceful time of day for you. The most conducive energy for meditation is early morning and early evening.
- Use the same location for your meditations every day. This allows your mind to become accustomed to the environment for meditation and grounds the energy of that specified area, which will aid in the meditation process.
- Spend at least 5 to 10 minutes, twice a day, in meditation.
- You may light a candle. Ancient belief systems teach that fire is the purest form of energy and is symbolic of Spirit.
- Sit straight, but comfortably, in a chair with both feet on the floor. Do not cross your arms or legs. Hands should be placed one on each leg with palms facing down.
- Meditations may either be silent, with music or guided. If using a guided meditation, one is to use either visualization or imagination. Visualization is like standing outside your body, following the directions of the meditation, or like watching yourself in a movie. Imagination is being inside your body, following the directions of the meditation. Imagination is more powerful, but use whichever is most comfortable for you.
- A very powerful technique for meditating is to aim your consciousness into your Heart/Heart Center area and remain there during the meditation, whether it be silent, with music or guided. The Heart Center is an area symbolic of the Higher Self/Soul. The Heart Center is located in the middle of your chest. This is the location of the thymus gland, which produces T-cells. In order to meditate within your Heart Center, close your eyes and picture/create a room in your Heart or your Heart Center area. Imagine your self standing in the room you have created. Now, imagine yourself surrounded by light.
- Breathing is a very important element in meditating. Breathe in slowly through your nose and pause, then breathe out slowly through your mouth and pause. Become aware of the rhythm of your breathing. Practice this often, as it is a relaxation technique itself. For example, when you are feeling anxiety, anger or any negative reactive emotion, take a moment and do ten repetitions of this rhythmic deep breathing and this will help to bring you back into a calm and peaceful state of being.
- It is okay for you to experience thoughts during your meditations. Learn not to engage in any dialogue with your thoughts. Think of your thoughts as being on a train going by and observe them without trying to stop the train, pulling them off the train and having a conversation with them. Another way to avoid engaging in a conversation with your thoughts is to concentrate on or become aware of your breathing. As you engage in the awareness and rhythm of your breathing, the thoughts will pass without interrupting your meditation. As you meditate more frequently, disruptive thoughts will become less.

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, Boehringer Ingelheim, Broadway Cares/Equity Fight AIDS, GlaxoSmithKline, 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.
Dropping Acid: Antacids and HIV Medications

Many prescription medications, including some HIV medications, have food restrictions and must be taken either with food or on an empty stomach. These food restrictions are placed on medications because of factors that affect the absorption of those medications in the stomach. There are two primary factors that affect absorption and therefore require food restrictions.

The first factor affecting the absorption of some medications is the amount of fat in a meal. The presence of fat will increase the absorption of some medications is the amount of fat in a meal. The stomach. There are two primary factors that affect absorption and therefore require food restrictions.

The second factor affecting the absorption of some medications is the acidity level in the stomach. Some medications are better absorbed in a more acidic (low pH) environment and others are better absorbed in a more basic (high pH) environment. Gastric pH levels decrease when eating; therefore, medications requiring low pH are best taken with food. This would include medications such as Reyataz™.

But food is not the only factor affecting gastric acidity. Over-the-counter antacids and prescription medications for gastrointestinal disorders affect acidity levels in the stomach, which, in turn, may affect the absorption of certain medications. As a result, antacids and prescription acid-lowering medications should not be taken with certain HIV medications because they can lower the absorption of the HIV medication to noneffective levels.

Over-the-counter antacids, particularly those containing aluminum or magnesium carbonate as an active ingredient, can decrease the absorption of some HIV medications, including Rescriptor®, Lexiva® (and Agenerase®), and Reyataz. Maalox®, for example, when taken with Lexiva, decreases the maximum concentration (Cmax) of Lexiva by 35%.1 Antacids such as Maalox, Rolaid®, Mylanta® and Tums®, therefore, should be taken apart from these HIV medications. If these antacids must be taken, they should be taken at least two hours before or one hour after taking these HIV medications.

Prescription medications for Gastroesophageal Reflux Disease (GERD), or acid reflux, can also decrease the absorption of Reyataz and other medications. These medications generally fall into one of two categories, either Proton Pump Inhibitors (PPIs) or H2-Receptor Antagonists (or H2 Inhibitors/Blockers).

Proton Pump Inhibitors are long-acting medications for treating acid reflux and include such medications as Prilosec®, Prevacid®, Aciphex®, Nexium® and Protonix®. Prilosec, for example, when taken with Reyataz, decreases the absorption of Reyataz by 76%.2 Earlier this year, Bristol-Myers Squibb, the manufacturer of Reyataz, issued a “Dear Doctor” letter reminding physicians that Reyataz and Proton Pump Inhibitors should not be taken together, as recommended in the Reyataz package insert.3

H2 antagonists are short-acting medications for treating acid reflux and include such medications as Zantac®, Tagamet®, Pepcid® and Axid®. Zantac, for example, when taken with Lexiva, decreases the maximum concentration (Cmax) of Lexiva by 51%. H2 antagonists, when taken with Reyataz, also reduce plasma concentrations of Reyataz, and it is recommended that they be administered as far apart from Reyataz as possible, preferably 12 hours.4

This information demonstrates that there are clear reasons why certain HIV medications have food restrictions; however, most educational materials only tell us to take a certain medication with or without food. Rarely do they explain why. This is important information because there are other factors—such as antacids—that may also affect these medications. If any of your medications have food restrictions, it is important to understand why. Ask your doctor to explain why your medications have food restrictions and make sure that there are not other medications—either prescription or over-the-counter medications—which may interfere with their effectiveness.

Guy Pujol is the Executive Director of AIDS Treatment Initiatives.

