Larry Lehman Receives John Kappers AIDS Community Service Award

Larry Lehman, Executive Director of AID Gwinnett, was presented with the John Kappers AIDS Community Service Award at AIDS Survival Project’s Annual Meeting on September 29, 2003. The distinguished Kappers Award is presented annually by AIDS Survival Project to those who demonstrate tireless commitment in the AIDS service arena and who have given a significant amount of time, money or both to support the self-empowerment of individuals infected with or affected by HIV. Nominees and recipients are also those who have provided unique talents and boundless energy to ensure improved quality of life and have made a major impact on the community at large through HIV-related advocacy, activism, education and support.

Executive Director of AID Gwinnett since 1994, Lehman has also worked as both a volunteer at AID Atlanta and on staff there as the program coordinator in the Department of Client Services. He currently serves on the Board of Directors of Georgia Shares, was a past member and twice chair of the NAMES Project Atlanta Chapter, and served on the founding board of Project Open Hand/Atlanta.

“His résumé, however, does not speak to the hundreds of hours Larry has spent helping individuals, families and care partners in their homes and hospital rooms,” noted AIDS Survival Project Executive Director Jeff Graham, quoting from a letter nominating Lehman for the award. “It also does not reflect the personal resources he generously gives to his agency, other agencies and individuals who need support. Larry selflessly opens his checkbook as easily as he opens his heart.”

Call to Action

In accepting the award, Lehman called on people to renew their commitment and take action in the fight against AIDS, particularly at a time when proposed state budget cuts and flat-funding of programs at the national level threaten existing services that have been shown to save lives. At the time of the meeting, the Georgia Department of Human Resources (DHR) had announced plans to cut AIDS services by as much as $2.5 million. Combined with the potential subsequent loss of federal funding, such cuts could have reached more than $10 million, which not only would have restored the waiting list for the AIDS Drug Assistance Program (eliminated in 2000 after years of advocacy work by AIDS Survival Project in coalition with other groups), but also would have removed at least 1,200 people from the existing program. Fortunately, DHR reversed its position on the cuts several days after the Annual Meeting [see page 3 for the latest news on ADAP —Ed.], thanks to persistent, vocal action by the community—which made Lehman’s call to action still relevant.

“We need to get fired up again and address the local and national aspects of this problem. Our current administration pays lip service to the global AIDS crisis but isn’t paying attention to the crisis here at home,” Lehman said. “We can’t let that happen. A lot of people have been on the sidelines for too long and been too quiet. It’s time for people to get back in the streets.”

Lehman’s words sounded a common theme of the night. In his opening welcome remarks, AIDS Survival Project Board President Eddie Young told the crowd he was angry at the message coming from government officials that AIDS programs have failed. Bush Administration officials and Congressional leaders have been speaking about rewriting the Ryan White CARE Act because they say it has failed in its purpose.

“We have not failed; we have had tremendous successes,” Young said. “The only failure is theirs, in not allocating funding where it’s crucially needed.”

“The government at all levels—local, state and federal—is more hostile to the AIDS community than it has been in the last 13 years,” Graham noted. “Bringing attention to AIDS in the developing world is very important, of course. But it’s also propelled us back in time to a world of ‘innocent versus guilty victims’ of AIDS. Not only political leaders but commentators are putting out the idea that people with AIDS in this country have somehow brought it on themselves.”

There is a belief out there that AIDS service organizations are huge bureaucracies no longer worthy of public support. The infrastructure we have worked to build and that has accomplished so much is beginning to crumble around us.”

One solution—Graham, Young, Lehman and others agree—is for people to once again become passionately engaged in the issue, reflecting the example of Kappers, an energetic, active...
Smoke Signals

Eric L. Watts

It was cold. It was wet. It was late December 1997, and the weather was almost as miserable as I was. Standing outside the back door of the office building in which I worked, the cigarette smoke I exhaled was indistinguishable from my foggy breath. I wasn’t there, on what I laughingly referred to as a cigarette “break,” because I wanted to be. I was there because I was compelled to be. While my colleagues and coworkers were inside the building, warm and oblivious to my misery, I was driven outside into the hateful weather, by myself, by a nicotine addiction that demanded to be sated.

Why was I there? Why was I doing this to myself? What possible reason could I have cited to justify my actions? I had been coughing up green phlegm every morning as I brushed my teeth for several months. My breathing had a slight wheezing to it. At chorus rehearsals, I couldn’t hold long, sustained notes for as long as I had once been able. If I had ever had a good reason for starting to smoke, I’d be damned if I could think of it at that moment. All I could think of right then was that I was no longer in control of my actions. I stared with contempt at the Marlboro Light burning between my fingers, realizing that it had more control over my life than I did. When I was finished with it, I didn’t just stamp the ash out with my toe—I angrily crushed it back inside the “smoke-free environment” of my office. I went ahead with it, I didn’t just stamp the ash out with my toe—I angrily crushed it back inside the “smoke-free environment” of my office... ever again.

The next three months were among the absolute worst periods of my life. To say I became irritable, short-tempered and generally unpleasant to anyone and everyone who came within earshot is a tremendous understatement. But amazingly, I found a support system where I had not expected: at work. After I’d announced to an office neighbor that I was hell-bent on breaking my nicotine addiction and warned that there just might be some coworker casualties along the way, I was surprised—hell, almost suspicious—by the number of “good lucks!” and “atta boys!” I received from nonsmoking colleagues, many of whom had never previously moved beyond the obligatory “good morning” at the office coffee machine, but which were rewarded now with little more than withdrawal-added grunts of acknowledgment.

As of this writing, it’s been five years, ten months and twenty-one days since I smoked my last cigarette. The cravings for nicotine finally subsided after twelve weeks. I could not have made it through that horrendously difficult time without the accountability and support of my colleagues and best friend (who, by the way, fell off the wagon several months later). My lungs eventually cleared up so I no longer coughed up phlegm every morning; my wheezy breathing cleared up; my breath control strengthened and my singing voice became both stronger and clearer. Unexpectedly, I also realized I could once again taste foods and smell fragrances that had long been denied to those senses. (Not unexpectedly, I also gained 40 pounds over the next six months... but that’s a tale for another day.) And not unimportantly, I found myself saving about a hundred bucks a month.

The advantages of quitting smoking are innumerable. But nicotine is an addictive drug, and breaking any addiction is always difficult, often ugly and occasionally dangerous. I could not have quit smoking for good without two things: 1) a strong personal determination to quit, reinforced by 2) an omnipresent support system.
A Little Background

In the last issue of Survival News, I reported that there were rumors that DHR would propose very steep cuts to ADAP. The cuts were the result of the Governor’s request that 2.5% of the DHR budget be cut in this fiscal year, with an additional 5% in cuts in the next year. Unfortunately, those rumors did end up being true. In fact, once we were able to see the proposed budget and the program impact statement that accompanied it, we realized how bad the situation might become.

Not only were cuts proposed to ADAP, the $2.5 million proposed represented a 22% decrease in state funding for this program. Making matters worse, the sudden decrease in state support had the potential of triggering a loss in federal funds of an additional $7.7 million, resulting in a total cut to the program of as high as 28%.

Such a drastic change in funding would have resulted not only in the reestablishment of the ADAP waiting list, but could have meant that funding was not available to cover the people already on the program. Taken to the worst-case extreme, DHR program staff were making contingency plans to remove as many as 1,226 people from the ADAP rolls in the next year and a half.

All of this came at the same time as the announcement that DHR Commissioner and ADAP supporter Jim Martin was to be replaced and that the Governor had appointed a host of new members to the DHR Board. The outlook was bleak, to say the least.

A Success for the Community

Word quickly spread throughout the state that ADAP was under attack. Folks rallied and made certain that the new Chair of the DHR Board was aware of the possible impact of these cuts. Days before the board meeting in October, at which the budget recommendations would be finalized, the DHR Chair sent out word that ADAP funds would be restored in the budget that they would submit to the Governor for approval.

The community was active, vocal and persistent—and the community was rewarded for those efforts!

What’s Next?

No one knows for sure what will happen at DHR in the coming months and years. With so many new board members, a new commissioner and new thoughts concerning the philosophy of public health, we must all be aware of what is going on. However, we also need to know that even in what might not be a supportive environment, we can still work towards the common good of people living with HIV in the state. The upcoming legislative session will let us all know if we are continuing to make progress in Georgia’s fight against AIDS, or losing ground to fear and ignorance. Much of that decision lies within our community, and how active, involved and unified we can be moving into the next year.

Meet the New DHR Board

Governor Sonny Perdue announced six new appointments to the Board of Human Resources. These individuals join four existing board members whose terms are not yet up. Bruce Cook was elected as the new chairman. Brief biographies are provided below.

LaRon D. Bennett, Sr., 48, Brunswick

Bennett is currently the owner of SideView Concepts, a project management, consulting and design firm, and founder/pastor of Christ’s Church for the End Times, Inc. Bennett serves as a member of the NAACP and an administrative council member of the Glynn Council Schools. He is founder and past executive board member of Habitat for Humanity (Glynn County Chapter) and the Glynn County Planning Commission. He and wife, Angela, have three children.

Robertiena “Tiena” Fletcher, 54, Warner Robins

Fletcher is Director of Pharmacy at the Houston Healthcare Complex and serves as a member of the Board of Directors of the American Cancer Society, the Warner Robins Chamber of Commerce and is a trained mediator for the Houston County Juvenile Courts. Fletcher has also served as a member of the Houston County Board of Education. She received her B.S. from Mercer University and her MBA and M.Sc. from Georgia College. Fletcher is married and has three children.

Vernadette Ramirez Broyles, 38, Norcross

Broyles serves on the Board of Directors of the Federal Home Loan Bank of Atlanta, the National Council on Violence Against Women, as coordinating counsel for the Juvenile Justice and Delinquency Prevention Program and is a member of the Hispanic Chamber of Commerce.

Broyles received her B.S. from Yale University and her J.D. from Harvard Law School. She is married and has one son.

Bruce E. Cook, 58, Atlanta

Cook is founder and CEO of Choosing the Best Publishing, LLC, and is past president and CEO of Rapha, a national healthcare organization. Cook also founded and served as CEO of Leadership Dynamics International, National Director of “Here’s Life America” and on management task forces for AT&T, United Airlines and Coca-Cola. An author, Cook is a graduate of Georgia Tech and holds an MBA from Harvard. He and wife, Donna, have two children.

Willene Jones Grant, 73, Elberton

Grant currently serves the Athens Technical College as an instructor and is past Director of Quality Management for the Elbert Memorial Hospital and head nurse for the Emory University, Macon and Hall County hospitals. Grant received her B.S. from Emory University and holds postgraduate degrees from Georgia State University and the University of Georgia.

Anne O’Quin Mueller, 73, Savannah

Mueller is a member of the board of the Savannah-Chatham Humane Society and a member of the Savannah Cultural Affairs Commission. Mueller previously served as State Representative from the 152nd District. Mueller received her B.S. in Zoology from the University of Georgia.
This year marks the 15th anniversary of AIDS Survival Project. Our year-long celebration will be capped November 15 with an Anniversary Gala at downtown Atlanta’s elegant Commerce Club (34 Broad Street) from 6:00 to 8:00 p.m. The evening will feature fine food and drink, entertainment and awards presented to the following people for their commitment and accomplishments in the fight against HIV/AIDS:

Sandra Thurman
Director of the Office of National AIDS Policy in the Clinton administration and former Executive Director of Aid Atlanta. A recognized expert on AIDS issues, Ms. Thurman has provided testimony before the US Senate, the White House Conference on HIV/AIDS and the National Commission on AIDS. During her tenure at the White House, she ensured that people living with HIV, as well as AIDS service agencies, had a voice in the creation of federal AIDS policy and focused the administration’s attention on the global pandemic.

