

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.

## Honoring Our Heroes: ASP's 2004 Annual Meeting

by Rob Nixon

Close to 100 people braved the stormy remnants of Hurricane Jeanne to attend the AIDS Survival Project Annual Membership Meeting and Open House, September 27. This is the most important event of the year at ASP, the evening when everyone—board, staff, volunteers, supporters and friends—comes together for sociable interaction and appreciation of the best in our community. It's also time to take care of some important business: the election of new members of the board, recognition of valuable volunteers and presentation of the John Kappers AIDS Community Service Award, the highest honor bestowed annually by ASP.

This year's Kappers Award recipient is Dorothy Ziemer, Coordinator of HIV Social Services on the inpatient HIV unit at Grady Memorial Hospital. Nominations for the award were accepted throughout the summer from AIDS service organizations, other contributing community agencies and individuals. A nominee may be either a dedicated volunteer or professional. Nominees are those considered to be knowledgeable and vocal on vital HIV issues and those who have contributed to the HIV/AIDS community with a significant amount of time and/or money to support the self-empowerment of people infected with or affected by HIV. Past recipients are individuals who have utilized their energy and resources to ensure a better quality of life for those in the HIV community through advocacy, education, support services or treatment facilitation, and Dorothy Ziemer certainly fits the bill.

Dorothy entered the AIDS field in 1987 and spent the next two years at the VA Medical Center in Tampa. She went to work for Grady in 1989 and has been there ever since, working with the most ill among the HIV population, many of whom have just learned their diagnoses. Facing serious challenges to social service providers in an environment of limited resources, Dorothy often works late into the



AIDS Survival Project Executive Director **Jeff Graham** presents the 2004 **John Kappers AIDS Community Service Award** to **Dorothy Ziemer**, Coordinator of HIV Social Services on the inpatient HIV unit at Grady Memorial Hospital, at ASP's Annual Meeting, September 27.

PHOTO: ERIC L. WATTS

evening and on weekends to see that her patients are prepared for discharge, which often includes finding medication, housing, hospice or home healthcare for them. Touching literally hundreds of lives every year, Dorothy personally manages the social service needs of more than 70 clients each

month in well over 220 individual encounters. With a goal of getting them into routine outpatient care and keeping them out of the hospital, she also focuses on teaching them about the importance of treatment regimens and works tirelessly to educate

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# The Politics of Homophobia and Hatred



**B**y the time you read these words, you will already know for sure what I, in mid-October, can only predict with confidence: that the referendum to amend the Georgia state constitution to define marriage as the legal union of one man and one woman not only passed, but passed by an overwhelming majority of the state's population.

And in so doing, civil rights for gays and lesbians have been set back 35 years, to the pre-Stonewall era. This is particularly distressing for the HIV-infected and affected, because part of the section of the proposed amendment that did *not* appear on the public ballot—*No union between persons of the same sex shall be recognized by this state as entitled to the benefits of marriage*—might very well lead some state court to declare that civil unions and all domestic partnership benefits offered by employers are unconstitutional. Such a ruling could be devastating to HIV+ persons dependent on their domestic partners' healthcare benefits.

What happened? Not so long ago, it seemed that we had made extraordinary advances in public acceptance: domestic partnership benefits were being offered and nondiscrimination policies were being established by an impressive number of municipalities and corporations; gays and lesbians could be found everywhere on primetime TV, notably the hit series *Queer Eye for the Straight Guy*; and lo and behold, even antisodomy laws across the country were overturned by the federal Supreme Court. Although gay activists hailed that June 2003 decision, critics declared with horror that decriminalizing homosexual sodomy would ultimately lead to the legalization of gay marriage.

To some small extent, it did. In November 2003, the Massachusetts Supreme Judicial Court ruled that a ban on gay marriage was unconstitutional, and in May of this year, that state became the first in the union to issue marriage licenses to same-sex couples. The City of San Francisco and a county in New Mexico did the same. And then, from seemingly everywhere, came the angry antigay backlash. A firestorm of conservative outrage erupted across this country, and the movement to "protect" the "sanctity" of "traditional" marriage became one of the most heatedly debated topics of the year.

Let me tell you a little something about *my* experience with the "sanctity" of marriage. I have four grandparents, two parents, four natural aunts and uncles, one brother and nine adult cousins. Of these 20 blood kin, all but three have married at least once. Of those 17 married relatives, two grandparents, one parent, one aunt, one uncle, and no less than six of my seven cousins who have married

have been (or still are) divorced. That's a staggering 65% divorce rate among my relatives who have ever married. While we're at it, let's ask my evangelical grandmother, Mrs. Lillian Stella Johnson McKinny Carriker Hendrix Owens Hendrix—married no less than five times, twice to the same man—about the so-called "sanctity" of marriage. My own family is the perfect example of the blatant hypocrisy of marriage protectionists. Sanctity, schmancity.