For More Information

• Center for Medicare and Medicaid Services (CMS) www.medicare.gov
• Medicare Rights Center www.medicarerights.org
• Kaiser Family Foundation www.kff.org/medicare/index.cfm
• Center for Medicare Advocacy www.medicareadvocacy.org
• Georgia Medicaid Office (404) 657-5334
• Georgia Medicare Office (770) 570-5300

1 Lexiva Prescribing Information.
2 March 2005 Education Alert.
2005 THRIVE! Weekend Dates
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.

Support ASP by Shopping Online!

Your online shopping dollars can provide valuable support to AIDS Survival Project. There are several ways you can give simply by buying items you need from any of hundreds of merchants on the web. Donations ranging from 1% to 25% of your purchase price will be paid directly to ASP to support our range of programs and services. Visit the web sites listed below to begin. If you have any questions, please feel free to e-mail us.

- **Benevolink (www.benevolink.com):** More than 150 retailers in apparel, electronics, home and garden, office, pets, toys and games and more. The site also features a travel service, an outlet center and a QuickCash link to retailers with one-time special offers to introduce you to their products and services... and make big contributions to your chosen charity.
- **MySimpleCity.com (http://mysimplecity.com/shopping/default.asp?Site_Id=AIDSSurvivalProject):** More than 600 retailers, including such well-known and trusted companies as Ace Hardware, Amazon.com, Barnes & Noble, Enterprise Rent-A-Car, Harry and David, PetsMart,Sharper Image, *The Wall Street Journal*... shoes, airline tickets, housewares, books, movies, food, wine, electronics and so much more.
- **MyCause.com (http://mycause.com/AIDSSurvivalProject):** High-rated by *Forbes* for the number of charitable causes served. Merchants include L.L. Bean, Best Buy, Dell computers, Hickory Farms, Office Depot, Target, The Gap... flowers, financial services, medications, magazines, toys, lots more to choose from.
- **Until There’s a Cure (www.until.org/bracelet.shtml):** This is a wonderful nonprofit organization that raises funds and awareness about HIV/AIDS through the sale of The Bracelet™. Until There’s a Cure supports organizations such as AIDS Survival Project with grants and by entering into partnerships for the purpose of selling The Bracelet, which comes in various designs. For every bracelet ordered through ASP, we get 25% of the retail price.

For more information about supporting ASP by shopping online, please visit the ASP web site at www.aidssurvivalproject.org/donate/shop.html.

---

THRIVE! Weekend Wish List

- Ballpoint pens, any color
- 2-pocket folders, any color
- Binders – ½” 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!
to maintain full funding for the program, which provides lifesaving medications to people without the resources to pay for them. Please see Jeff’s column on page 4 for further details and outcomes of the 2005 legislative session.

The Ryan White CARE act was also the focus of a rally and press conference on Monday, February 28, at the Ponce de Leon Center of the Grady Infectious Disease Program (IDP). About 70 people turned out in a cold morning rain to send the message that although reauthorization is important, it is not enough. It must be backed by funding to cover services across the board, not only primary medical care, but the support, mental health, substance abuse, housing, nutritional and other services people need in order to comply fully with their treatment regimens, thereby remaining healthier and more productive longer.

In addition to Jeff Graham, speakers included Carla Johnson, clinic manager of the IDP; AID Gwinnett Executive Director Larry Lehman; and Kendall Richardson, a member of the Ryan White Consumer Caucus, which he described as “a network of people empowered through education and advocacy to reduce the impact of HIV on individual lives.”

“We depend on the Ryan White CARE Act, ADAP and local organizations like ASP and the Grady IDP,” Richardson noted to the public and press (including crews from all four major network TV affiliates). “If not for these services, there would be no life.”

Rally attendants then signed postcards to their congressional representatives urging support for funding; the cards were hand-delivered to Capitol Hill in March by Graham and other local representatives to the CAEAR Coalition.

**A Diva on Our Side**

Hopefully, you will receive this issue of *Survival News* in time to take advantage of a fun evening in support of AIDS Survival Project. Broadway legend Patti LuPone, of *Evita* fame, will be making an appearance at a local club while she’s in town for her one-woman show, *Matters of the Heart*, at the Fox Theatre, May 10-15. Patti will be meeting fans and giving away some special gifts. Details of the event were not finalized at press time; please check our web site at www.aidssurvivalproject.org/donate/specialevents.html for more info, or call me at (404) 874-7926 ext. 16.

And thanks to the generosity of Broadway in Atlanta, a portion of all online ticket sales to Ms. LuPone’s show will be donated to ASP.

**Show Your Pride: Support ASP!**

Finally, looking ahead to the summer months, we encourage you to join us at the Atlanta Pride Festival, June 24-26, in Piedmont Park. This year, our booth in the Pride Market will give people the opportunity to help research aimed at improving programs and services for people infected with and affected by HIV. The survey will be conducted by Project SHARE, a science and technology collaboration between ASP and the University of Connecticut.