Dr. Michael Saag
Associate Professor in the Division of Infectious Diseases at the University of Alabama at Birmingham. Founder (1988) and director of the 1917 AIDS Outpatient Clinic, which provides medical and social services to approximately 1,000 patients with HIV/AIDS. Dr. Saag has had a major impact on the accessibility of cutting-edge research to those who live in the South and has always guaranteed that clinical trials are accessible to those living in the metro Atlanta area.

Jamey Rousey
Coordinator of the Atlanta AIDS Partnership Fund; former Deputy Director of AIDS Survival Project and Executive Director of AIDS Treatment Initiatives. A longtime survivor of AIDS who has worked both professionally and as a volunteer for many organizations, Mr. Rousey has worked towards greater diversity and inclusion in the AIDS community and has focused attention on the need to support current services and unmet community needs.

The Gala will also be a chance for us all to look back to our beginning and recognize the values and achievements that have made this coalition of people affected by HIV what it is today. In 1986, a small group of People with AIDS (PWAs) in Atlanta first met to discuss the availability of programs geared for individuals already infected by HIV and living with AIDS. At that time, being infected meant that self-empowerment and maintained quality of life were, at best, limited, and that death was imminent.

Most of these individuals were volunteers within the local AIDS service organization community, which was targeted primarily toward general education and providing basic available services. Demanding treatment research and advocating basic individual rights were not a focus for any of the existing organizations. They were organized primarily by health care professionals or development specialists and rarely included HIV+ people in the major decision-making processes.

In the course of developing a new kind of AIDS organization over the next few years, this group of PWAs turned to the Denver Principles, the first assertion of the rights of people with HIV. First articulated in a meeting of PWAs and activists in Denver in 1983, these principles called on the public for active support in the struggle against discrimination, stigma and scapegoating. Of all the rights and responsibilities set forth in the Denver Principles, perhaps the greatest influence on the founders of AIDS Survival Project was the conviction that people with HIV must be their own representatives—involved at every level of decision-making, serving on the boards of provider groups and having an equal voice in all matters concerning their lives and well-being. Out of the commitment to this ideal, a new coalition of people affected by HIV was born. Planning sessions were held, a charter drawn up and the new organization held its first board meeting in April 1988.

Today, that organization has grown to become a major force in the fight against AIDS and a valuable source of tools for living for thousands of people, not only in metro Atlanta but throughout the state. But the vision and dedication of the founders and the commitment to those grassroots principles continue to be the backbone of our organization. What distinguishes AIDS Survival Project from other AIDS service organizations is a structure and mission that goes beyond “client services.” From the very beginning, we have placed a high priority on advocating for human rights and fair treatment for all people living with HIV/AIDS and providing the means for individuals to become their own advocates. By taking part in the advocacy work AIDS Survival Project does individually and in coalition with many other groups, people with AIDS have the means to become a powerful, united voice for equitable and rational public policy.

Our mission is built on the principle of self-empowerment, providing those affected by HIV with the information and support needed to make well-informed choices. “Give someone a fish,” the saying goes, “and they will eat for a day. Teach someone to fish, they will eat for a lifetime.” Through volunteering, peer counseling, support groups and up-to-date comprehensive treatment education, thousands of individuals have been able to manage their care, take control of their lives and help others who face the same challenges.

This foundation of partnership was built into AIDS Survival Project 15 years ago as a coalition of HIV+ individuals and their families, friends, caregivers and others concerned about this epidemic. Anyone who is HIV+ may elect members of our Board of Directors, 50% of whom must also be HIV+. This unique structure ensures a passionate and committed response to the diverse and changing needs of people with HIV/AIDS because their voices are our voices. We also partner with other agencies and professionals across the spectrum of health care and social services who provide valuable information about all aspects of living with the disease and about accessing resources available throughout Atlanta and the state.

While it may seem an odd choice of words to mark 15 years of fighting a global pandemic that continues to spread and take so many lives, there is much to celebrate in AIDS Survival Project’s anniversary. It is the countless individuals through the years who have made such a difference in the lives of others that we honor and celebrate. We hope you will be able to join us in making this an anniversary year and an unforgettable Gala event truly worthy of their achievements.
The Back Bone

Jeff Smith  jsmith@aidssurvivalproject.org

Recent and Coming Events at ASP

Save the Date(s)!
To help keep you educated and up-to-the-minute on the latest issues in the HIV world, here’s a list of upcoming ASP-sponsored educational opportunities to put on your calendar. Some of the events were still in the planning stages as this issue went to press, so call us at (404) 874-7926 for more information. All events will be held in the Bruce Almond Community Room at 139 Ralph McGill Boulevard unless otherwise indicated.

- On Saturday and Sunday, November 8 and 9, the last THRIVE! Weekend of 2003 will be held. If you can’t make the November THRIVE!, don’t worry! Just make a New Year’s resolution to attend the next THRIVE! Weekend on January 24 and 25 (see page 10 for all 2004 dates).
- On November 12, ASP will sponsor a Lunch & Learn on Fuzeon, a fusion inhibitor, the newest class of antiretroviral.
- On November 20, to correspond with the American Cancer Society’s Great American Smoke-Out, ASP will be holding a Treatment Forum on smoking cessation and the associated health benefits for persons living with HIV.
- Two counseling training sessions on Saturday, November 22 from 9:00 a.m. to 4:00 p.m. This will be the last training for 2003, but will be available quarterly in 2004.
- On Friday, December 5, from 1:00 until 5:00 p.m., join us for what has become an annual event: the Healthy Choices = Healthy Lives series, “A Priceless Gift... This Holiday, Give Yourself the Gift of Completed Advanced Directives.” The staff of the AIDS Legal Project will be on hand to help you execute your Living Will and Durable Medical Power of Attorney.

For more information or to register for any of these events, please call the ASP offices.

World AIDS Day
To celebrate World AIDS Day, ASP, in partnership with other Atlanta area agencies, is planning an awareness-raising event to be held midday on Monday, December 1. For more information, please call the ASP offices and watch for flyers, ads and Internet messages keeping you up-to-date on this important event.

Annual Holiday Volunteer Appreciation Potluck
To properly thank you all, I would like to invite you to our annual Holiday Volunteer Appreciation Potluck on Thursday, December 18, from 5:30 to 8:30 p.m. in the Bruce Almond Community Room. Come out and help us celebrate your work as an ASP volunteer and celebrate the holidays at the same time! Just bring your favorite dish and we’ll supply the sodas, gifts and entertainment. For more information or to register, please call the ASP offices.

ASP Holiday Office Hours
For the Thanksgiving holidays, AIDS Survival Project will close midday on Wednesday, November 26 and reopen on Monday, December 1. For the Christmas and New Year holidays, the offices will be closed from Wednesday, December 24 to Friday, January 3, and will reopen on Monday, January 5, 2004.

As always, thanks for your continuing support of AIDS Survival Project and may each and every one of us have a Happy Holiday Season and a Joyous New Year! ☺

Recent and Coming Events at ASP

AIDS Walk Atlanta
Another big thank-you to all the volunteers who participated in the AIDS Walk this year. Your fundraising efforts from the Walk will help support the programs offered by AIDS Survival Project. Your dedication and support are always appreciated.

Join us for AIDS Survival Project’s Holiday Volunteer Appreciation Potluck!
Thursday, December 18 from 5:30 to 8:30 p.m. at 139 Ralph McGill Boulevard in the Bruce Almond Community Room (first floor)

Come Help Us Celebrate the Holiday Season and All the Outstanding Contributions of Our Wonderful Volunteers!

Bring your favorite dish (homemade, store-bought, it doesn’t matter) and we’ll supply the sodas, fun, goodies and entertainment

Call (404) 874-7926 to RSVP
Please respond by Monday, December 15 and tell us you’ll be there and the dish you’ll be bringing

November/December 2003 5
AIDS Survival Project is fifteen years old. In that time, treatment of HIV has changed dramatically, the political climate has shifted several times and the “face of AIDS” has become more often that of a person of color. At ASP, the Treatment Resource Center has grown from a single file cabinet to an HIV-focused library containing over 450 volumes, plus Internet access. Operation Survive! has evolved into THRIVE! Weekend. Peer counselors routinely handle calls from people on disability who are trying to figure out how to go back to work after an AIDS diagnosis instead of calls requesting referrals to hospice care. Through all the changes, ASP has maintained this mission:

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

Responsiveness to medical and social change has been timely because it has come directly from the people whose lives and needs were changing. Barriers to using services remain almost nonexistent. People from all walks of life learn to become expert partners in managing their health. The philosophy that has been so effective in allowing this agency to remain relevant, powerful and responsive is found in a manifesto drafted in 1983 called the Denver Principles. The Denver Principles were written by a group of AIDS activists early in the epidemic, at a time when little was known about HIV infection and physicians and researchers were not used to working with “patients” who demanded to be true partners in their medical care.

In the struggle to fight discrimination and marginalization, the Denver Principles are still a guiding force. They inform what ASP does in every aspect of the organization, every program and every advocacy effort. They feel no less radical today than they did twenty years ago, which speaks to the unique social stigma that still inhibits testing, prevention, disclosure and access to treatment. On this fifteenth anniversary of ASP, adequate funding for HIV/AIDS care and prevention continues to be in jeopardy and HIV names reporting in Georgia is proposed to take effect on January 1, 2004. It’s worth being reminded of the principles that guided the people who founded AIDS Survival Project.

The Denver Principles

Recommendations for All People

We recommend that all people:

1. Support us in our struggle against those who would fire us from our jobs, evict us from our homes, refuse to touch us or separate us from our loved ones, our community or our peers, since available evidence does not support the view that AIDS can be spread by casual, social contact. (Remember that HIV and the first proof that AIDS was an infectious disease would not be discovered for two more years.)

2. Not scapegoat people with AIDS, blame us for the epidemic or generalize about our lifestyles.

3. To full explanations of all medical procedures and risks, to choose or refuse their treatment modalities, to refuse to participate in research without jeopardizing their treatment and to make informed decisions about their lives.

4. To privacy, confidentiality of medical records, to human respect, and to choose whom their significant others are.

5. To die and to LIVE in dignity.

We recommend that people with AIDS:

1. Form caucuses to choose their own representatives, to deal with the media, to choose their own agenda and to plan their own strategies.

2. Be involved at every level of decision-making and specifically serve on the boards of directors of provider organizations.

3. Be involved in all AIDS forums with equal credibility as other participants, to share their own experiences and knowledge.

4. Substitute low-risk sexual behaviors for those that could endanger themselves or their partners. We feel that people with AIDS have an ethical responsibility to inform their potential sexual partners of their health status.

Funding for this program is provided by the Ryan White CARE ACT Title I under the guidance of the Board of Commissioners of Fulton County’s AIDS Grants Program.