So excuse me if I get a little bent out of shape when I hear all these sanctimonious blowhards belting about the mythical "sanctity" of marriage. You'll understand if I get a little angry at all those righteous fundamentalists fighting so hard to "protect" the very privilege that they themselves have so irresponsibly abused. Because when you smash through their argument—that the only reason they oppose marriage for gays and lesbians is because it has always been reserved for heterosexual couplings, a Biblical institution decreed by GOD Himself—you then expose them for what they truly are: bigots who pick and choose only those Biblical passages that serve their own homophobic rhetoric. If they *truly* believed in the "sanctity" of marriage, they would be well-served to revisit Malachi 2:13-17, which speaks of their GOD's hatred of divorce:

*And this have ye done again, covering the altar of the LORD with tears, with weeping, and with crying out, insomuch that he regardeth not the offering any more, or receiveth it with good will at your hand.*

*Yet ye say, Wherefore? Because the LORD hath been witness between thee and the wife of thy youth, against whom thou hast dealt treacherously: yet is she thy companion, and the wife of thy covenant.*

*And did not he make one? Yet had he the residue of the Spirit. And wherefore one? That he might seek a godly seed. Therefore take heed to your spirit, and let none deal treacherously against the wife of his youth.*

*For the LORD, the God of Israel, saith that he hateth putting away: for one covereth violence with his garment, saith the LORD of hosts: therefore take heed to your spirit, that ye deal not treacherously.*


Funny how you don't hear much about *that* from the Bible-thumpers.

Last March, I was one of the many hundreds of people who went to the State Capitol to urge my elected representatives to vote against SR-595, the Senate Resolution that ultimately led to the November amendment referendum. It was very clear to me that many *more* hundreds of people had also come to urge *their* representatives to vote *for* it. The lobbying procedure, surprisingly antiquated, went

thusly: you handwrote a note to your representative, urging him or her to vote for or against the pending bill; you walked your little note to your representative's office and handed it to the person inside; and then you waited for the vote to be called. And you waited. And then you waited some more.

After the greatest majority of the citizens in attendance had delivered their notes, there was a collective sense of, "What next?" The answer came in whispered tones throughout the building: *Go meet in the rotunda until the vote is called.* And so I did. I found a square foot of floor space, a couple of steps out from the circular wall, facing in, and parked there, silent; observant and unmoving. What I observed for the next hour, standing there like a Buckingham Palace guard, truly unnerved me.

Homophobic bigots wandered the legislative hallways, many of them carrying Bibles or wearing "Save the Family" stickers or even dragging behind them their very own prepubescent *cheeldren*, like tokens of their heterosexual prowess and presumably the objects of their protectionist activism. You could see the fear in their eyes, you could smell the hatred on their breath. It was clear that many of them were outright repulsed by all the fags and dykes swarming around them. There was a palpable tension in the air. The friction between these sexual chauvinists and the sexual minorities could very well have ignited into something awful and tragic, because unlike racism or misogyny or antisemitism, homophobia will always be justified in the eyes of Christian fanatics. There is nothing in the Bible that condones the mistreatment of women; there is nothing in the Bible that advocates prejudice against racial minorities. But there *is* something in the Bible that suggests homosexuality is sinful. So as long as the story of Sodom and Gomorrah is taught to the *cheeldren* in Bible school and perpetually reinforced from the pulpit, no matter how visible gays may become in popular culture and no matter how many legislative victories we may achieve, Christian fundamentalists will always justify their hateful homophobia with the holy righteousness of GOD's word. And in the battle between biblical righteousness and political correctness, gays and lesbians will lose *every* time. The phrase "Hate the sin, love the sinner"—often used by self-described compassionate Christians to prove how tolerant and accepting they are—is little more than a smokescreen that allows them to righteously condemn our so-called "lifestyle" without actually calling us Hell-borne sinners to our faces.

I used to be proud to be Georgian. Thanks to the government, now I'm just angry and sad. 

**CORRECTION:** The front cover of the *Annual Report 2003*, distributed with the September/October issue of *Survival News*, incorporated the montage of faces inside an outline of Georgia which is part of our new corporate logo, created by designer Susan Archie in 2003. We neglected to credit Susan for her excellent design. AIDS Survival Project greatly appreciates her work and talents, and regrets the omission.

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Circulation ..... 3,300

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

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## Action = Life

## Jeff Graham

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# Now, the Real Work Begins

Come November 3, whether you're feeling the thrill of victory or the agony of defeat, if you're a savvy advocate, you know your work has just begun. Campaign promises are only as good as the will of the people to hold their elected officials accountable. Electing people sympathetic to the cause of HIV is only one part of our efforts to ensure that the necessary funding and policies are in place. Contact from you—the concerned citizens and vocal constituents—will make those promises a reality. Furthermore, your voice and action in the coming months can turn even the most reviled adversary into a legislative supporter.