It only takes a few minutes of your time (in the fan-cooled comfort of our shaded booth), and you can receive a nominal sum for your participation, as well as the opportunity to donate a portion of it back to ASP to help support our work. And as always, we will be a part of the annual Pride Parade. We’d love to have you march with us, but certainly at least hope to see your smiling face at our booth. For more information, or if you’d like to volunteer, check our web site or call our offices.
Tests Pending in Cases Tied to Fierce HIV. On March 29, New York City health officials said they have identified several patients who may have a strain of HIV related to a virulent variety detected in a gay New Yorker, but they cannot say whether the cases are connected. It could be months before tests determine if others have been infected with the strain, the officials said. On February 11, the city’s Department of Health and Mental Hygiene announced the case of a gay man in his late 40s who had unsafe sex with many partners while using crystal methamphetamine, and whose HIV infection progressed quickly and was resistant to many drugs. Investigators have since traced all the sex partners the man could remember by name, said Dr. Thomas R. Frieden, health commissioner. More than a dozen men were tracked down, said a source familiar with the investigation, but since the man could not remember the names of many of the more than 100 people with whom he had sex, contact tracing may be of limited value. Of those contacted by the department, many were previously infected with HIV. Testing of the strains is ongoing; Frieden declined to say exactly how those being tested were found. Some may have been discovered through contact tracing, while others may have been found in the department’s canvassing of HIV testing and research labs. Frieden said the CDC and the Aaron Diamond AIDS Research Center are working to sequence the genome of the possibly related cases. Diamond Center researchers have published a genetic study showing the initial strain to be unusually aggressive. Officials did not say whether the man transmitted the strain to his sexual partners. “As of today, no other cases of multidrug-class-resistant, rapidly progressive HIV have been identified,” officials said, but that does not mean that no other cases exist. The officials said the initial New York patient now seems to be responding to treatment that includes two licensed drugs, though he remains seriously ill.

Meth Use Adds to Ravages of AIDS. The growing popularity of crystal methamphetamine in Chicago’s gay community has AIDS advocates worried that long-standing efforts to fight the spread of STDs, including HIV, could suffer a significant setback. “It’s the biggest challenge we’ve faced in two decades,” said AIDS Foundation of Chicago executive director Mark Ishaug. “When men with HIV take meth, they’re not taking [AIDS] medications as prescribed, and [are] transmitting the virus to others who are not infected,” said Dr. Dan Berger, medical director at North Central’s JFK Medical Center, chief of preventive medicine at the hospital. According to Berkeley, California-based psychologist Walter Odets, meth “is a drug that can make men who feel socially awkward or unattractive believe they’re in the swing of things.” “It’s a terrific self-esteem enhancer” for a largely depressed gay community “living in the midst of a deadly epidemic and a society that’s still, for the most part, unapproving,” said Odets. Chicago-area AIDS and gay groups are now forming coalitions to respond to the crisis. “It’s time to get the word out: We all need to focus attention on how to stop the use of this drug,” said Robbin Bur, executive director at the Center on Halsted, a gay and lesbian community center.

More Countries Get Price Break on AIDS Drug. On March 16, drugmaker Gilead Sciences announced that 27 more countries can buy its AIDS drug Viread® (tenofovir) at a “no-profit price.” In December 2002, Gilead announced it would sell Viread virtually at cost to 68 countries named as “least developed” by the UN. By late August, those countries could theoretically obtain Viread for about $25 a month. With the addition of the newest countries, mostly in Latin America and the Caribbean, Gilead has expanded the program to 95 countries. However, Doctors Without Borders criticized Gilead’s Viread program, and Gilead acknowledged that of the 68 original countries named, only 22 have been supplied the drug. The drug has received approval by authorities from only five countries: Uganda, Rwanda, Zambia, Kenya and Gambia. However, Gilead has arranged temporary importation permits pending final approval by governments. The approval process is often slow, but such efforts are ongoing, said Amy Flood, a Gilead spokesperson. So far, 7,000 patients have received Viread through the program, she said. DWB claims the Gilead program’s track record is poor and that adding more countries is an empty gesture. “Like most announcements from pharmaceutical companies, there is something disingenuous about this one,” said Rachel Cohen, DWB’s U.S. director of the Campaign for Access to Essential Medicines. Without registration in the low-income nations, “it can’t be made available,” she said. DWB has a keen interest in tenofovir, which the group views as a good drug option to use if patients in poor countries start to develop HIV resistant to cheaper drugs. “We would really like the option of being able to use this drug,” said Cohen.

AIDS and the Role of the Church. While African-American pastors say HIV/AIDS is but one of a legion of social issues facing their congregations, AIDS activists say leadership by the clergy could have a significant impact on the epidemic. The CDC reports that blacks are at a higher risk of HIV infection due to higher rates of poverty, substance abuse and STDs in the community. Marilyn Moering, executive director of the Jackson, Mississippi-based AIDS service organization Building Bridges Inc., said that many conservative pastors want to restrict discussion about HIV prevention to abstinence-only. While she acknowledges abstinence as the best way to prevent infection, Moering said it is important to teach young people how to prevent HIV and STDs. “Live in the real world. Children are having sex,” she said. Like Building Bridges, Grace House, a Jackson-based home for people with HIV/AIDS, often receives requests from churches to provide speakers on the topic, said Bill Love, board president. If pastors request that condoms not be discussed, staff will instead focus on the potential risks of premarital sex. “It may be an opportunity to plant the seed for further education,” Love said. “Usually, when a church community is affected with someone in the congregation [who is HIV+], when the door starts to open up,” he said. The Women’s Missionary Society of the African Methodist Episcopal Church’s Mississippi and Louisiana district has committed to fighting HIV/AIDS in the black community, especially among women. This year, we’re focused on nothing but the HIV/AIDS epidemic,” said Shirley Hopkins Davis, president of the local AME Women’s Missionary Society. This work, she said, includes monthly lessons on topics like AIDS and children, human sexuality, promiscuity, cultural roadblocks to HIV prevention and Christians’ responsibility for fighting the epidemic. “The AME church is a church that believes in the education of people,” Davis said.

Harmony Brand Condoms, Pregnancy Test Kits Being Recalled. On March 25, the Harmony Brands distributor recalled Lover brand latex condoms and B-Sure home pregnancy tests because the products may not work properly. Both products are sold nationally in various convenience and retail stores, including dollar stores. The recall was initiated because the Food and Drug Administration could not assure the products’ safety and efficacy, according to Harmony. Consumers who have the products should return them to the place of purchase for a refund, the company said. For more information, consumers can go to the company’s web site at www.harmonybrands.com.