The Foundation

Rights of People with AIDS

People with AIDS have the right:

1. To as full and satisfying sexual and emotional lives as anyone else.

2. To quality medical treatment and quality social service provision without discrimination of any form based on sexual orientation, gender, diagnosis, economic status or race.

3. To full explanations of all medical procedures and risks, to choose or refuse their treatment modalities, to refuse to participate in research without jeopardizing their treatment and to make informed decisions about their lives.

4. To privacy, confidentiality of medical records, to human respect, and to choose whom their significant others are.

5. To die and to LIVE in dignity.

Come learn the basics of Peer Counseling at AIDS Survival Project’s Counseling Skills-Building Training

We will be covering the following topics:

- Verbal and nonverbal communication
- Problem-solving
- Information and referral techniques
- Assessing callers’ needs
- Active listening skills
- And more!

9:00 a.m. to 4:00 p.m., Saturday, November 22
at 139 Ralph McGill Boulevard
Continental breakfast and lunch will be served

No charge, but participants must preregister.
Registration deadline is November 20
Please call (404) 874-7926 and sign up to attend.

mlhemphill@aidssurvivalproject.org
This year, AIDS Survival Project hosted its seventh annual Women’s Healing Retreat. I have been attending these gatherings for several years and believe that it is one of the most gratifying events that our organization sponsors. Every year, I have simply shown up and been swept up in the day’s activities, attending workshops and talking with other women about the trials and tribulations of living with HIV. This year, I was provided with a different opportunity: a chance to see how this event comes together. As a staff member and manager of our outreach program, I was invited to be a part of the planning committee for the retreat and it was quite an amazing learning experience.

Our first task was to come up with a theme or central focus for the activity. Based on the fact that there is only one plenary session where everyone comes together, we decided on a guided discussion concerning “down low” behavior. The phenomenon of the “down low” has gained a lot of attention recently with feature articles in both The New York Times and Washington Post newspapers. “Down low” behavior speaks to the issue of men who are straddling both sides of the sexual fence, by having sex with both men and women and much of it without adequate protection. This is becoming a very controversial subject, especially in communities of color where the statistics of HIV and AIDS infection rates are on the rise. Adding to the controversy, we decided to look at the topic from the perspective of someone who had actually lived a “down low” lifestyle and would be willing to share information with our participants as to what signs to look for.

Once our keynote speaker was secured and the remainder of the program was set in place, we moved on to the most important item for the day: namely, who would be responsible for catering the food. Food is very important for the Women’s Retreat. Not only do we provide a nourishing breakfast at the start of the day, we also provide a hot lunch and snacks throughout the day’s activities. There is also the matter of day care responsibilities, which hinges upon how many children we have to care for, their ages and special needs. For the children, we have to have games, toys, cots for naps and lots of videos. This year, the retreat was held in our new facility. While this was a cause for celebration, it also presented a number of challenges that had to be overcome. In the building where the event was housed previously, everything was already set up for us, including areas for dining and child care. Fortunately, since we have access to our entire building and a close working relationship with the other building tenants (Positive Impact and AIDS Treatment Initiatives), we have the advantage of flexibility and managed to find space to accommodate all of the day’s activities.

As we all know, the best-laid plans can often go astray and when I arrived at ASP an hour before the retreat was to commence, I was told that the keynote speaker had canceled on us the night before! In keeping with the teamwork effort that helps us stay on track and moves this organization forward, I offered to step in and facilitate a discussion with the participants. Since I am aware of its importance, I thought the ladies would be disappointed if we did not address the subject matter. The feedback that I got told me that the session was well-received and was informative as well as educational.

On the whole, the day went well for the 56 women in attendance. Not only were they treated to good food and information, they also had access to chair massages, BIAs (Bioelectrical Impedance Analysis, a painless procedure that measures the percentage of body fat), a health fair and the quintessential “goodie bags,” a gift bag made up entirely from generous donations and a monumental effort on the part of volunteer Dan Dunable. This year’s bags, along with a wide variety of raffle items, included everything from facials and vitamins to energy bars and free chiropractic care!

One of my specific responsibilities for the retreat was coordination of the health fair and while I must give a great big Thank You! to all of the participating organizations, I’d like to highlight a small group that made a big impact. Mother’s Voices is a nationwide AIDS service organization with a ten-year history that comes from a different perspective. Coming from a peer educator’s viewpoint, this group targets parents and helps them to talk to their children about sex, choices and HIV/AIDS. This is accomplished through a two-day training program that encourages parents to develop strategies around talking to their children about the risks of HIV and engaging in sexual activity. Accompanying the training is a booklet put out by the organization that directs parents to examine their own values and prejudice, emphasizing that discussions about HIV and sexuality are not a one-time event.

Along with their training effort, Mother’s Voices also has a lengthy history of advocacy. Originally formed as a group of mothers with a personal concern or connection to the AIDS crisis, the agency became activist as the face of the epidemic changed. Although the emphasis of the organization has changed from advocacy to prevention in recent years, the advocacy effort has not been abandoned and in fact, they have instituted an “Advocacy for Parents” seminar in their training. In an article by Laura Engle for The Body web site, she quotes Ed Galloway, Director of Community Affairs, saying, “they are enabling parents to talk not only with other parents and their own children, but to be able to go to their school boards, community boards and congressmen, letting them know that we still have HIV in this country.” Mother’s Voices also operates a nationwide e-mail action alert list. Their local address is 925 Main Street, Suite 207, Stone Mountain GA 30083. The phone number is (678) 476-3791.

RECEIVE AN IRS DEDUCTION!

Donate your car, truck, boat, trailer, motorhome, RV to AIDS survival project.

Charity Auto Donations, Inc. a non-profit organization helping to fund public charities, will return the net proceeds after auction to your charity.

206 Maxham Rd., Austell, GA 30001
770-944-2011
As the onset of the holiday season approaches, so do all our expectations that come with them. Our society creates an idea that holidays are a time to rejoice and that everyone should partake in a celebration of the season. It is not unusual, however, for many of us to experience negative feelings with the beginning of the holidays, including sadness and loneliness. This condition is nonjudgmental; it can affect all of us. But for individuals living with HIV/AIDS, this time of year can cause even more stress on an already stressful life.

Many factors can contribute to the holiday blues, including increased stress from extra demands placed on a person’s life, fatigue and loss of energy from the change in routines with the added responsibilities that come during the holiday season, memories and thoughts of those who are no longer alive, over-commercialization of a season which once was a simpler celebration, a change in diet, unrealistic expectations to meet all the demands placed on an individual during the holidays, and inabilities to be with those you love.

Symptoms of the holiday blues include an inability to think clearly or concentrate, loss of interest in everyday activities, headaches, muscle tension, insomnia or oversleeping, excessive thinking and worrying and anxiety. While some of these symptoms of the holiday blues may feel intense, very unsettling and can be all-around discouraging, it is important to remember that these feelings are situational. The symptoms are short-lived, appearing around the onset of the holidays and possibly continuing throughout the season, but ending shortly after the first of the year as the winter holidays come to an end.

The most important thing for a person to remember is that these feelings are a normal response to a stress-filled time of the year which may bring many changes to a person’s life. However, you can be in charge of managing your holiday blues.

These are the eight simple rules for managing your holiday blues.

1. Schedule time for yourself
   At first, this seems to be simple; however, for many, this is sometimes an impossible feat during our daily lives, not to mention during the holidays. There is much to be said for down time. Taking a break from the pulls of life can help in reconnecting with yourself. During the holidays, take a break from all of the festivities and do something for yourself. Placing this importance on yourself allows you to remain true to what makes you happy. Make decisions that will meet your needs and benefit you by not causing more stress.

2. Remember the importance of a healthy diet
   Healthy eating during the holidays... are you serious? Proper nutrition during the holidays can prove to be a challenge for anyone. But just because it is a holiday doesn’t give you a reason not to practice caution while celebrating. A healthy diet can help promote a more positive mental well-being. Certain studies have shown that foods higher in fat and sugar tend to cause an individual’s body to feel down, a low-energy level that has the potential to be interpreted as feeling emotionally depressed. This isn’t to mean that one must stay away from foods you like or enjoy. Moderation is the key. Having a taste of your favorite foods is great, but complement that with foods that are good for you. Finding a balance that works for you allows you to eat what you enjoy while making sure your body has the nutrients it needs for appropriate energy to allow you to stay active during this busy time of the year.

3. Exercise
   For most of us, exercise is one of the first activities deleted from our schedule when life gets busy. Most of the time, we see exercise as an added benefit we can add to our daily routine if we have time when in fact, it should be seen as a necessity for a healthy, well-balanced lifestyle. You might be wondering how to fit this into an already busy schedule. Make it a priority; schedule it into your day just as you would if you were making an appointment.

4. Find your support network
   The holidays are often filled with memories, and sometimes these thoughts are prevalent because we are no longer celebrating in the same way with the same people for a variety of reasons. Holidays always remind us of the losses in our life and it is natural to have feelings of anger, sadness or confusion. However, you don’t have to do this alone. Having a support network of family and friends can help buffer the effects of reliving the losses in our lives. It is important to recognize how we are feeling and reach out to those who care because you don’t have to do this alone.

5. Fend off fatigue
   Appropriate amounts of sleep are important for high energy levels, as well as keeping your spirits up. All of us have different sleep levels that we require in order to appropriately function in our day-to-day activities. With the busy times during the holidays, it is important to commit yourself to a regular sleep schedule to ensure a less stressful life.

6. Stress management
   Stress is a natural physical and emotional response to events that are perceived by the individual as negative. Stress can negatively impact a person’s body, and it is especially important for individuals living with HIV/AIDS to know that stress can affect a person’s immune system, leaving them even more vulnerable to disease. Stress management is important for all of us to help fight the negative effects of stress on our bodies. There are several things people can do to release stress from the body: exercise, meditation, deep-breathing exercises, yoga and just separating yourself from the stressful situation.

7. Organization is the key
   As humans, we are creatures of habit and enjoy the structure of systems. During the holidays, it is important to hold on to whatever routines you have established to help buffer the effects of stress when times become busy. We all know when the holidays are coming and that these times require more of our attention. Make a commitment to plan ahead and schedule your time wisely so as to not overextend yourself. This is a great time to begin using a planner or some time of organizational method to help you keep track of your life responsibilities.

8. Return to the simple
   Always remember to remain true to yourself and what makes you happy. That is the most important thing to remember when dealing with emotionally difficult times, especially during the holidays. It is always okay to remove yourself from situations that feel overly complex and may overextend your ability to handle everything going on during your life.

Hopefully, after reading these eight simple rules, you have an understanding of ways to help buffer the stressful times that can come with the onset of the holiday season. Just remember, you are normal, and you are having normal responses to an emotionally charged time. However, if for any reason you feel that this extends beyond the holiday times, you can find someone to talk with who can help you through these feelings to better understand what is going on in your life at that time. If you would like more information or you need someone to talk with, please feel free to call a peer counselor at AIDS Survival Project at (404) 874-7926.
“Hereby Devised and Bequeathed”

On a pretty autumn Saturday redolent of fall flowers, frying plantains and coffee, the way I feel as I ponder writing about wills and bequests is probably the way you feel reading the title of this article. If a midnight dreary seems a more appropriate time to tackle this section, I give you permission to postpone reading it—but don’t wait too long!