Although newly elected officials in all levels of government will not be sworn in until January, starting to contact them now is the best way to get the issues of HIV on their respective agendas early. Whether the official you're trying to reach is new or returning, the best way to find their contact information immediately after the election will be through the Project Vote Smart web site, which lists contact information for returning officials, as well as the campaign offices of those newly elected. They also give information on local and national levels. Visit their site at [www.vote-smart.org](http://www.vote-smart.org).

Once you know who to contact and where to contact them, the next step is the tried and true method of making a phone call or sending a letter. Although some of the important issues are listed below, you can start your relationship with this new person in your life with a simple introduction of who you are and why HIV is an important issue to you and your community. I'm a firm believer that sharing a personal story at the beginning of the process will let this official know that you are a real thinking, caring, concerned citizen, and not just someone who's good at forwarding a form letter or action alert. The talking points, budget requests and legislative action will all happen soon enough.

The important point to remember with this first letter or phone call is to give the person who's been elected respect. Even if you fear the worst, and the campaign itself was ugly, make a good impression by congratulating them on their victory and letting them know you want to provide them with the information and expertise they will require to effectively advocate on HIV issues. Even the most diehard conservative will have to vote on funding and policy; introduce yourself now as their local expert. In two years or so, they'll want you to vote for them. Now is when you start the process of letting them know what you expect in return for your next vote.

### Issues on the Horizon

Here in Georgia and around the country, the number one legislative issue we'll be facing is a lack


of funding. Whether it be the needs of the AIDS Drug Assistance Program (ADAP) in the state budget or the future of the full Ryan White CARE Act in the federal budget, the dollars going to serve people with HIV will continue to be tighter and tighter. Even before final action is taken, we know that no new money will be coming from the federal government in 2005 and the most we can hope for in the state budget is a modest increase.

While our ADAP funding in Georgia is not on the chopping block as it was last year, the Governor's office is not expected to request the \$8 million from the state legislature that some predict we will need to keep the program solvent through the year. The outlook for those on Medicaid is even worse. Early projections are calling for a *best case* scenario of a \$172 million cut to the Department of Community Health. Some of the drastic measures that could affect the AIDS community include forcing people with more than four prescriptions to receive special permission prior to having their prescriptions filled, the elimination of non-emergency transportation for adults, and doing away with hospice care.

On a federal level, concerns around flat funding for the Ryan White CARE Act has already led our local Title I Planning Council to set a tentative budget that reduces funding for local mental health and substance abuse services for those who are HIV+ by nearly \$800,000. Cuts in funding of the Housing Opportunities for People with AIDS program will further impact a system already becoming plagued by waiting lists and restrictive admission requirements.

Legislative policies are also become more problematic. Recently, the Georgia Department of Human Resources implemented a policy that will restrict the ability of health educators to talk about condoms with youth at high risk of HIV infection. Similar proposals are currently making their way through federal agencies and could be mandated by law if our members of Congress are not made aware of the foolishness of such action.

### Being Pro-Active and Re-Active!

Those of you who have heard me speak will know that I urge people to be *proactive* rather than *reactive*. When it comes to politics, you must be willing to be both! Taking the time to contact your representatives before they're sworn in is proactive action that can build an important relationship. Remembering to be reactive to the issues as they arise after the swearing in is the way to keep this particular relationship strong. As always, remember to join our ASP Announce e-mail list to keep on top of the important issues as they happen. This service is free and easily requested by visiting our web site at [www.aidsurvivalproject.org](http://www.aidsurvivalproject.org). 



# ASP Board Members Meet with Vanessa Kerry

**V**anessa Kerry, daughter of Democratic presidential candidate John Kerry, attended “Staying Alive,” the annual conference of the National Association of People with AIDS (NAPWA), held in Atlanta, September 10-12, 2004. Before delivering the keynote speech on the conference’s first day, Ms. Kerry met with nine HIV+ conference attendees, among them AIDS Survival Project board members Judi Clark and Michael Banner.

In her 35-minute meeting with the attendees, Kerry encouraged them to speak frankly and took notes on the session to report back to her father, which she said she does every night during the campaign, so that he could improve his efforts to address the needs of people living with HIV.

“I was in awe,” Judi Clark said. “It was great that she has a medical background; I felt she really understood that even though we look and feel well today, tomorrow is important to us. She asked what we would like her to tell her father, and I said to tell him thank you. She looked at the faces of eight people alive today because John Kerry signed the Ryan White CARE Act bill when he was in the U.S.

Senate. And that’s when the tears started—for all of us.”

NAPWA had sent requests to both the Bush and Kerry campaigns to send someone to speak at the conference. President George W. Bush’s campaign did not respond to the request.

ASP was also proud to be involved in the con-

ference as part of the host city organizing committee. ASP Director of Prevention Services Greg Smith served as co-chair of the committee, and Positive Action Network Program Assistant Justin Sears provided valuable logistical support for their efforts.

To learn more about the National Association of People with AIDS, visit [www.napwa.org](http://www.napwa.org).