Heterosexuals Test Positive at Later Stage than Homosexual or Bisexual Men. Heterosexual men and women present for HIV testing at a later stage of infection than homosexual and bisexual testers, according to a prospective observational study by K. Manavi and colleagues, Lothian University Hospital National Health Service Trust in Scotland. The authors defined late presentation as testing HIV+ with a baseline CD4+ T-cell count less than 200 cells/mL. Between December 1999 and January 2003, researchers compared baseline CD4+ T-cell counts in HIV+ heterosexual men and women, IV drug users, homosexual and bisexual men diagnosed in Genitourinary Medicine and Regional Infectious Disease Unit (GUM/RIDU) departments, and routinely screened pregnant patients in Edinburgh. During the study, 189 patients tested in GUM/RIDU and 13 screened pregnant females were diagnosed with HIV. Of them, 34% of GUM/RIDU patients and 38% of maternal patients had CD4+ T-cells of fewer than 200 cells/mL. The heterosexuals were older than the others and were more likely to be from poor or mixed socioeconomic background and they were at higher risk for injecting drug use.

CONTINUED ON NEXT PAGE
Fishing Communities at HIV Risk. Fishing communities around the world are especially vulnerable to HIV/AIDS, University of East Anglia (England) researchers said in a report commissioned by the UN Food and Agriculture Organization and the Department for International Development. According to the study, “Impact of HIV/AIDS on Fishing Communities,” these villages are at elevated risk due to highly mobile populations, high levels of prostitution and significant gender inequities. The report cited statistics that reveal the problem is global in nature:

- Up to 20% of fishing boat crews in Thailand tested HIV+ in the late 1990s, compared to the general rate of 1.5%.
- Some 8% of Honduran adults in fishing communities have HIV—four times the national average.
- In Uganda in 1992, a quarter of fishermen on Lake Albert were HIV+, compared to 4% of persons in nearby agricultural villages.

Subcultures of hypermasculinity and risk-taking in fishing communities with high levels of alcohol and drug abuse contribute to higher HIV/AIDS rates. The report said. This is exacerbated by highly mobile populations that move between ports, markets and processing factories on a daily basis. Governments must improve access to HIV testing and treatment and sexual health services in fishing communities, the report said. "The plight of fishing communities has been neglected for far too long and the consequences have been devastating," said lead researcher Dr. Edward Allison. "I hope this research will raise awareness not only of the impact of the HIV/AIDS epidemic on fishermen, but also highlight the vulnerability of women in the fisheries sector."

AIDS Virus Came to Britain Six Times, Study Shows. The history of the U.K.’s HIV-1 subtype B epidemic began with six separate introductions of the virus in the early to mid-1980s, rather than from one transmission, according to genetic research by Dr. Deenan Pillay, of University College London’s Center of Virology, and colleagues. HIV-1 subtype B is Britain’s most common form of the virus and is transmitted there mostly among men who have sex with men. Study authors created a genetic family tree for HIV using samples taken from 1,645 British patients and 1,784 samples of subtype B around the world. In the U.K., there was no epicenter for any of the epidemics, suggesting the carriers moved around the country, said researchers. Condom use may explain a later deceleration of new HIV transmissions, Pillay said. However, the team found no indication that HIV drug cocktails affected HIV’s spread. There are now more than 57,700 people in Britain infected with HIV. "Our study suggests that the HIV-1 subtype B epidemic currently circulating in the U.K. is made up of at least six established chains of transmission, introduced in the early and mid-1980s," said Pillay. "This goes against the prevailing belief that one initial entry of HIV-1 was responsible for the spread of the epidemic." The full report, "Genetic Analysis Reveals the Complex Structure of HIV-1 Transmission Within Defined Risk Groups," was published in the advance online edition of Proceedings of the National Academy of Sciences of the USA (2005; doi:10.1073/pnas.0407534102).

Cancer and HIV Patients in Romania Angered by Drug Shortages. A large number of Romanian cancer and HIV patients are unable to fill their prescriptions due to drug shortages prompted by budget shortfalls and disputes between the Health Ministry and suppliers, patients’ groups said March 18. Under Romanian law, HIV/AIDS, cancer and diabetes patients are entitled to free prescriptions. The National Union of Organizations of People with HIV/AIDS reported shortages of antiretroviral drugs in six counties and said patients elsewhere were encountering difficulties filling free prescriptions. Romania’s health system has been underfunded for years, and suppliers claim the government owes them hundreds of millions of dollars. Mircea Cintzea, Romania’s new health minister, pledged to resolve the crisis when he took office in December, but many pharmacies refuse to fill government-paid prescriptions.

More than 2,000 New Spanish AIDS Cases in 2004. On March 18, Spain’s health ministry said it registered 2,034 new AIDS cases in 2004, a 10% decline in the rate of growth from 2003. Of the new cases, three-quarters are men and the majority acquired the virus through intravenous drug use. The reduction in new AIDS cases is due to the effectiveness of antiretroviral treatments, according to Lourdes Chamorro, who is leading a national effort against AIDS. Spain has had a cumulative 69,799 people with AIDS, of whom 42,149 had died as of 2001, said the ministry.