I won’t try to sell you on why AIDS Survival Project merits your consideration as a beneficiary of your estate; our services and this newsletter do a fine job of that. What I would like to do is give a few pointers on ways you can ensure that ASP is here to help others after your death.

AIDS Survival Project fosters self-empowerment, and stating your wishes through a written will, power-of-attorney or trust are potent expressions of empowerment that can affect the lives of others for years to come. There are several types of bequests that you can make. An unrestricted bequest is a specified gift to the organization in general, allowing the Board of Directors flexibility in how the funds may best be used. The bequest can be a gift of cash, stock, life insurance, even real estate. To make a bequest of this type, you or your attorney may include a statement like the following in your will: “I give, devise and bequeath to AIDS Survival Project, Inc., Atlanta, Georgia, (SX amount, property, % of life insurance policy, etc.) for its general purposes.”

Or you may specify that the residual of your estate go to ASP. This is called a residuary bequest; what is left after your other bequests have been honored will come to ASP. You may allocate all or a portion of your estate in this manner, using a modified version of the wording above.

You may also direct how your bequest is to be used by restricting the use of your funds to a particular program—Survival News, for example, or THRIVE! Weekend. To accomplish this, you may word your statement to read, “I give (SX amount, real estate, % of life insurance policy, etc.) to AIDS Survival Project, Inc., Atlanta, Georgia, to be used for the following purpose (insert name of program or description of service). If at any time, in the judgment of the Board of Directors, it is impossible or impractical to carry out this stated purpose, a purpose for the funds as near as possible to the originally stated purpose may be determined by the Board.” Do keep in mind that overly specific requests can present burdensome problems and should be talked over with your attorney and the President of ASP before being included in your will. This caution is especially relevant given the constantly changing nature of HIV and AIDS.

If you already have a will but wish to add ASP to it, you may simply draw up and attach a codicil naming AIDS Survival Project as a beneficiary without it interfering with the will’s other provisions.

An excellent resource for exploring all of your planned giving options—including dozens I’ve not mentioned—is Leave A Legacy Georgia. Leave A Legacy is a public awareness campaign that offers a wealth of information on everything from writing wills, making bequests, setting up trust funds and annuities, to describing planned giving strategies A to Z. The organization also provides legal forms and a contact list of legal advisors and attorneys participating in the Leave A Legacy campaign. For more information, visit their website at www.leavealegacygeorgia.org, e-mail them at info@leavealegacygeorgia.org, or call them at (770) 433-4137.

Nothing would please me more than to proclaim that very soon, AIDS Survival Project will not need your support; AIDS will be a memory, a cure has been found. Nothing, I’m afraid, would seem to be further from the truth. By expressing your support of ASP through a charitable gift from your estate, you will ensure that people affected by HIV in the years ahead will receive the education and support they need to live wisely, healthily and responsibly.

**Why We Avoid Preparing a Will**

“A will costs too much.”

But the several hundred dollars a will may cost will be nothing compared to the cost of not having a will. Probate costs, taxes and legal disputes can render your estate a shadow of its former self.

“I hate legal documents.”

As complicated as the legalese may seem, it will be nothing compared to the headaches you will have bequeathed to the unfortunate partner, family member or friend stuck with being the executor of your estate.

“I don’t have anything to leave.”

So you’re not a Reynolds or a Rockefeller; don’t forget the accruing value of a house, land or retirement accounts (let’s just leave stocks out of this for the time being). A life insurance policy can be an excellent and relatively painless way to leave a legacy, even if your tangible assets tend toward the bungalow, not the mansion.

“I don’t have time to mess with it.”

Who does?

**Creating a Will**

- A will must be signed by a person of legal age. Considering that the legal ages for marriage, consensual sex, serving in the military, drinking booze and being executed by the state are all over the map, check your local laws on this one.
- The document must be a product of a person with the full capacity to state their will, or: do it now before senility or Alzheimer’s sets in.
- The will must clearly state your wish to transfer specific property to a specific beneficiary, or: don’t go making new wills or attaching codicils every time you get mad or just feel like it. The whole affair may well wind up in court (sorry about that, Anna Nicole).
- The will must be created to correctly reflect your intent and not those of another party, or: if you’re blessed with a highly interested and involved family—no matter how you define “family”—get an independent attorney, CPA or trusted friend to help you with the provisions of your will.
- Finally, a will must be signed by you, the testator, in the presence of witnesses, who in their turn must also sign the document. Simple, but fudging with this step has fueled the plot of more crime novels, movies and TV shows that you can shake a stick at.
Positive Action Network Kick-Off

Positive Action Network “Leadership Training Program” officially kicked off in September. We have participants representing Bibb, Cherokee, Clayton, Cobb, DeKalb, Emanuel, Fulton, Gwinnett, Habersham, Toombs and Twiggs counties. We have kept enrollment open for various rural regional areas not represented.

Our Leadership Training participants are a very diverse group of individuals. On a questionnaire, the participants self-identified as:

Male ................................................... 51%
Female ............................................... 48%
African Descent ................................. 73%
Caucasian .......................................... 12%
Latin or Hispanic .............................. 4%
Gay/Same Gender Loving .................... 66%
Heterosexual ................................. 24%
Transsexual/Transgender ............... 7%
Person Living with HIV .................... 36%
Person Living with AIDS .................. 46%
HIV-Negative .............................. 12%

Our next scheduled training will be Saturday, November 15. Our classroom topics include:

• Understanding the funding system
• Cultural diversity
• Working with program budgets

The participants are a great group of people with so much to offer the state of Georgia. They came with notebooks, pencils and enthusiasm. We expect a core group of folks to develop grassroots HIV/AIDS advocacy on the local, state and federal level.

If you know of someone in the rural areas of Georgia that would be interested in this type of training, please have them call me here at ASP at (404) 874-2679 ext. 24, or e-mail me at gsmith@aidssurvivalproject.org. Also, keep a lookout for “3rd Thursday Advocacy Training,” coming soon!

— BRENDA FRANCIS

THRIVE! Weekends are free, interactive gatherings organized by AIDS Survival Project and led by men and women living with HIV. Join us for two full days of candid group discussions and empowering presentations on HIV/AIDS. Professional child care and meals provided. ASL by request.

2003-2004 THRIVE! Weekend Dates
November 8-9, 2003
January 24-25, 2004
March 27-28, 2004
May 15-16, 2004
November 6-7, 2004
July 17-18, 2004
September 18-19, 2004

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

Funded in part by the Fulton County Board of Commissioners under the guidance of the Fulton County Human Services Grants Program, Broadway Cares/Equity Fights AIDS, Dr. Richard Hudson, Roche Laboratories, Inc. and the Bristol-Myers Squibb Company.
This year, Atlanta is honored to host the annual Winter Business Meeting and Partnership Awards Dinner for the Communities Advocating Emergency AIDS Relief (CAEAR) Coalition. This is the first time this distinguished national organization has held their business meeting in Atlanta. The meeting will be held December 6–7 at the Sheraton Colony Square.

About the CAEAR Coalition
The CAEAR Coalition represents more than 300 grantees under Title I and Title III of the Ryan White CARE Act, including the 51 major metropolitan areas most adversely affected by the HIV/AIDS epidemic. The CAEAR Coalition is a leading voice in Washington for HIV/AIDS care and treatment and for over a decade has led the successful annual federal appropriation advocacy effort for CARE Act Title I and Title III. The CAEAR Coalition is the only national organization focusing exclusively on authorization and funding of these two titles. Funds from the 2003 CAEAR Coalition Partnership Awards Dinner will be used to support the CAEAR Coalition’s ongoing advocacy work in Washington, DC.

Welcome Reception Open to Local Agencies
On the evening of Saturday, December 6, local AIDS service providers will have an opportunity to show off their programs during the Welcome Reception to be held at the Grady Infectious Disease Program. Also on display at the reception will be an encore presentation of the exhibit From the Beginning: African-Americans and the AIDS Epidemic in Atlanta. Last year, over 800 people attended the exhibit during its initial run at the Center for AIDS and Humanity. This one-night-only viewing chronicles the work of a dozen African-American leaders and their efforts to raise awareness of the impact of AIDS in their communities in the early days of the epidemic.

Partnership Awards Dinner to Honor Rep. Lewis
The 3rd Annual CAEAR Coalition Partnership Awards Dinner will be held on Sunday, December 7, in Atlanta, in conjunction with the CAEAR Coalition Winter 2003 Business Meeting. Last year’s Partnership Awards Dinner took place in Tampa, Florida and brought together 100 friends of the CAEAR Coalition to honor longtime CAEAR volunteers and allies on Capitol Hill. Congressional awardees included Sen. Edward Kennedy (D-MA) and Rep. Bill Young (R-FL). Jeanne White Ginder, mother of the late AIDS activist Ryan White, delivered a stirring keynote speech that captivated and motivated the audience. While the final list of this year’s award recipients is still being finalized, we do know that Georgia’s own civil rights hero, Rep. John Lewis (D-GA), will be honored.

Why the Work of the CAEAR Coalition Is Critical
The Ryan White CARE Act funds primary health care, medications and support services for people with HIV/AIDS who lack health insurance and financial resources for their care. Each year, CARE Act programs reach more than 500,000 individuals with or at risk for HIV in all 50 states, the District of Columbia, Puerto Rico and the US territories. While the need for HIV/AIDS services has never been greater, there are many challenges faced by the government in light of the economic downturn and federal budget woes. The CAEAR Coalition is working in Washington, DC to communicate to legislators that important HIV/AIDS programs like the CARE Act must not be forgotten.

For More Information
If you would like more information regarding participating in either the opening night reception or purchasing tickets for the Partnership Awards Dinner, please contact Jeff Graham at (404) 874-7926 ext. 17 or Larry Lehman at (770) 962-8396 ext. 29. Local CAEAR Coalition member agencies include AIDS Survival Project, AID Gwinnett, Grady Infectious Disease Program, HIV Dent and Our Common Welfare.

Upcoming Treatment Forums

Wednesday, November 12
*Fuzeon Patient Panel Discussion*
ASP presents a Lunch & Learn for those considering Fuzeon as treatment option
12:00 Noon until 2:00 p.m.
Funding partially provided by Roche and Trimeris Inc.

Thursday, November 20
*The Great American Smoke-Out*
ASP presents a Lunch & Learn about various options to help you save over $1,000 a year and live healthy!
1:00 p.m. until 5:00 p.m., Friday, December 5
139 Ralph McGill Boulevard, Atlanta, Georgia

Holiday refreshments and hot cocoa will be served
Preregister before December 4 by calling (404) 874-7926
Funding for this program is provided by the Ryan White CARE Act Title I under the guidance of the Board of Commissioners of Fulton County’s AIDS Grants Program

A PRICELESS GIFT...
This holiday, give the gift of completed advanced directives...
Execute your Living Will and Durable Medical Power of Attorney in consultation with the AIDS Legal Project staff in a supportive and comfortable environment

AIDS SURVIVAL PROJECT’S
HEALTHY CHOICES = HEALTHY LIVES
series continues
1:00 p.m. until 5:00 p.m., Friday, December 5
Funding for this program is provided by the Ryan White CARE Act Title I under the guidance of the Board of Commissioners of Fulton County’s AIDS Grants Program
**The LiveWell Fund**

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

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The James M. & Ruth E. Wilder Foundation

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Dr. David Reznik
Barron Segar & Charles Potts
Larry Sheldon & Len Greenough
Dr. Tom Sparkman
Mark Tatro
Marty Thompson & Dr. David Morris
Edward Young

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**Newly Updated and Expanded Edition of Built to Survive! Now Available**
by Guy Pujol

The third edition of Michael Mooney and Nelson Vergel’s *Built to Survive!: A Comprehensive Guide to the Medical Use of Anabolic Steroids, Nutrition and Exercise for HIV(+) Men and Women* was released last month. This updated and expanded edition contains two new chapters on mitochondrial toxicity and facial wasting, which the authors describe as “the most important issues in the lives of those living with HIV” (p. 57).