*Vanessa Kerry (right), daughter of Democratic presidential candidate John Kerry, holds the hand of ASP board member Judi Clark as Clark speaks about the stigma people with AIDS still face.*

PHOTO: COURTESY OF NAPWA

## Antoniette Sinclair 2004 Volunteer of the Year Award Winners

### Carolyn Morgan

If you come into the AIDS Survival Project office just about any day, I’m sure you’ve seen me, or we’ve spoken on the phone. I sometimes fill in for Antoniette on the front desk, but I also do a lot of other things to help ASP’s programs and services.

I am a recovering addict who became infected with HIV when I was still doing drugs. This was in 1999. My choice was to live or die. I chose to live... and that’s what ASP is all about for me. I attended the Positive Action Network leadership training program and graduated in May 2004. I made up my mind then that I wanted to become a volunteer and advocate, so three days after graduation, I started volunteering here and have been doing it ever since. I really enjoy it, and it’s great for me to be able to give something back to others.

### Jan Hackney

So how did I end up at AIDS Survival Project doing volunteer work? I guess several different factors were involved: my children, my church and (former Associate Director) Jeff Smith.

Raising kids is always a challenging endeavor. We always want to do all the right things to make sure they

will become responsible young adults. I decided that being a good role model for my children would be a good way to set an example. So when my church asked for volunteers to help with their “Hands on Atlanta” project, I knew this would be a great opportunity. I told my daughter that I would go if she would also participate. Our assignment was to help paint the offices of AIDS Survival Project. We arrived with paint brushes in hand. I had been very impressed by one of the staff members who was working that day. His name was Jeff Smith. He was very cordial to our group, and I picked up some of the brochures in the lobby to take home with me.

I then called Jeff later and asked him if there was any kind of volunteer work that I could do. He invited me back and gave me a tour of the offices. I thought I was there to help people that I didn’t even know and with whom I probably didn’t have much in common. I soon realized that there were some very amazing people coming in and out of AIDS Survival Project. People that had to work hard to change their lives around just to survive. I will never forget one encounter where I said, “Good morning, how are you?” And the response was, “I was able to get out of bed today, so I am truly blessed.” It struck me that I was the one learning from them instead of the other way around.

Since then, I have become involved with lobbying at the Capitol, also instigated by Jeff Smith, for an organization called Georgia Equality. I realized that there were many issues that were disturbing to me. I decided to run for the state House of Representatives in my district and see if I could make a difference. I guess we will know on November 2. No matter what happens, I have really enjoyed being at AIDS Survival Project and meeting new people. I have received much more than I have given!



*Carolyn Morgan*

PHOTO: ERIC L. WAITS



*Jan Hackney*



## ASP's New Prevention Department



**R**ecently, AIDS Survival Project was awarded a grant from the Centers for Disease Control and Prevention (CDC) under the CDC's Prevention for Positives Initiative. We were funded to implement an HIV Counseling and Testing Center here at our agency and develop a Healthy Relationships program (see Mary Lynn Hemphill's article on page 8). There has been a lot of discussion around the new prevention efforts. What is the rapid test? Can you really get your results in one day? Why is an agency that services people who are already positive offering testing services? I would like to share with you what the new prevention initiative is and how ASP is incorporating this new directive from the CDC.

First, you should know that the agency is also completing a renovation of our offices to accommodate the new programs. We have added additional counseling rooms, support group space and bathrooms. We are very excited but also very cautious. Many have asked us how this new initiative will affect what we do. I've included below some useful information from the CDC about the initiative, along with some notes about ASP's response to the program's goals and objectives. Following that are frequently asked questions about the OraQuick Rapid Test we will be using in the clinic.

### Why a new initiative for HIV prevention?

An estimated 40,000 new HIV infections still occur in the United States each year. An estimated one quarter of the 850,000 to 950,000 people living with HIV in the United States do not yet know they are infected. In addition, data from several studies have shown increases in syphilis diagnoses among men who know that they are infected with HIV, suggesting increases in risk behaviors among people living with HIV and their partners.

**ASP Response:** *Our mission here at ASP is to address the needs of persons living with AIDS. This is where we begin to assist our community by offering free confidential and anonymous HIV testing services and counseling.*

### How does the Advancing HIV Prevention Initiative address this problem?

This initiative consists of the following four strategies aimed at reducing barriers to diagnosis of HIV infection and access to and use of quality medical care, treatment and ongoing prevention services for persons with HIV.