Tanzania Wants 44,000 HIV Patients on Drugs by December. On March 17, Tanzanian Health Minister Anna Abdullah said her country plans to sharply increase the number of HIV patients receiving antiretroviral drugs by the end of 2005. According to UN figures, about 12-15% of Tanzanian adults are HIV-infected and about 200,000 of them in acute need of antiretroviral (ARV) therapy. Abdullah said the government had 4,000 patients in treatment at the end of 2004 and hopes to have expanded that number to 44,000 by the end of 2005. “The total number of patients we wish to reach is 500,000 by 2008,” she said, noting that other stakeholders are helping the government ramp up treatment access. The Health Ministry has ordered $3.5 million worth of ARVs for 2005, and Canada has provided a similar amount of money to purchase more drugs, said Abdullah. On March 16, the ministry and U.S. officials signed an agreement for the procurement and distribution of ARV drugs under the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR). Tanzania received $49 million in PEPFAR funds in 2004. For 2005, U.S. officials said they have requested $80 million. Health officials say Tanzania’s need for low-cost AIDS drugs will likely continue unabated. An increase in the country’s tuberculosis infection rate is an indicator that HIV infection is escalating, said Abdullah. "Our worry is that the number of [TB patients] is on the increase. It was 19,000 in 1995; it has reached 65,665 in 2003," she noted. In 2004, 63,687 TB cases were reported in 19 of Tanzania’s 26 regions. "Sixty percent of the patients are HIV+; it is an indicator that prevalence is growing," said Abdullah.

U.S. Rights Group Accuses Uganda of Shifting to Abstinence in AIDS Fight. On March 28, U.S.-based Human Rights Watch released an 81-page report accusing Uganda’s government of shifting its HIV prevention approach to an abstinence-until-marriage focus and of discouraging the promotion of condoms. Ugandan and church officials denied the claim, saying the report was flawed and lacked any factual basis. HRW’s report charged that President Yoweri Museveni and his wife, Janet Museveni, were being swayed by U.S. Christian conservatives, risk- ing Uganda’s widely touted accomplishment of lowering its HIV infection rate from 15% in 1992 to 6% in 2002. “The political climate favoring abstinence-only approaches in Uganda, including numerous anti-condom statements by President Yoweri Museveni in 2004, also influenced schoolteachers to teach...
abstinence as an exclusive method of HIV prevention,” stated the report. “Mrs. Museveni has described abstinence-only approaches as a blend of African and Christian values and has used her position of influence to intimidate organizations that promote condoms to young people,” it added. “We are promoting abstinence in order to please the U.S. so that we get more funds,” said Rubaramira Runanga, a Ugandan AIDS advocate. “The president and first lady are being misunderstood,” countered Onapito Kibirige, a Ugandan AIDS advocate. “They have been consistent in advocating for a multi-pronged approach.” That view was echoed by Dr. Alex Opio, assistant commissioner for National Diseases Control. “The government policy is A for abstinence, B for be faithful, and C for condoms for those who are at high risk,” said Opio, adding that HRW’s report may have relied on hearsay. Uganda imports 80 million condoms a year, said Vasta Kibirige, condom-monitoring chief at the health ministry.

Zimbabweans Battling AIDS Also Fight to Get Help. Zimbabwe’s internal policies are impeding the flow of donor funds for HIV/AIDS and hampering the efforts of nongovernmental organizations (NGOs) fighting the disease locally. Relations with President Robert Mugabe’s government worsened last year after it adopted a bill requiring NGOs to submit regular reports of their accounts and projects to the government and ban NGOs involved in governance issues from receiving foreign funding. The bill is necessary to prevent foreign governments and organizations from channeling money to the political opposition, said Paul Mangwana, Zimbabwe’s labor minister. In mid-March, in what critics saw as an effort to build a case against NGOs, Zimbabwe’s government announced it was investigating several NGOs it claimed abused funds. NGOs that are found to have abused their funds will be banned, said Mangwana. “There is an uncertainty in the NGO sector since the NGO bill. We have all been sitting on the fence and our funding partners overseas have adopted a similar stance,” said Prisca Munonyara, director of the Zimbabwean NGO AIDS Counseling Trust. “The poor communities that were benefiting from the services of NGOs do not get as much as they did” before the bill’s inception, and aid agencies are taking a “wait and see” approach, said Jonah Mudehe, director of the NGO umbrella group National Association of Non-Governmental Organizations. The United States, the World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria spend an average of $74 on a person with AIDS in southern Africa, according to UNICEF. But in Zimbabwe, only $4 is spent on average for a person with AIDS. That compares to $187 spent on average for a person with AIDS in Zambia, which has a lower AIDS rate than Zimbabwe.

China Shuts Down Blood Dealers to Curb AIDS Spread. A recent crackdown on illegal blood collection agencies in China resulted in the arrest of 30 people and the jailing of another 15, Xinhua News agency quoted Deputy Health Minister Ma Xiaowei as saying. Ma said another 86 illegal agencies and more than 100 people had been punished in the campaign. China is trying to curb the spread of HIV, and the health ministry has shuttered 147 illegal blood collection agencies and arrested dozens of people since last May, Xinhua reported. Local authorities have been instructed to check blood collection and supply agencies more thoroughly to prevent illegal operations from reopening, the news service said. China has hundreds of blood collection and supply agencies that are required to test for HIV, Xinhua said. How many are illegal under the passage of a law banning the buying and selling of blood in August 2004 is unclear. Ma said the ministry has set up a national task force to ensure the safety of China’s blood supply. During the 1990s, tens of thousands of people were infected with HIV in central China through local blood-buying efforts that involved state-run health clinics. An estimated 25,000 to one million people in the central Henan province were infected in the blood-buying scandals, which were initially covered up.

China Plans National Database of HIV/AIDS Victims as Epidemic Looms. On March 20, Xinhua News Agency reported that China’s Health Ministry will establish a national database of HIV/AIDS patients to better track the epidemic. “We are still blind about some vital aspects of HIV/AIDS control,” said Wang Longde, vice minister of health. China’s official estimate of HIV patients—840,000—is disputed by many independent observers. The government has precise information about only a small percent of the 840,000. Only 12.7% are registered with health authorities, and disease control centers have detailed records for only 4.2%. China’s first HIV/AIDS prevention and control regulation is being drafted and will be given to the State Council for discussion in May. The regulation is expected to define the rights and duties of residents and regional governments in fighting the disease. This year, each province will offer free, voluntary HIV tests in the hope of identifying more cases, Wang said. Testing was recently completed on 410,000 high-risk people in Yunnan province, one of the hardest-hit areas. Yet much more remains to be done. Hao Yang, vice director of the health ministry’s Disease Control Department, said only about 200 health professionals are engaged in HIV treatment and prevention at the present time, and many doctors who are working in the specialty lack appropriate training.