*Built to Survive!* is an easy-to-read resource book for people living with HIV disease, addressing two primary sets of problems: body composition (particularly wasting and lipodystrophy) and drug side effects. Written by HIV treatment advocates Michael Mooney and Nelson Vergel, *Built to Survive!* offers practical information for maximum health and quality of life. Mooney, a nutrition industry insider and former competitive bodybuilder, and Vergel, a long-term survivor of HIV who credits his health and vitality to the program outlined in this book, advocate a comprehensive program based on nutrition, exercise, supplementation and anabolic support to combat wasting (unintentional weight loss), lipodystrophy (fat redistribution) and medication side effects (such as diarrhea, neuropathy, high cholesterol, depression and decreased libido).

*Built to Survive!* begins with Nelson Vergel’s own story of living with HIV disease and discovering a holistic program which allowed him to fight back from AIDS Wasting Syndrome by building 45 pounds of muscle and rebuilding his health. The book continues by explaining the Program for Wellness Restoration (PoWeR) and how this program can benefit all people living with HIV/AIDS. The book offers logical and convincing arguments for the use of anabolic-androgenic agents (steroids and hormone precursors) and appetite stimulants, when needed, to enhance body composition, and Mooney and Vergel support these arguments with scientific studies and peer-reviewed journal articles.

This third edition of *Built to Survive!* not only updates information in chapters contained in previous editions but also adds two new chapters. Chapter 13: “Mitochondrial Damage” by Brad S. Lichtenstein, ND, explains how antiretroviral medications (particularly the NRTIs) damage the cells’ mitochondria (which produces energy for the cell) and, subsequently, contribute to lipoatrophy—both atrophy (fat loss) and lipohypertrophy (fat accumulation)—and offers complementary therapies for strengthening and protecting the mitochondria.

Chapter 14: “HIV-Related Facial Wasting: Potential Reconstructive Procedures” by Nelson Vergel provides a descriptive and comparative analysis of the various reconstructive techniques being used to counter the effects of facial wasting. Four primary options are discussed—fat grafting, facelift, dermal/fat grafts and artificial filling materials—with the majority of the chapter devoted to a comparison of artificial filling materials. Facial implants considered include collagen, silicone, New-Fill® and others.

The updated and expanded information in this third edition of *Built to Survive!* makes it worth the price, even for people who own the first or second edition. Copies of *Built to Survive!* can be purchased from AIDS Treatment Initiatives (ATI) for $19.00 (suggested retail price: $24.95). The Ebook (electronic copy) of *Built to Survive!* may be purchased online at [www.medibolics.com](http://www.medibolics.com) for $14.95 (Adobe Acrobat Reader required).
Three New Drugs Approved by FDA

In a conversation with Dr. Jean Robinson, PHMD, pharmacist and patient educator at Pride Medical, Inc., here in Atlanta, she stated, “Most of these bumps can be prevented by massaging the site for five to fifteen minutes after injected the drug.” Dr. Robinson will join a panel of patients and medical professionals for a Lunch & Learn on Wednesday, November 12 at AIDS Survival Project from 12 noon to 2:00 p.m. (see ad on page 11.) This forum, sponsored by Roche, is designed as a question and answer panel for those patients who are either on Fuzeon or considering using the drug in the near future. Community advocates and health care professionals are also invited to attend. This Lunch & Learn is another free program of ASP. Please RSVP by Monday, November 10 at (404) 874-7926 so we can have an accurate count for lunch.

For patient support, visit www.fuzeon.com or call toll-free (877) 438-9366.

Reyataz

Atazanavir or Reyataz (formerly known as BMS-232632) is manufactured by Bristol-Myers Squibb. As with other protease inhibitors, Reyataz prevents the protease enzyme from working. Again quoting from the New Mexico AIDS InfoNet (Fact Sheet Number 447), “HIV protease acts like a chemical scissors. It cuts the raw material for HIV into specific pieces needed to build a new virus. Protease inhibitors ‘gum up’ these scissors.”

Recommended dosing is 400 mg by mouth once per day; taken with food. Reyataz is available in capsules of 100 mg, 150 mg and 200 mg. As with other protease inhibitors, Reyataz should be taken in combination with other antivirals to avoid cross-resistance. Reyataz provides blood levels that are high enough to control HIV that has already developed some resistance to other protease inhibitors. Again, follow label instructions as well as the recommendation of your health care provider.

This fact sheet continues by stating, “The side effects reported in clinical trials include high levels of bilirubin on over 30% of patients who took the drug. The liver produces bilirubin when old red blood cells are broken down. High levels of bilirubin can cause yellow skin or eyes (jaundice). This occurred in about 10% of patients.”

“High bilirubin can be a sign of liver damage. However, this is not the case for people taking Reyataz. The drug blocks normal removal of bilirubin. Less than 1% of patients stopped taking atazanivir due to high bilirubin levels.” Because Reyataz is processed in the liver, it can interact with other drugs broken down via the liver. Drugs to be aware of which may contraindicate with Reyataz include Viagra, several antihistamines, sedatives and drugs to lower cholesterol and antifungal drugs. Remember to inform your health care providers about all medications you are taking.

Other precautions when combining Reyataz with other drugs include:

- When taking the original form of ddi, the latter should be taken two hours before or after the former. You should also allow one hour between taking this with an antacid.
- Sustiva lowers blood levels of Reyataz. It is recommended that when combining these two drugs, the dose of the latter will need to be changed and probably a small dose of Ritonavir will be added.
- There are no data presently showing contraindications with birth control pills.
- St. John’s Wort lowers the blood levels of some protease inhibitors. Again, keep your health care providers aware of all medications you are taking.

For patient information, contact www.reyataz.com, or for their Patient Assistance Program, call toll-free (877) 758-7877.

Emtriva

Emtricitabine, also known as Emtriva and formerly known as FTC, is manufactured by Gilead Sciences and is a nucleoside analog reverse transcriptase inhibitor, or “nuc.” These drugs block the reverse transcriptase enzyme, which changes HIV’s genetic material (RNA) into the form of DNA. This has to occur before this code gets inserted into a cell’s own genetic code. The drug is approved for persons with HIV over age 18. Emtriva has not been approved for use in younger people or people co-infected with HBV (hepatitis B), and there have been reports of those with HIV/HBV co-infection whose hepatitis B worsened after discontinuing Emtriva.

Cross-resistance has been shown with 3TC. As mentioned above, follow directions and notify your health care provider of all medications you are taking.

Emtriva is available in 200 mg tablets. The normal dose is 200 mg daily: one tablet once a day, taken either with food or between meals. Notify your health care provider about any history of kidney problems, as this may indicate a lowering of the prescribed dose.

Side effects reported include headaches, high blood pressure or general malaise. These

CONTINUED ON PAGE 20

November/December 2003
AIDS Vaccines Still Elusive, But Trials Now Include Humans. HIV/AIDS is notoriously successful at beating the human body's immune system. So far, the virus has survived every drug used to combat it. In February 2003, VaxGen, Inc. reported that a human vaccine trial involving 5,000 volunteers had failed. Nevertheless, there was reason for optimism at the AIDS Vaccine conference in New York. An increasing number of human experiments have been spurred by breakthroughs in biotechnology. Dr. Robert Johnson at the University of North Carolina has begun human testing of a vaccine designed to combine the two research approaches to AIDS vaccines: provoking the body's immune system to make antibod-ies to fight off AIDS, and training cytotoxic T lymphocytes to identify and eliminate infected cells in a person with HIV. "I'm certainly more optimistic than just a couple of years ago," said Dr. Robert Gallo, who co-discovered HIV 20 years ago. Gallo, head of the Institute for Human Virology at the University of Maryland, will begin human trials of his own experimental vaccine. "A safe and effective HIV vaccine is critical to the control of HIV globally," said Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases. The federal institute Fauci heads has budgeted $456 million for HIV vaccine research in fiscal 2004, up from $413.6 million in 2003 and $182 million in 1999. On September 29, it awarded $81 million in contracts to four biotechnology companies for vaccine development. Currently, 12,000 human volunteers worldwide are participating in trials for about two dozen vaccines, with several more experiments set to begin. Volunteers will not be infected with HIV because researchers do not use the live virus in human experiments. Instead, the scientists try to provoke immune responses by engineering other viruses with bits of HIV or injecting key bits of HIV's genetic material directly.

Peptide T Holds Promise in Fight Against AIDS. An elusive goal of HIV/AIDS researchers has long been to find a way to flush the virus out of latently infected cells so that it can be attacked by antiviral regimens. Recently, scientists at Georgetown University in Washington, DC, the National Cancer Institute in Frederick, Md. and St. Francis Memorial Hospital in San Francisco, reported preliminary encouraging results of a small human pilot study involving a nasal spray of a synthetic protein fragment, Peptide T. Dr. Michael Ruff and colleagues published their report in the journal Peptides (2003;24(7):1093-1098) describing a trial with 11 patients at St. Francis Memorial. The patients are "long-term nonprogres-sors," meaning they have been HIV+ for a long time without developing AIDS. The men received daily nasal sprays of Peptide T for as long as 32 weeks. Although their blood levels of virus did not change, researchers found that the level of virus hiding in monocytes was significantly reduced. Ruff and his colleague and coauthor Candace Pert discovered Peptide T, which has fueled reports of intriguing activity dating from the 1980s. Still, Ruff said he does not know whether Peptide T might one day complement current antiviral treatments. However, he said, "there is enough evidence of clinical activity here to push Peptide T research to the next level to see if it really can serve as a valuable weapon against stealthy shatters of virus." The next step, according to study coauthor Frank Ruscetti of the National Cancer Institute, should be to conduct placebo-controlled tri-als of Peptide T in a larger, more representative cross-section of people with higher blood levels of the vi-rus than the 11 patients in the pilot study.