1. Make HIV testing a routine part of medical care whenever and wherever patients go for care
2. Use new models for diagnosing HIV infection

3. outside of traditional medical settings
3. Prevent new infections by working with people diagnosed with HIV and their partners
4. Continue to decrease mother-to-child HIV transmission

**ASP Response:** *ASP has a long history of providing peer support for reducing barriers, guiding the recently diagnosed and assisting people living with AIDS (PLWA) with accessing medical care and other support services. Our ongoing peer counseling program has been meeting such client needs for many years and will continue to be vital in enhancing these aims. In addition, we will be developing outreach strategies to high-risk groups, encouraging them to get friends and partners to access our HIV counseling, testing and Healthy Relationships programs.*

### How will increasing HIV testing help reduce HIV infections?

There are many benefits to early knowledge of HIV infection, including early entry into treatment to prevent illnesses that arise from a weakened immune system, treatment of other conditions like substance abuse and sexually transmitted diseases, and access to social services and medical treatments, when appropriate. HIV-infected persons in care are now living longer than before thanks to new, highly effective treatments.

Knowledge of one's HIV infection can help prevent spread of the infection to others. When people know that they are infected with HIV, they are significantly more likely to protect their partners from infection than when they were unaware of their infection.

About 40% of HIV-infected persons first find out that they have HIV less than one year before AIDS diagnosis. On average, it takes ten years after HIV infection for symptoms of AIDS to appear. People who have their first HIV test close to getting an AIDS diagnosis have been infected and not known it possibly for many years, potentially passing the infection to their partners. Early diagnosis of HIV enables infected persons and those close to them to take steps to prevent transmission.

If a person with HIV is tested, learns of his or her status and has access to appropriate treatments, the amount of virus in the body can be reduced, which may decrease the risk of transmission to partners. This reduction of HIV transmission is most clearly seen in reducing transmission of HIV from mother to child by treating pregnant women who are HIV+.

**ASP Response:** *Our primary focus is on PLWA. Our clients include those who have family members, friends and coworkers who are living*

*with AIDS or who may need to talk with someone about HIV/AIDS. We are in direct line with the needs of the community to create a comfortable environment by providing counseling, testing and our Healthy Relationships program. Our goal is to be a conduit for persons who have partners (past and present), friends and family members who need access to counseling and testing services.*

### Why these four strategies?

#### 1. Make HIV testing a routine part of medical care

Routine voluntary screening for disease is a basic and effective public health tool used to identify unrecognized medical conditions so that treatment and other services can be offered. HIV screening meets the three generally accepted principles that apply to screening efforts:

- It is a serious disease that can be detected before symptoms occur using a reliable and inexpensive test.
- Treatment given before symptoms develop is more effective than waiting until after symptoms develop.
- Cost of screening is reasonable compared with anticipated benefits.

Screening all persons in high-prevalence medical settings—regardless of what, if any, HIV risks are reported—makes sense because testing based on reported or perceived risk alone fails to identify many HIV-infected persons. Acceptance of HIV testing, as demonstrated among pregnant women, is greater when it is offered routinely than when it is based on risk assessments.

**ASP Response:** *We know all too well the importance of early intervention. Our goal is provide a professional and culturally sensitive setting for the community to access HIV counseling and testing services in a safe environment that meets all the government-required standards to insure quality testing services.*

#### 2. Use new models for diagnosing HIV infection outside of traditional medical settings

HIV testing programs outside of traditional medical settings are more likely to reach some racial/ethnic minorities and persons who report increased risk for HIV but do not have access to medical care. In addition, the rate of positive test results in nontraditional settings is generally higher compared with conventional testing sites. For example, it has been estimated that nearly 25% of persons living with HIV pass through the corrections system,

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## The Season for Employee Giving

**D**id you know that if you (or someone you know) works for Agnes Scott College, Atlanta Public Schools, City of Atlanta, City of East Point, federal agencies located in Georgia, Emory University, MARTA, Fulton County government, the State of Georgia and the state's University System, along with a host of other law firms, colleges, schools and medical institutions, you can make a donation to AIDS Survival Project through your annual employee-giving campaign?

This unique opportunity is made possible by AIDS Survival Project's membership in Georgia Shares, an employee-giving federation of nonprofit organizations committed to social and economic justice, community building and individual empowerment. Georgia Shares has the widest-ranging membership of any fundraising federation in the state. Over \$8,000 in donations for our agency was raised through Georgia Shares in 2003 alone.

The 2004 Georgia Shares campaign got off to a rousing start when Mayor Shirley Franklin presided over a special kick-off event last August at the home of ASP board member Joan Campitelli. The Mayor not only pointed out the generosity of the city's em-

ployees over the past ten years, she made her own pledge to Georgia Shares. She also noted that Georgia Shares' administrative costs are among the lowest in nonprofit giving and that the benefiting agencies receive not only crucial unrestricted funds but increased public awareness.

For detailed information on Georgia Shares,


*Mayor Shirley Franklin (right) greets members of the Atlanta Feminist Women's Chorus, who performed at the Georgia Shares kick-off reception, August 17, 2004.*



PHOTO: KARIN KOSER, WWW.MOONSHADOWPHOTOS.COM

including its history, instructions for workplace giving and a complete roster of participating workplace-giving campaigns, please go to Georgia Shares' web site at [www.georgiashares.org](http://www.georgiashares.org).