95% of Pregnant Women Opt In to HIV Screening in Singapore. About 95% of pregnant women support screening for HIV, Channel NewsAsia reported on March 26. In one local women’s and children’s hospital, antenatal screening started in 1995 and has prevented 59 babies from infection, the report stated. The Health Ministry is preparing to make antenatal screening compulsory for all pregnant women and introduce premartial HIV tests in order to control the disease. Currently, pregnant women can opt out of HIV screening.

Platinum LiveWell Sponsors ($10,000 - $20,000)
The Mitchell Foundation

Gold LiveWell Sponsors ($5,000 - $9,999)
Pride Medical

Silver LiveWell Sponsors ($2,500 - $4,999)
Lee Anisman, M.D.
Maureen Kelly
Fundacion Hernandez Velez

Bronze LiveWell Sponsors ($1,000 - $2,499)
Russell Beets
Tammy Belcher & Angela Vick
Kenneth Britt
Dr. & Mrs. Bunnenv/The Lubo Fund
Joan F. Campitelli
Susan & Drew Cornutt
Stuart Fowler/Stan Topol & Assoc.
Richard Glass
Jeff Graham & Peter Stinner
Bill Harris
Roy Hill
Susan Levy
David Morris, M.D.
Chris Parsons
Judy Rosenquist, M.D.
Barron Segar & Charles Potts
Larry Sheldon &Len Greenough
Thomas Sparkman, D.D.S.
Spencer Waddell
Edward Young
You will have a long and healthy life.

So I’m having lunch with my ex at Mama Fu’s Noodle House and that’s the message on the sliver of paper crammed inside my fortune cookie. You will have a long and healthy life. After living with HIV for twelve years, knowing firsthand the chaos this virus can do to your body, career, relationships and self-esteem, I had to laugh. I showed the message to my ex and he chuckled, too. “Great,” I observed. “Now I’m being mocked by a fortune cookie.”

Sure, there are people living long, healthy lives with HIV. Some have been positive since the 1980s, even before the virus was named. I meet them occasionally. Never taken medications; no opportunistic infections. Still working full time. You know who you are. There’s even a medical term for you: long-term nonprogressors. Envious? You bet I am.

To live with HIV for nearly a quarter of a century and not get sick... or go crazy... I hate you. Nothing personal. I don’t know what your HIV is like, but mine is a mean, mutating, relentlessly versatile bastard—like having Freddy, Jason and Donald Trump all riding shotgun. See, I was one of those guys who got infected and then progressed to AIDS in, like, four years, despite the positive attitude, lifestyle changes and a personal mantra: I will not get sick.

Getting sick. People still get sick. Combination therapy fails. Oh, it’s not widely reported—the American media is all over barebacking and sex on the down low and that so-called “new” HIV strain, but couldn’t care less about the HIV+ folks who can’t afford the drugs, can’t take them successfully or never achieve the magic undetectable goal. Despite scrupulous adherence to numerous antiviral cocktails, one of my best friends has never—never—gone undetectable. Where’s the press conference with alarmed public health officials announcing to the world that my friend’s treatment failure should be a wake-up call?

How did you feel last February when New York City Health Commissioner Thomas Freiden told the world about a “new” strain of HIV that’s resistant to three of the four classes of antiviral drugs and progresses swiftly to AIDS? Have you, like me, become so weary of shoddy AIDS journalism and exaggerated announcements by publicity-sucking public health whores that you are now automatically skeptical of any HIV reports by mainstream media? Is it even remotely surprising that, within a month of the arm-flapping about a new strain of HIV, scientists are now calling it rare and suggesting that one case simply does not warrant a panic?

Speaking of panic... did you catch the news about Andy Bell, lead singer of my favorite Euro-techno-pop band Erasure? Last December, Bell announced on his band’s web-site—how very new millennium of him—that he’s been HIV+ for over six years. “Being HIV [positive] does not mean that you have AIDS,” Bell wrote to fans. “My life expectancy should be the same as anyone else’s, so there is no need to panic.” Whom are you trying to convince, Andy? I guess it would be terribly uncool of Andy Bell to freak out, even a little bit, publicly. But it’s odd, and frustratingly ironic, that Bell, writer of some of the most emotionally overweight pop songs of the last twenty years, would make such a bland statement about living with HIV. Erasure’s biggest 1980s hit was called “A Little Respect.” Honestly, I have a little less respect for Bell these days because I think he’s just pretending HIV is no big deal—and this attitude is starting to piss me off considerably.

I’m also pissed off at pharmaceutical companies that continue to advertise their HIV medications in aggressively insulting and preposterous ways. Recent issues of POZ, Out and HIV Plus magazines carried full-page, talking ads for Bristol-Myers Squibb’s protease inhibitor Reyataz®. Thanks to a microchip and speaker glued between pages, readers open the glossy four-page ad and hear a cell phone ring, then a carefree male voice gushes, “Hey, hey, we’re at the beach! Catch ya later!” Across the page, two guys are playing backgammon in the dunes. The ad’s happy-go-lucky tone suggests one thing: Hot young gay guys don’t need to worry so much about getting HIV because they can just go to the beach and pop some pills. In other words, HIV is no big deal, nothing to panic about.