Novavax Gets $19 Million to Develop HIV Vaccine. On Monday, September 29, the biotechnology company Novavax, Inc. received a $19 million grant from the $81 million in funding that the National Institutes of Health announced in four awards to advance HIV vaccine research. Novavax will use the grant to develop a new class of HIV vaccines for human testing. It will serve as the prime contractor in the five-year program coordinated with Emory University, Tulane University and the University of Pittsburgh. Novavax expects to receive about $16 million from the grant. The NIH also awarded grants to AlphaVax, Inc., Epimmune, Inc. and Progenics Pharmaceuticals, Inc. Given the high cost of vaccine development, the NIH grant is a windfall because it will allow Novavax to shepherd an HIV vaccine into patient testing without additional fundraising. Novavax is trying to develop a vaccine using proteins that resemble HIV but, because they do not contain any of the vi-rus' genetic material, cannot cause infection. Novavax researchers make the vaccine by inserting an HIV gene into common earthworm cells in order to produce proteins normally found in HIV's outer coating. The proteins, known as "virus-like particles," will become the basis for the vaccine, said Novavax Chief Scientific Officer D. Craig Wright. In theory, such vaccines can trigger a patient's immune system to fight HIV on multiple levels. In general, a vaccine that sparks the body to produce an antibody response has so far proved inadequate for HIV. But Novavax hopes that by creating a vaccine that more closely resembles HIV, the virus-like particle approach will prompt a potent full-body immune response and localized protection against transmission in, for example, vaginal tissue. "The trick here is to make a virus that looks like the virus without being the virus," said Peggy Johnston, director of the AIDS vaccine and prevention research program at the National Insti-tute of Allergy and Infectious Diseases, which is administering the grants. "It is very difficult."

Rapid HIV Test Yields Counseling, Referrals: Clients Report Satisfaction with Rapid Test. Recent studies of the OraQuick rapid HIV test show it can be a valuable tool when combined with counseling in intervention programs because the percentage of people who stay to get their results is very high. In addition, the test has increased demand for HIV testing and counseling in communities that may otherwise be difficult to reach. The AIDS Research Consortium of Atlanta (ARCA), for example, has developed the Metro Atlanta Women of Color Initiative, targeting African-American women for testing and counseling at the consortium's clinic and at community sites, said Melanie Thompson, MD, principal investigator. She noted that 86% of the women diagnosed with AIDS in Georgia in 2002 were African-American, and that community has significant stigma against testing. The program resulted in nearly all participants staying to receive their test results. More than 99% said they preferred rapid testing and 100% said they would refer their friends. ARCA's ability to take state-certified counseling and testing staff to local churches, community centers, YMCAs and other venues has struck a positive chord within the Afri-can-American community. "The response from the community has been overwhelmingly positive," Thompson said. Although the program targeted Afri-can-American women, it also reached at-risk men, who accounted for 25% of the first 300 clients tested, she explained. ARCA's program is fairly unique in that it includes free CD-4 count testing for those who test positive. "That allows us to triage the emergency of getting someone into care," Thompson said. University of Minnesota investigators used the OraQuick test on 739 people in Minneapolis, and all but one received test results. The group included people in chemical dependency programs, homeless shelters, halfway houses and youth centers. Nationally, CDC estimates that 45.6% of Americans have been tested for HIV, including women tested during pregnancy and people tested involuntarily for military service, insurance applications, employment, immigration and other reasons.

"Bush Bashing" Spoils AIDS Conference. September's US Conference on AIDS in New Or-leans, which was sponsored in part by nine federal agencies, was marred by "Bush bashing," according to David Miller, a founding member of ACT-UP/New York. "It was extremely graphic," Miller said of a song performed by singer-actress Jenifer Lewis during the closing plenary luncheon. Miller and his wife, fellow activist Jeannie Gibbs, both of whom are HIV-infected, walked out of Lewis' number, during which she boasted of having sexual relations with Vice President Dick Cheney. But Carole Bernard, communications director for conference sponsor the Na-tional Minority AIDS Council, said the song was well-received: "People cheered and applauded." "Those who continue to act in this manner, they need to wise up," said Bill Pierce, spokesperson for the Depart-ment of Health and Human Services, a major con-fERENCE SPONSOR. "They hurt themselves. They're not helpful to their own cause, because the average person out there would be troubled by this. That, in turn, causes increased scrutiny that again distracts from the purpose of reducing the number of AIDS cases." USCA received at least $300,000 in funding from several HHS agencies including CDC, the Of-fice of AIDS Research and the Health Resources Services Administration. Also listed in the confer-ence program as government partners were the US Agency for International Development and the De-partment of Housing and Urban Development. In one workshop, Florida AIDS educator Harold Young
criticized abstinence programs “and provided a blueprint to get abstinence education defunded and out of schools,” according to those who attended. In another, William Smith of the Sexuality Information and Education Council of the US said abstinence education is politically motivated and “harmful” to children. “Certainly, the NMAC supports abstinence, but the workshops focused on certain realities that exist today, which prompt examining other options for keeping people healthy and safe,” said Bernard, who added that she was not aware of any “Bush bashing” at the conference, which attracted about 2,800 participants.

Senate Confirms Tobias as White House AIDS Coordinator. By a voice vote on Friday, October 3, the Senate confirmed Randall Tobias to be the White House’s coordinator in the international battle against AIDS. The former CEO of Eli Lilly & Co. will coordinate international HIV/AIDS activities for all government departments and agencies, as well as religion-affiliated groups. The US government this year promised $15 billion over the next five years to fight AIDS, mainly in 14 African and Caribbean countries. Tobias, of Indianapolis, is a Republican Party contributor who retired from Lilly in 1998. He also has been vice chair of AT&T and chair of AT&T International.

HIV+ Stroke Patient Enters Nursing Home Near Home. A nursing home that had rejected a stroke patient with HIV has accepted him, so the gay rights group Lambda Legal Defense & Education Fund plans to drop a federal discrimination complaint against it. Cecil Little, 50, who had been forced to live in a nursing home 80 miles from his family in the Kentwood, La., area, recently moved into Kentwood Manor nursing home, said Lambda attorney Jonathan Kentwood, La., area, recently moved into Kentwood live in a nursing home 80 miles from his family in the plans to drop a federal discrimination complaint group Lambda Legal Defense & Education Fund Home. of Indianapolis, is a Republican Party contributor who retired from Lilly in 1998. He also has been vice chair of AT&T and chair of AT&T International.

Serving Body and Soul with Music, Games and Art, Magnet Adds a Touch of Fun to Health Check-ups. The holistic gay men’s health movement is growing, with a handful of health centers in places such as Seattle, Philadelphia and more recently, Tucson. Near 18th and Castro streets in San Francisco, Magnet is both a health clinic and social venue and an example of a gay community movement switching its health concentration from solely on AIDS to a wellness approach. “We’ve maxed out on the effectiveness of narrow HIV approaches to gay men’s health,” said Eric Rofes, a Humboldt State University professor of education and founder of the gay men’s health movement. “Working with people around a single virus might be effective in a crisis moment like the 1980s,” Rofes said, “but 20 years later, some of us believe it has led to health disparities visited upon gay men.” There are diverse ailments affecting gay and bisexual men that need to be recognized, Rofes said, from tobacco use and high cholesterol to depression, addiction and prostate cancer. “Welcome to the future of gay men’s health,” said Magnet Director Steve Gibson. Visitors relaxed as a disc jockey spun ambient music. A Twister game lay in the center’s entrance, though few men who stopped by seemed interested in games. A skeleton crew staffs the center, which operates on a $450,000 annual budget from city and corporate grants. Counselors at Magnet ask whether clients have experienced depression or substance abuse—topics organizers say few physicians and clinic counselors delve into. A recent Magnet forum covered crystal methamphetamine use among gay and bisexual men, which experts say is contributing to risky sexual behavior and HIV infections. Researchers have found higher rates of sexual abuse, addiction and childhood sexual abuse among gay and bisexual men, with each epidemic contributing to higher risk-taking behavior. “What we’ve found is there is this interlocking web of epidemics among gay men—HIV is only the most famous,” said Ron Stall, chief of HIV prevention research at CDC. “The more problems you have, the more likely you are to put yourself at risk for transmitting HIV. What it tells us is that we should be raising all the health boats, rather than just one,” Stall said. Magnet’s approach, said Stall, is one that health experts will be studying to see what effect it has on overall community health.

New Web Site for HIV+ Women. The Well Project, an initiative by and for women living with HIV/AIDS, has launched a new web site to serve as a comprehensive woman-specific HIV resource offering the latest information on managing the disease for infected women, health care providers and advocates. Women are the fastest growing population of newly HIV-infected people in the United States and worldwide. “Women with HIV/AIDS face unique challenges. The Well Project is specifically designed to identify and fill in the gaps of current information and unify the distribution of the already available, but often under-utilized resources,” said Dawn Averitt, its founder and CEO. The web site includes fact sheets, data sets, summary slides, a searchable clinical trials database, a resource directory and a physician network for expert discussion on treatment. The site is divided into five targeted sections: HIV, The Basics, Treatment and Trials, Diseases and Conditions, Living Well and a Women’s Center. In addition, members can participate in confidential and secure discussion boards, download advocacy tools and receive an e-newsletter highlighting the most current information about women and HIV. For more information, go to www.thewellproject.com.

Barbados Launches Anti-AIDS Campaign Targeted at Women. Barbados has launched a mass media campaign aimed at reducing HIV/AIDS prevalence among women. The campaign began Tuesday, September 30, with ads appearing on television, radio and newspapers in Barbados. Targeting women between the ages of 20 and 70, the ads use reggae-style jingles, comics and soap operas. “Due to their economic, social and emotional dependence on men, it is difficult for women to refuse unsafe sex or negotiate safer sex,” said Marilyn Sealy with the Nation HIV/AIDS Commission.

US, Mexico Back Canada on Plan to Export Cheap AIDS Drugs. On Tuesday, October 7, the United States and Mexico gave support to Canada for its plan to alter its legislation to allow exports of generic AIDS drugs to developing nations. Canadian Trade Minister Pierre Pettigrew met in Montreal with his American and Mexican counterparts, Robert Zoellick and Fernando Canales, and assured them the changes to laws on intellectual property rights would not violate the North American Free Trade Agreement. Pledging his support, Zoellick told reporters, “Canada’s decision to start its own process for compulsory licenses is perfectly appropriate and indeed a consistent response.” “Mexico will incorporate this procedure,” agreed Canales. Canada aims to become the first country in the Group of Seven industri-

All I want for the holidays is... Color Printer LCD PowerPoint Projector Audio/Video Cart Stacking Chairs Folding Tables Flipchart Easel Ink Pens—any color Ink 1½ inch binders, white view Canned Sodas 2 Pocket Folders, any color Folding Tables Flipchart Easel Bottled Water Coffee (Regular and Decaf) Condoms Lube Packets

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Please call (404) 874-7926 and ask for Greg Carraway, ext. 18, or Jeff Smith, ext. 20, to find out more about how you can help!
Catholic Churches Say Condoms Don’t Stop AIDS – BBC. A British TV program is reporting that the lives of Roman Catholics in some of the countries worst-hit by AIDS are being put at greater risk by advice from their churches that condoms do not prevent transmission of HIV. The Roman Catholic Church opposes any form of artificial contraception, particularly condoms, which it says promote promiscuity. “The moral argument against the use of condoms is being superseded by a clinical argument which is flawed,” said Steve Bradshaw, a reporter on BBC’s Panorama program Sex and the Holy City, which aired Sunday night, October 12, in Britain. “The AIDS virus is roughly 450 times smaller than the spermatozoon,” Cardinal Alfonso Lopez Trujillo, president of the Vatican’s Pontifical Council for the Family, told the program. “The spermatozoon can easily pass through the ‘net’ that is formed by the condom.” Bradshaw told Reuters the team did not go looking for the story, but stumbled across it during research. “We heard the same line so many times from different people in different places that we decided to approach the Vatican,” he said. The World Health Organization responded: “These incorrect statements about condoms and HIV are dangerous when we are facing a global pandemic which has already killed more than 20 million people and currently affects at least 42 million.” While it conceded that condoms can break or be damaged and permit the passage of sexually transmissible diseases as much as possible, to identify community leaders, to pay volunteers and to develop detailed plans as much as possible, to identify community leaders; and writing basic treatment protocols of people, in 10-day or month-long sessions, to act as caregivers; and writing basic treatment protocols for antiretroviral drugs so that pharmaceutical companies will have clear guidelines for what drugs to produce on specific timetables. WHO’s proposed pace resembles its all-out efforts against SARS. WHO plans to dispatch fact-finding teams within two weeks. By December 1, WHO—known for years as a bloated bureaucracy—plans to have its blueprint for treating three million people by 2005. WHO has established nine task forces to examine different approaches to the challenge. Despite WHO’s ambitious plan, many AIDS specialists worry that some countries will not participate in the effort or that patients may not respond well to the medication. WHO Director General Jong Wook Lee said, “You have to take chances, instead of debating endlessly. I don’t know exactly the way to do it right now, but let’s get started, let’s figure it out, and let’s do it.” Lee’s senior management team consulted with experts fighting SARS and polio. The SARS specialists advised Lee’s team immediately to set up protocols; to be decisive, based on the best science; and to use video conferences and the media to publicize the efforts to key global players. The polio specialists advised the AIDS team to simplify treatment and delivery systems as much as possible, to identify community leaders, to pay volunteers and to develop detailed plans about who will do the work in each neighborhood.