AIDS Survival Project is also involved in the independent employee-giving campaigns of IBM, the DeKalb School Employees Foundation and the Clayton School Employees Foundation, campaigns that raise an additional \$25-\$27,000 each year for AIDS Survival Project. These funds, along with those raised through Georgia Shares, are critical in meeting the funding needs of programs supported only in part or not at all by grants and corporate gifts, such as *Survival News*, HIV advocacy activities and *THRIVE! Weekend*.

As employee-giving campaigns are conducted this fall, I hope you will remember to look for either Georgia Shares or AIDS Survival Project on your donation card and check your donation to AIDS Survival Project. You can choose to make a one-time donation or to support us with regular deductions from your paycheck. Either way, it's an easy way to make your charitable donation, and it will help us make a difference in the lives of those affected by HIV and AIDS. 

*Please join us in expressing our gratitude and appreciation for the fundraising efforts of the Concerned Brothers and Sisters of Atlanta on our behalf. This energetic and committed organization worked hard on four separate events that raised almost \$5,000 for ASP, an amount that exceeded their own stringent goal for the year! Please read the following introduction by CBSA founder John A. Davis to learn more about this incredibly generous group of folks.*

### Concerned Brothers and Sisters of Atlanta

*By John A. Davis, Esq.*

Concerned Brothers and Sisters of Atlanta grew out of two different social functions: a pre-Thanksgiving potluck dinner and a Christmas gift exchange. For several years, the two events coincided on the same weekend in November. The spirit, fellowship and dedication to charitable deeds and acts of humanity culminated in the formation of CBSA. A core group of people has been meeting since December 2003 to focus on humanitarian support for people of African-American descent who are challenged with economic, health and social issues.

Over the past two years, money has been raised for ART AIDS AFRICA and the YMCA. For 2004, AIDS Survival Project was selected as the beneficiary of the group's activities. A variety of projects were planned to help CBSA fulfill its mission to provide financial and humanitarian support to this worthwhile organization. Within five months, CBSA managed to surpass its goal for ASP. A total of \$4,846 was donated from yard sales and two major gatherings. CBSA has also volunteered with Project Open Hand several times during 2004 and will sustain this commitment for 2005.

Membership in the organization is open to anyone who supports the group's focus and mission. A total of 16 people from diverse backgrounds meet once a month. Currently, the group is planning their focus for next year's activities in 2005. We have a responsibility to share our gifts with those who are less fortunate. If not us, then who?

### AIDS Survival Project's Fall 2004 Wish List

*We are seeking donations of the following items:*



- DVD Players
- Shelf/Table-model TVs
- A/V Media Cart
- Blank (recordable) VHS tapes and DVD-R discs

*If you can donate any of these items or know companies who might want to partner with us to upgrade our audiovisual resources for our new HIV Testing & Counseling Clinic, please contact:*

**Rob Nixon**  
 Communications Manager  
 (404) 874-7926, ext. 16  
[RNixon@aidssurvivalproject.org](mailto:RNixon@aidssurvivalproject.org)



# The Importance of Dental Care



Oral health is very important. It is a crucial aspect of maintaining general health. Unfortunately, this is a topic that does not get as much attention as it should in HIV health care. According to a study conducted by the U.S. Department of Health and Human Services, 80% of people with HIV disease will present with at least one oral manifestation at some time during the course of their infection.

Reasons why oral health is important to individuals living with HIV:

- Problems in the mouth not only may be the first symptom of HIV infection but also can signify clinical progression
- Proper dental care can reduce the presence of bacteria, which reduces strain on the immune system.
- Open sores and exposed tissue is a potential entrance for infections into the body.
- Regular dental visits allow for early identification of conditions and infections. This allows for early treatment of these issues before they develop into serious problems.

## Common oral manifestations

There are several oral manifestations associated with HIV. An important part of proper dental health care for individuals living with HIV is to be able to differentiate one manifestation from another, as well as practicing proper dental hygiene as a preventative measure to promote a healthy mouth.

### Oral Candidiasis

This condition occurs frequently and is most often called “thrush.” The affected area can be all over the mouth and possibly in the throat. The problem appears as white patches that can be wiped away, leaving a red surface. Some of the symptoms related with oral candidiasis are pain, loss of taste, distortion of taste, burning and discomfort.

### Kaposi’s Sarcoma

Kaposi’s Sarcoma is the most common tumor associated with HIV and may initially appear as an intraoral tumor. The affected area is commonly on the roof of the mouth, but may also appear throughout the entire oral cavity. The symptoms of Kaposi’s Sarcoma are red or purple patches or swellings, which may appear as raised or flat and may become painful.

### Hairy Leukoplakia

This is a common condition which appears usually without any symptoms. This is a white le-

sion that most often presents on the sides of the tongue; however, it may appear in other parts of the mouth. If symptoms present, the oral manifestation is described as white, streaky, “hairy” patches that cannot be scraped off.