I meet far too many hot young newly diagnosed gay guys these days. Some seem a little too casual, almost dismissive about their HIV. Scared? Nope, doing just fine here. They claim, repeatedly, to be totally okay with testing positive. Some of them are so unnaturally okay with it that I’m tempted to slap them hard. But listen long enough and something real and human always slips through a crack in the faked complacency. One told me he just didn’t want to end up looking like all those older positive guys with sunken cheeks, veiny legs and shapeless butts. Well, dude, you might end up exactly like that. But even though your HIV fears are tied to your vanity, it doesn’t make them any less legitimate. So go ahead, freak out. Cry. And do me a favor: try really hard not to give this godforsaken virus to anyone else.

I’ve got some of that sunken cheek thing going on myself—a slightly gaunt look that makes me feel like an extra in a low-budget horror movie—and I’d give anything to have my face back... and my ass... especially my ass. So I attended a forum on Sculptra™, the new injectable filler for people with facial lipoatrophy. A couple of treatments, dozens of needle jabs to the face—it’s a big needle—and with a little luck, you might look something like the person you were before you started taking the meds... that you’re still taking. Watching the demonstration on a live, HIV+ model, I knew it would take a dangerous amount of Xanax to get me through that procedure. And my heart sank a little knowing that my next twelve years with HIV will surely include innumerable meds, more side effects and some kind of extreme makeover.

Panic. Don’t panic. HIV is a big deal. HIV is no big deal. We seem to be getting a lot of mixed messages about the virus these days. How are we supposed to feel about it?

Personally, I’m annoyed with public health officials who make melodramatic, premature public disclosures about HIV, especially when it looks like they’re just exploiting any new development to frighten people into practicing safer sex or quit having it at all. I’m disappointed that our government is doing less and less in terms of HIV prevention and education, having all but replaced the two with vague testing initiatives and recklessly inept abstinence programs that have no proven impact whatsoever on sexually active teens or adults. Any celebrity who suggests that HIV will have no impact on their life expectancy bewilders me—especially when I can count a dozen AIDS-related deaths of friends and acquaintances under the age of 55 in the last four years. And I’m outraged that pharmaceutical companies continue to promote their HIV drugs with the kind of glib tenacity typically associated with cell phone and soft drink advertising.

Cancer is still scary, right? It’s okay to freak a little, shed some tears and solicit prayers when it’s about the Big C. Well, HIV is still scary, too—and not because a bunch of over-the-top public health drama queens tell us so. We know the stigma is still around. We know the treatments are frequently toxic, prohibitively expensive and not a cure. We know about the side effects—diarrhea, diabetes, the humps, flat asses, ballooning bellies and sunken cheeks. We know about the rejection—from employers and families and lovers. In our hearts, we know that HIV is still a big deal. No matter how chronic but manageable all those folks who don’t have the virus keep telling us it is, HIV is the same hateful, killer virus it’s always been, and we’re not doing anyone any favors by pretending it’s not.
Bangladesh. Of 38 Thai construction workers diagnosed as HIV+ in Bangladesh, 21 have been deported and the remaining 17 have been ordered to leave, the Bangladesh newspaper Daily Star reported March 20. The workers had been employed on a bridge construction project in Khulna, the report said. A government health official in Khulna, Daud Ali Mir, said he was not aware of the deportations.

Six HIV/AIDS Groups Receive Grant Funds. The Florida Department of Health is awarding grants totaling about $1.08 million to six nonprofit HIV/AIDS organizations in Miami/Dade County. The grantees are Union Positiva, Inc.; South Florida AIDS Network; South Beach AIDS Project; Village South, Inc.; Hep-C Alert, Inc.; and Care Resource, Inc. Ranging in amounts from $42,000 to $250,000, the grants were provided in part by the CDC’s Advancing HIV Prevention initiative, which seeks to increase early diagnosis and access to medical care and treatment.

AIDS Foundation Finds New Director Nearby. The San Francisco AIDS Foundation has concluded its nationwide search for a new executive director by hiring the chief of another city nonprofit. Mark Cloutier is now executive director of Continuum, a Tenderloin-based treatment center serving adults with HIV and concurrent challenges such as mental illness and substance abuse. He will take the reins of SFAF on June 1, replacing Pat Christen, who resigned in July 2004 after 15 years. Lonnie Payne, a member of SFAF’s board, praised Cloutier for having the “intellect, broad background and practical experience” needed to steer the AIDS service organization during a time of reduced federal spending and tough economic realities for corporate donors. Cloutier’s salary of $170,000 is less than the $190,000 reportedly paid to Christen in 2003. Payne called the salary competitive and “appropriate for an organization of this size.”

Winning Design for National AIDS Memorial Picked. On March 23, two architects won the international competition to design the centerpiece of the National AIDS Memorial Grove, the seven-acre garden in San Francisco’s Golden Gate Park that is the only federally recognized AIDS memorial. Janette Kim and Chloe Town’s entry was chosen among 201 submissions from 24 countries. Centered in the green grove, “Living Memorial” features a blackened field and burned stand of trees made from carbon fiber, a charred wood deck and a burned walkway—all elements of a fire-scarred forest—to evoke a sense of loss. The walkway will in time sprout greenery, representing renewal. “While the design is at first frightening, it is also rich with the eventual triumph of life,” said Ken Ruebush, co-chairperson of the contest. The memorial’s board of directors has not yet committed to fulfilling the vision of the contest winners, which will require raising $2 million. “Living Memorial” will be on display at the San Francisco Museum of Modern Art on April 1.

AIDS SURVIVAL PROJECT
HIV Counseling and Testing Center

- Confidential Rapid HIV Testing
- Same-Day Results
- Culturally Sensitive Pre- and Post-Test Counseling
- No Cost to You
- No Appointment Necessary
- Convenient to Downtown, Midtown and MARTA

HOURS
Mon.–Wed. .. 12:00 p.m.–8:00 p.m.
Thurs.–Fri. ... 10:00 a.m.–5:00 p.m.
Sat. ............... 10:00 a.m.–2:00 p.m.