A Fifth of South Africa’s Military Infected with HIV; Minister Says He’s Not Alarmed. On Tuesday, October 7, South African Defense Minister Mosiuoa Lekota said that at least one-fifth of his nation’s military is infected with HIV, but he dismissed concerns about any impact the disease may have on the armed forces. Lekota said 20-22% of the military is infected with HIV, a figure in line with earlier findings. The private Institute for Security Studies in Pretoria has previously reported an infection rate of 23% for ground forces and an overall rate for the military of slightly more than 20%. “All of this noise every day about HIV/AIDS and so on, that suggest that this country is about to collapse as a result of HIV/AIDS, are really unfounded. There is no alarm here,” Lekota told foreign envoys in Pretoria, according to the South African Press Association. Lekota accused supporters of the country’s former apartheid regime of trying to destabilize the government by portraying its military as ravaged by AIDS. AIDS activists and some defense experts were critical of Lekota’s statements. Helmoed Heitman, an analyst for Jane’s Defense Weekly, said the infection rate could have serious consequences for the military since troops with weakened immune systems could not be deployed to areas of Africa where they would be exposed to a range of different diseases. In addition, HIV-infected soldiers are a combat risk, noted Heitman. “If they get wounded and there is blood all over the place, who is going to treat them?” “A minister, he should be leading the fight against HIV, yet he is misleading the country,” said Pholokgolo Ramothwala of the activist group Treatment Action Campaign. “Whether Lekota likes it or not, AIDS is the biggest killer and health issue we have ever had to face.” Len le Roux, a defense researcher at ISS, said the government understands that AIDS is a major concern. “They have identified it as a top priority, a serious problem that requires the dedication of top defense management,” said le Roux.

AIDS Killed 222,000 in China in the First Six Months of 2003. Citing Ministry of Health data, China’s state-controlled Beijing Youth Daily reported Saturday, October 4, that AIDS killed 222,000 people in the nation during the past year, and the number of AIDS patients rose 140%. The official number of HIV+ people also rose in the first six months to 840,000, up 20.3% from the previous year, the paper reported. Of those, about 80,000 have AIDS, it added. Several nongovernmental organizations estimate the number of people with HIV to exceed one million. In June 2002, the UN warned that, without preventive measures, the number of people in China with HIV could reach 10 million by 2010.

HIV Help Gap Plugged. In December, Victoria, Australia’s first multicultural HIV/AIDS service will open. The $360,000 service, based at the North Richmond Community Health Centre, will treat Thai, Vietnamese, Arab and African people with HIV, other STDs and hepatitis C. The community center and Prahran’s Alfred Hospital, which specializes in AIDS-related treatment, will jointly manage the service, which the Department of Human Services has initially funded for two years. The center will provide support for patients through the hospital, community education and advice to general practitioners and health workers. Four bilingual staff members will deal directly with the immigrant communities. Demos Krouskos, chief executive of North Richmond Health Centre, said the service is aimed particularly at people who had recently arrived in Australia. “It is often difficult for these people to access mainstream health services because of language and cultural barriers,” he noted. “They don’t know if a translator will be available [at mainstream health services], if the health service will understand their problem. These are all barri—
ers to them seeking help.” Victorian AIDS Council Director Mike Kennedy welcomed the new service and said it would fill a gap. There had been “a spike” a couple of years ago in HIV/AIDS cases in communities where injection drug use was an issue, according to Kennedy. Health Minister Bronwyn Pike’s spokesperson Ben Hart said the multicultural service should be open in time for World AIDS Day, December 1.

HELP Is Now on the Beach—Literally. The HIV Education and Law Project, which operated for years in downtown Miami, relocated in July to new offices at 1210 Washington Avenue in Miami Beach. Founded in 1994, the full-service nonprofit legal clinic provides legal help for indigent Miami-Dade residents with HIV/AIDS. “We’re at the epicenter of the virus here in Miami Beach,” said Caryn Lubetsky, HELP’s founder and executive director. Miami Beach is home to 75-80% of HELP’s clients. “Most [of HELP’s clients] don’t have cars. We came to the problem,” Lubetsky said. Lubetsky, 32, is a New Jersey native who now makes her home in Miami Beach. She became motivated to help people with AIDS after a longtime friend became infected with HIV in college. He died in 1993, shortly after his senior year. At the University of Miami Law School, Lubetsky worked on a public interest fellowship at the People with AIDS Coalition in Miami. Other than her college friendship, this was her first experience with HIV/AIDS. “I was floored. I didn’t realize people were dealing with this myriad of issues. I couldn’t go back to school and just continue what I was doing,” she recalled. HELP has assisted nearly 700 clients in areas such as public benefits, discrimination, wills and trusts and landlord/tenant disputes. Lubetsky is also frequently involved in cases dealing with child custody and visitation rights, as well as placing children orphaned by AIDS. The organization also holds educational seminars. Lubetsky is HELP’s only staff attorney. The only other full-time staffer is Deputy Director Julie Greenwald, who joined the board in 2000. Funding sources include the Ryan White program. While public awareness of AIDS has made much progress, some misconceptions remain, Lubetsky said—among them, the idea that AIDS has been defeated. “That’s not the case. Infections are on the rise due to complacency,” she said.

AIDS Walk Returns to Health. Organizers of Washington’s 17th AIDS Walk declared that a strong turnout Saturday, October 4, shows that the Whitman-Walker Clinic fundraiser has rebounded after two consecutive rough years. Nearly 6,000 people participated in the 5-kilometer walk around Washington’s monuments to raise HIV/AIDS awareness and money for WWC, the primary HIV/AIDS service provider for area residents. Officials said they hoped the event would bring in $600,000. This year’s AIDS Walk was particularly important to WWC, which restructured its finances recently to keep from closing. In September, the 30-year-old nonprofit said it planned to begin charging its mostly low-income clients for services, including testing, addiction treatment, a food bank and housing, after years of providing them free. Based in Dupont Circle, with outposts in Maryland and Virginia, WWC sold property to close an $800,000 deficit in its $28 million budget. The walks used to raise much more money. In 1999, the AIDS Walk generated $1.5 million and had 30,000 participants. But it has been hurting since 2001, when it was the first event on the Mall after the Sept. 11 attacks. Public fear and a cold, driving rain reduced the turnout to 3,500 walkers, netting only $4,000 after expenses. After the clinic’s Palotta TeamWorks-run AIDS bicycle ride was criticized for its unnecessary expenses, donors were less generous for the 2002 walk. Saturday’s walk was bare-bones, its costs cut to $325,000 from last year’s $450,000. WWC Executive Director Cornelius Baker pointed out the absence of decorations or frills—and the tiny, spare stage from which DC Mayor Anthony Williams encouraged walkers. An estimated 13,000 people are living with AIDS in the Washington area, with 7,900 of them in the District. One in 20 adults in the District is HIV+. &
and very public activist until his life was ended by AIDS in 1994.

“Ten years ago, waiting lists for appointments at Grady IDP were enough to send hundreds of people out into the streets; now it seems as if everyone is willing to shrug it off and accept that there’s not enough money for services,” Graham said. “Our communities can no longer turn away from people living with AIDS in their own back yards.”

An Example for All

John Kappers’ tireless work as a founder and board president of AIDS Survival Project helped shape the provision of AIDS services in the early days of the epidemic. In 1994, Kappers—with the support and action of hundreds of AIDS advocates and activists—waged a very public battle against his forced house confinement for post-infectious multi-drug resistant tuberculosis. 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 award embodies the heartfelt appreciation of the entire Atlanta community which, through a public nomination process, participates in the selection of the recipient.

Also nominated for the award were Joseph Greenwood, former editor of *Survival News*; Margie Huwig, longtime community volunteer for a number of organizations and current executive director of the NAMES Project Atlanta Chapter; Lola Thomas, founder and executive director of the Northwest Georgia AIDS Alliance; and Robbie Thompson, health educator at the Grady Infectious Disease Program.

“This is a huge honor, not only because I knew John and always admired his extraordinary passion, but also to be included in the circle of people who have been nominated for this award,” Lehman said. “This represents the hard work of so many people—not only the nominees, but everyone in this room tonight.”

The John Kappers AIDS Community Service Award is accompanied by a $1,000 endowment donated to the agency of the recipient’s choice. Funding for this year’s honorarium was provided by the Atlanta AIDS Partnership Fund through the Community Foundation for Greater Atlanta and United Way of Metropolitan Atlanta.

Board Elections

The evening culminated in the election of the 2003-2004 ASP Board of Directors. In accordance with the organization’s mission and charter, only people living with HIV voted on board nominees. ASP bylaws require that HIV+ individuals constitute the majority of its board and that they report directly back to the community through the Annual Membership Meeting. Elected at this year’s meeting were Cindy Abel, Michael Baker, Judi Clark, Scott H’Doubler, Greg Jesse and Barron Segar. They join board members Joan Campitelli, Susan Cornutt, Jacque Muth and Eddie Young, who were not up for reelection this year, and David Salyer, who was appointed to serve an interim appointment of one year.

Longtime board member Larry Sheldon, who retired from the board effective at this year’s Annual Meeting, was recognized for his many years of service to AIDS Survival Project and the AIDS community at large. The agency also wishes Mark Tatro well as he leaves the board at the completion of his two-year term. Mark will remain a volunteer with *THRIVE! Weekend.*

Clockwise from top left: AIDS Educator Robbie Thompson was one of the five nominees for the Kappers Award. Volunteers and guests enjoyed the Annual Meeting. Longtime Board member Larry Sheldon was honored for his years of service and commitment to AIDS Survival Project. Associate Director Jeff Smith presents David Salyer with the Antoniette Sinclair Volunteer of the Year Award.
I nformation about HIV and AIDS is constantly evolving. It's hard to keep up and it's often overwhelming. Check your current knowledge of HIV with the following test.