### Gingivitis and Periodontitis

This is a commonly occurring problem, often described as the most painful of oral manifestations. Gingivitis and periodontitis affect the gums and teeth. Symptoms include inflammation of the gums, swelling, bleeding, bad breath and breaks in the seal between the gums and teeth.

### Xerostomia

This problem is also called *dry mouth*. This is one of the most common complaints among individuals living with HIV. This problem should be addressed immediately to ensure the prevention of dental decay and periodontal problems. The affected areas can be the entire mouth and throat. The symptoms of dry mouth include the observation of reduced saliva production, leading to ongoing dryness of the mouth and throat area.

The above oral manifestations and descriptions are not a comprehensive listing of all potential problems. There are several other oral manifestations which may occur; however, the above have been listed as the most common. If you would like more information on specific oral manifestations, [www.HIVdent.org](http://www.HIVdent.org) and [www.projectinform.org](http://www.projectinform.org) are two resources that can help in your research.



## Promoting good oral health

After understanding potential oral manifestations it is essential to learn the general guidelines promoted by the American Dental Association as a preventative measure associated with good oral health.

### 1. Brushing your teeth

Good brushing should take a minimum of two minutes and should involve brushing in a circular motion, working your way from one side of the mouth to the another, keeping in mind to pay attention to

certain neglected areas such as the very back teeth and your tongue. Dentists recommend using soft bristle brushes and toothpaste that contain fluoride.

### 2. Floss regularly

It is recommended that individuals floss on a regular basis after meals and before brushing their teeth. The proper way to floss is to push the floss gently between your teeth to the gum to loosen debris your toothbrush cannot reach. When you begin flossing, you may experience light bleeding which will fade once your gums get used to the flossing process.

### 3. Mouthwash

Using a mouthwash that contains fluoride at least twice a day is a good preventative measure that kills bacteria responsible for the plaque that causes cavities and gum disease.

### 4. Dental visits

Regular dental visits about every six months are crucial to early identification of potential problems that could develop into more serious problems.

## Finding a dentist that is right for you

Dental care is an important aspect of general health care. However, one must not overlook the issues of finding a dentist that is right for you. Finding a dentist can often be a difficult process, and it is important to find someone you feel comfortable with, one to whom you are willing to disclose your HIV status. This is important because there are conditions and problems such as those discussed in this article that the dentist will need to pay attention to during your regular checkups. Hopefully after reading this article, you will have a better understanding of the importance of dental care to your overall health.

If you don’t already have a dentist, take this opportunity to do some research. There are several outlets for research to find a dentist that fits your needs. First, if you feel comfortable doing so, you may want to ask your doctor for a referral to a dentist or for a listing of area dentists with experience working with individuals living with HIV. Also, there are several listings in the resource database at AIDS Survival Project. Just give a peer counselor a call at (404) 874-7926 ext. 11 and ask for help locating a dentist in your area. Lastly, if you still need help locating a dentist, visit [www.HIVdent.org](http://www.HIVdent.org), which provides information on HIV dental care as well as referrals to HIV dental programs in your community. ⚡



Healthy Relationships: Prevention for Positives

Prevention for positives—an increasingly common term in the HIV/AIDS world. At first glance, it's something of an oxymoron, because if prevention means stopping an undesirable event from occurring (in this instance, HIV infection) and someone already has HIV, then what is being stopped?

The answer is, prevention for positives refers to tools that people with HIV use to keep from spreading the virus to anyone else. Despite the fact that 96% of Americans living with HIV do not infect another person over the course of a year, new cases of HIV in the United States have remained steady at around 40,000 for several years. For that infection rate to decrease, everyone needs to know more about how to apply skills for prevention of HIV in their lives.

AIDS Survival Project has always included education about safer sex, safer using and disclosure issues in THRIVE! Weekend and peer counseling sessions, but we are very excited to add an initiative dedicated solely to these topics. Healthy Relationships is a carefully structured, well-researched educational forum that will be a part of our new Prevention Division.

Healthy Relationships is a program that was originally researched and developed by Seth Kalichman, Ph.D., when he was with the Medical College of Wisconsin in conjunction with AIDS Survival

Project. Dr. Kalichman found that six months after completion of the program, participants were more likely to have protected intercourse, less likely to have unprotected intercourse and to have fewer sexual contacts when compared to similar participants in a health maintenance control group.

Healthy Relationships works by addressing issues that create significant stress in the lives of HIV+ people, specifically, how to handle disclosure of HIV status with family, friends, sex or needle-sharing partners and how to incorporate safer sexual behaviors. Through a structured series of closed group sessions, participants learn problem-solving and decision-making skills that can be used in managing disclosure and negotiating sexual encounters. Each group is composed of a limited number of HIV+ people selected to create the most culturally appropriate mix. Two facilitators run each group: one facilitator is female, one is male; one is a licensed mental health professional, the other is an HIV+ peer.