For more information, please call (404) 874-7926 or visit www.aidssurvivalproject.org
Classification 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.

Possibly 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. [2/2]

Male Seeking Any/All
GWM, 50, HIV+, looking for a phone friend to talk to. No sex involved, just chat together. Hal, (770) 484-4822. [1/2]

I’m looking for a wonderful friend or more to know. To have in a loving, beautiful, and honest, friendly relationship. I’m 39 years old, 5’ 11”, 200 lbs. Brian Campbell, #17127-074; USP PO Box 12015; Terre Haute IN  47801. [1/2]

Male, HIV+, looking for a phone friend to talk to. No sex involved, just chat together. Hal or Jim, (770) 484-4822 days. [1/2]

Help Wanted

Housekeeper Needed
Two disabled men need housecleaning done on a monthly basis. Dusting, sweeping, vacuuming, etc. You should not be afraid of dogs since we have two of them. Hal or Jim, (770) 484-4822 days. [1/2]

Graphic Designer Available for Hire
Degreed, experienced, PC-based graphic designer/newsletter editor/columnist specializing in publication design and production seeks full-time employment in a corporate art department, design studio, ad agency, print house or similar environment. Expert grammatical skills; Adobe PageMaker “power user.” Résumé, samples, references, salary requirements on request. ELW, PO Box 71, Tucker GA 30085-0071; (770) 414-4520; TrekBearGA@aol.com. [1/2]

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!

Use this form to place your own Classified or Positively Personal ad!

City/State/ZIP
Daytime Phone #
I am: Male Female TV/TG/TS
Seeking: Male Female TV/TG/TS Any/All
Ad should say (35 words or less):

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!
## May 2005

### Calendar

**30**
- ASP at Atlanta Pride Festival, Piedmont Park (details pg. 14)

**31**
- ASP at Atlanta Pride Festival, Piedmont Park (details pg. 14)

**1**
- 11:00 am - 12:00 pm Volunteer Orientation
- 6:00 pm Women’s Support Group (closed)

**2**
- 6:00 pm Women’s Support Group (closed)
  - Matters of the Heart starring Patti Lupone @ Fox Theatre (details pg. 14)

**3**
- 12:00 pm - 2:00 pm Ryan White Consumer Caucus (closed, but inquire re: membership at (404) 874-7926 ext. 15)

**4**
- 5:30 pm - 7:30 pm MACAI (closed)

**5**
- 5:30 pm - 6:30 pm Volunteer Orientation

**6**
- 7:00 - 8:00 pm Positively No Speeding (open Crystal Meth Anonymous group)

**7**
- 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group

**8**
- THRIVE! Weekend (details pg. 13)
  - Matters of the Heart starring Patti Lupone @ Fox Theatre (details pg. 14)

**9**
- 6:00 pm Women’s Support Group (closed)

**10**
- 6:00 pm Women’s Support Group (closed)

**11**
- 6:00 pm Women’s Support Group (closed)

**12**
- 6:00 pm Women’s Support Group (closed)

**13**
- 5:30 pm - 7:30 pm MACAI (closed)

**14**
- 5:00 pm – 10:00 pm Human Rights Campaign (closed)

**15**
- 7:00 - 8:00 pm Positively No Speeding (open Crystal Meth group)

**16**
- DEADLINE TO SUBMIT NOMINATIONS FOR ASP’S 2005-2006 BOARD OF DIRECTORS (DETAILS PG. 2)

**17**
- 5:30 pm - 7:30 pm MACAI (closed)

**18**
- 5:30 pm - 6:30 pm Volunteer Orientation

**19**
- 7:00 - 8:00 pm Positively No Speeding (open Crystal Meth Anonymous group)

**20**
- 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group

**21**
- 6:00 pm Women’s Support Group (closed)

**22**
- Matters of the Heart starring Patti Lupone @ Fox Theatre (details pg. 14)

**23**
- Matters of the Heart starring Patti Lupone @ Fox Theatre (details pg. 14)

**24**
- 6:00 pm Women’s Support Group (closed)

**25**
- 6:00 pm Women’s Support Group (closed)

**26**
- 5:00 pm – 10:00 pm Human Rights Campaign (closed)

**27**
- 7:00 - 8:00 pm Positively No Speeding (open Crystal Meth group)

**28**
- 5:00 pm – 10:00 pm Human Rights Campaign (closed)

**29**
- 7:00 - 8:00 pm Positively No Speeding (open Crystal Meth Anonymous group)

**30**
- 5:00 pm – 10:00 pm Human Rights Campaign (closed)

**31**
- 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group

**June 2005**

### Calendar

**1**
- 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group

**2**
- ASP at Atlanta Pride Festival, Piedmont Park (details pg. 14)

**3**
- THRIVE! Weekend (details pg. 13)

**4**
- 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group

**5**
- THRIVE! Weekend (details pg. 13)

**6**
- 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group

**7**
- 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group

**8**
- 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group

**9**
- 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group

**10**
- 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group

**11**
- 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group

**12**
- 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group

**13**
- 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group

**14**
- 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group

**15**
- 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group

**16**
- 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group

**17**
- 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group

**18**
- 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group

**19**
- 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group

**20**
- 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group

**21**
- 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group

**22**
- 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group

**23**
- 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group

**24**
- 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group

**25**
- 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group

**26**
- 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group

**27**
- 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group

**28**
- 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group

**29**
- 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group

**30**
- 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group

**31**
- 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group

---

**S U R V I V A L  N E W S**

**22**

**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.aidssurvivalproject.org/events.html OR CALL (404) 874-7926.**