1) According to George W. Bush, current occupant of the White House, “AIDS can be prevented. Antiretroviral drugs can extend life for many years, and the cost of those drugs has dropped from $12,000 a year to under $300 a year.”

FALSE. Sure, highly active antiretroviral therapy (HAART) is widely believed to extend life. However, there is no HIV antiviral in the United States that costs $300 a year. A combination regimen of three or four drugs (which is the standard of care) still costs at least $12,000 a year—typically even more. There are some generic drug combinations available in developing countries for much less, but the Bush administration and most American pharmaceutical companies oppose generic manufacturing of anti-HIV meds and don’t want you to have access. In fact, thanks to the lobbying efforts of US drug companies, Congress is considering legislation that would prohibit Americans from purchasing drugs produced outside the United States.

2) Lesbians don't get HIV.

FALSE. It’s rare, but it happens. Earlier this year, the journal Clinical Infectious Diseases reported a confirmed case of a Philadelphia woman infected by her female partner. Genetic tests showed that the virus in both women was nearly identical, including mutations conveying anti-HIV drug resistance. By thorough investigation, researchers concluded that transmission of HIV was the likely result of sharing sex toys. No matter what they taught you in kindergarten, never share sex toys!

3) Beginning highly active antiretroviral therapy (HAART) when CD-4 cell counts are above 350 provides better immune system recovery.

FALSE. This kind of thinking is, like, so 1996—back when the AIDS “cocktail” was new and the mantra seemed to be Hit Hard, Hit Early. Last spring, the Journal of Acquired Immune Deficiency Syndromes released an analysis of twenty separate studies showing that patients who began HAART when their CD-4 cell counts were above 350 had identical CD-4 cell rebounds, as did those who started the drugs with counts between 201 and 350.

4) In the United States, HIV/AIDS is the number one cause of death for both Black males and females between the ages of 22-45.

TRUE. African-Americans make up about 13% of the US population, yet they comprise over 50% of those newly infected with HIV. According to a six-city study for the Centers for Disease Control and Prevention (CDC), as many as three in ten African-American MSM (men who have sex with men) age 23 to 29 are infected with HIV—around four times the rate of Caucasian MSM that age. The rate of HIV infection among African-American women, ages 20 to 44, is more than 16 times higher than the rates among white women. The CDC reports that higher death rates among African-Americans are the result of challenges in accessing health care, prevention services and treatment.

5) Women now account for half of all the world's HIV cases.

TRUE. UNAIDS and the World Health Organization reported late last year that the number of women living with HIV equals the number of men. In many African countries, women have outnumbered men for years. Now, the statistics are rising for women of Latin America, Asia and the Caribbean.

6) In the United States, 25% of all new HIV cases now occur among people under the age of 21.

TRUE. According to countless reputable studies conducted all over the country and much to the dismay of rabid, abstinence-crazed tyrants everywhere, TEENAGERS ARE HAVING SEX! One in five teens have sex by age 15. The older they get, the more sexually active they become. So why do more than 50% of schools continue to teach abstinence as the only option, denying teenagers information about contraception and sexually transmitted diseases? Our government prefers it that way and withholding funding from states that want to offer comprehensive sexual education. Our elected leaders habitually tell us a good education is the key to success in life—why then do so many insist that our teenagers remain ignorant about sex and its consequences?

7) Of the 25 cities nationwide with the highest concentration of HIV infection, 18 are in the South.

TRUE. Most Americans still think HIV exists only in major urban centers with large populations like San Francisco, Los Angeles or New York City. The Kaiser Family Foundation, independent researchers of major health care issues, delivered a report prepared for the November 2002 Southern States Summit on HIV/AIDS and STDs showing that 40% of people living with AIDS and 46% of new AIDS cases are in the South—despite that region being home to only slightly more than one third of the US population.

8) The spermicide known as nonoxynol-9 can protect you against HIV and other sexually transmitted diseases.

FALSE. Nonoxynol-9 is present in most spermicides on the market today. It has been used over the past half-century in vaginal gels, creams, foams, suppositories, sponges and films. It’s been used alone or with other contraceptive devices, such as the diaphragm. It kills sperm and is useful if you’re trying to prevent pregnancy. In the ‘80s, some lame, questionable laboratory experiments revealed that N-9 inactivated organisms that cause gonorrhea, chlamydial infections and other sexually transmitted infections, as well as HIV—in a test tube. Suddenly, and without appropriate intervention from the Food & Drug Administration, N-9 started showing up in sexual lubricants and lubricated condoms. People were led to believe that N-9 would protect them from disease. Wrong. In the late ‘90s, a number of studies involving sexually active human beings revealed that N-9 is a big lie. It’s so irritating and toxic to the vaginal and rectal linings that it can actually increase your chances of getting infected. Just say no to nonoxynol-9. Avoid condoms and lubricants containing this crap.

9) HIV rates are 8 to 10 times higher for prisoners than for the general population.

TRUE. Most positive inmates got HIV before sentencing, but many others are exposed in jail, through consensual sex, rape, IV-drug use and tattooing. Yeah, all of those things happen behind bars—not just on an episode of HBO’s prison saga Oz. Prisoners in several countries around the world have free access to condoms, but in the US only five county jail systems and two state systems, Vermont and Mississippi (how did that happen?!?) offer them. Federal prison administrators officially object to condom distribution, fearing inmates will use them as balloons to smuggle drugs. The federal fix for all

CONTINUED ON PAGE 20
1) Congress passed legislation making sex among inmates illegal in all US jails and prisons. Uh-huh, that should fix everything.

10) A vaccine to prevent HIV infection already exists.

FALSE. According to surveys recently conducted by the National Institute of Allergy and Infectious Diseases (NIAID), many Americans wrongly believe that a preventive vaccine for HIV/AIDS has already been developed. Preliminary findings from a national survey of 3,500 people found nearly half of African-Americans surveyed (48%) and more than a quarter of Hispanics (28%) believe that an HIV vaccine already exists and is being kept a secret. Twenty percent of adults in the general population share that belief. A secret HIV vaccine? Where are Scully and Mulder when you need them?

David Salyer is an HIV-positive journalist and AIDS educator living in Atlanta, Georgia. He leads safer sex presentations for men and has facilitated workshops for people infected or affected by HIV since 1994. Reach him by e-mail at cubscout@mindspring.com.

I've usually subside or disappear in time. Some reports of nausea and rash as well as increased levels of lactic acid in the blood (lactic acidosis). Liver problems including “fatty liver” may also occur. All of the information above can be found on Fact Sheet Number 420 from the New Mexico AIDS InfoNet (www.aidsinfonet.org). There are no significant interactions reported when combining this drug with other antivirals.

For further information, you may contact Gilead Sciences, Inc., at www.emtriva.com.

For more information about these and other treatments, remember that our Treatment Resource Center is open Monday–Friday from 10:00 a.m. until 5:00 p.m. Or, you may call either George Burgess at ext. 19 or me at ext. 13 to access information.

Finally, a note about our last Treatment Forum on Thursday, November 20 here at ASP from 12:00 noon until 2:00 p.m. about smoking cessation and the effects of tobacco on those living with HIV (see ad on page 11). This is the “Great American Smoke-Out.” We promise no guilt—just the facts and some alternatives to “cold turkey,” just in time for Thanksgiving! Please RSVP by Tuesday, November 18 so we may have an accurate count for lunch.

Good luck! Attaboy! Live Long & Prosper!
**SURVIVAL NEWS CLASSIFIEDS**

**POSITIVELY PERSONAL**

**MALE SEEKING MALE**

GBM seeking GWM for monogamous relationship. I am romantic, passionate, loving. Any age. I am 6' 2'', 170 lbs. Michael Lord, 1306 Spring Garden St, 6th Floor, Philadelphia PA 19123-3213. [2/2]

**MALE SEEKING FEMALE**

WM, 44, athletic, 20 years positive, excellent health, Atlanta resident currently in Illinois, returning to Atlanta 4/04, seeking attractive HIV+ female, race unimportant. Jeffrey E. Johnson, R-17399, PO Box 900, Sumner IL 62466-0900. [1/2]

Italian man, 46, looking for HIV+ woman to spend the rest of my life with. Any race, 18-50 years old. Please call Robert (912) 739-0693. [1/2]

**MALE SEEKING TV/TG/TS**

I am tall, light-skinned, 21 years old. Looking for friendship, maybe more. Age/race not important. Must be kind, loving, understanding and very open-minded. Andrè Blackman #339524, NWCX, RR 1 Box 660, Tiptonville TN 38079 [1/2]

**FEMALE SEEKING MALE**

Black female nurse, 50, HIV+, attractive, nice person, employed full-time and in good health, seeking Black/Spanish male, HIV+, 38-55, for companionship, dating, travel and whatever. Health care professional or law enforcement person a plus. Smoker/light drinker OK. No drugs, please. Charlotte, (404) 580-3480, leave message. [2/2]

**TV/TG/TS SEEKING MALE**

Sexy blonde TS, 38, 5' 10'', 145 lbs. Honest, adventurous, loveable, good looking. Looking for guy secure with himself looking for love, laughter, honesty. Jamie Durden, 745 Fellowship Rd, Williston SC 29853. [1/2]

**SEEKING PEN PALS**

SBM, 41, 6' 5'', 225 lbs., bald, light brown eyes, down-to-Earth, handsome, healthy, secure, humorous, caring. Seeking male or female for pen pals. Charlie Grimmett #134941, Dorm 16 Bed 90, 28779 Nick Davis Rd., Harvest AL 35749. [2/2]

**SERVICES**


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

**DONATIONS**

“Buying Your Home Is Not a Science...It’s an Art!” — Art Auerbach of Paris & Associates Realty, long-time volunteer and friend of AIDS Survival Project, will donate the equivalent of 25% of the commission he receives for each buyer or seller referred from AIDS Survival Project. If you are ready to buy or sell a home or condo, call Art at (404) 321-1930 or on the web at www.TheARTofAtlantaHomes.com. You will receive great real estate assistance and ASP will benefit from a generous donation! Be sure to tell Art you are an ASP referral! [1/2]

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

We are happy to provide the newsletter to people who cannot afford to purchase a subscription; however, we ask that anyone who can afford to subscribe, 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!

**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!
### NOVEMBER 2003

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**THRIVE! Weekend Call for pre-registration**

- **8:00 pm** Positive Living Support Group
- **6:00 pm** Closed Women’s Support Group
- **6:00 pm** Closed Women’s Support Group
- **12:00 - 2:00 pm** Fuzeon Lunch & Learn Forum
- **12:00 - 2:00 pm** Smoking Cessation Lunch & Learn Forum
- **6:00 pm** Closed Women’s Support Group
- **6:00 pm** Closed Women’s Support Group

**Closed Holiday**

- **World AIDS Day** Call for details
  - **8:00 pm** Positive Living Support Group

**Closed Holiday**

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### DECEMBER 2003

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**World AIDS Day Call for details**

- **8:00 pm** Positive Living Support Group
- **6:00 pm** Closed Women’s Support Group
- **6:00 pm** Closed Women’s Support Group
- **9:00 am - 5:00 pm** Counseling Skills-Building Training

**Closed Holiday**

**Closed Holiday**

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