Healthy Relationships is more specifically focused than a regular support group where disclosure, relationship issues and safer sex may be among many topics that arise. In a Healthy Relationships group, people learn concrete skills through observation of and discussion with others, as well as by watching and discussing film clips. Using role-play,

modeling and personal feedback reports, participants gain experience in mastering behaviors that reduce stress related to disclosure and the construction of healthy relationships.

This new workshop series is in keeping with the Denver Principles as set out by AIDS activists in 1983 which underlie ASP's values. The Denver Principles recommended (among other things) that people with AIDS "be involved at every level of decision-making," "be included in all AIDS forums with equal credibility as other participants" and "substitute low-risk sexual behaviors for those which could endanger themselves and their partners." People living with HIV have been instrumental in the Healthy Relationships development and are active in the group process, as well as the administration of the workshops.

The Denver Principles also state that people with AIDS have a right "to as full and satisfying sexual and emotional lives as anyone else." In keeping with this philosophy of the earliest AIDS activists, Healthy Relationships is a venue that provides tools for meeting the challenges of living with HIV/AIDS.

Participation in Healthy Relationships at ASP will be open to HIV+ people following a screening that will be used to create the most appropriate groups. As with all services at the agency, there will be no charge to participate. ⚡

Don't Miss These Upcoming Events!

Unless otherwise noted, all events are at AIDS Survival Project offices. For updates on more details as they are finalized, check our web site frequently at www.aidssurvivalproject.org/events.html, or sign up for our e-mail announcements listserve at www.aidssurvivalproject.org/advocacy/alert.html.

Wednesday, November 10
Fuzeon

The ASP Treatment Education Program presents a free dinner meeting and panel discussion on Fuzeon, the first fusion inhibitor approved for HIV treatment, from 6:00 to 8:00 p.m. Free program and dinner. Space is limited; call (404) 874-7926 to pre-register.



Wednesday, December 1
World AIDS Day

Official opening of ASP's new HIV Testing & Counseling Clinic. Join our board, staff, volunteers and local community leaders to usher in this newest service provided free of charge. Check our web site for more details.



Thursday, November 18
"ExLucis"

Graduating students, faculty and alumni from the photography group of the Georgia State University School of Art and Design present their biennial art show and auction, a benefit for ASP. Time and location to be announced (check our web site).



Thursday, December 16
Annual Volunteer Appreciation Holiday Party

One of the ways we say thanks to our valuable corps of great volunteers and celebrate the holiday season together. Refreshments, entertainment and more! A festive evening for all; check our web site for times.

The Smoking Cessation Lunch and Learn Forum originally scheduled for November 18 has been cancelled.



# Supporting an AWESome Group!

# PEER SUPPORT

When we think of people who are living with HIV or AIDS, more likely than not, we are thinking of a full-grown individual. Recently, I received some information about a new support group for adolescents that I'd like to share with my readers. This group is the brainchild of one of AIDS Survival Project's longtime volunteers, Ms. Eva Hansen. In previous columns, I have given Eva full credit for getting me into this line of work. She was my group facilitator at the first Women's Healing Retreat that I attended and the person who helped me understand in no uncertain terms that it would be my responsibility to go out and live life to its fullest capacity. Eva continues to take an active role in HIV/AIDS activism and below is information that she has written about her latest effort.

"Each year, half of the 40,000 HIV infections in the U.S. occur in people under the age of 25. Because of the delay between infection and diagnosis, many of those diagnosed with AIDS in their late twenties or early thirties were infected as teens or young adults.

"Just as important, tens of thousands of adolescents and young adults across the country are the sibling, the son or daughter, the niece or nephew, the grandchild or the friend of a person who is HIV+. AIDS is a powerful presence in the lives of America's young people, but as a society, we have not yet figured out how to recognize and respond to that reality. Despite the pervasiveness of HIV in the lives of America's youth, few teenagers or young adults—neither those who are *infected* nor those who have been *affected* by the disease in the lives of those they love—have access to information or emotional support.

"**AWE: Adolescence, Wisdom & Education** is a new program for Atlanta's young people. Our mission statement is: *AWE is an open instructional support group dedicated to the empowerment of young people and the elimination of the AIDS epidemic.* AWE offers young people ages 13 to 21 the chance to learn, to form friendships and to become leaders. Through positive workshops, activities and

education, AWE helps young people find the courage to live their lives with dignity, be of service to others and thrive.


"Young people are responsible for the birth of this project. For the past two years, I have been a frequent volunteer presenter on HIV/AIDS at local high schools. One young woman came up to me not long ago, after I had concluded a presentation, and told me that she was afraid to plan to go to her prom because she was HIV+. Another young man told me of his fear and loneliness having a parent with AIDS, and not wanting his friends to know. Yet another was struggling with a desire to be more supportive to a friend who had recently been diagnosed, but did not know where to start. When you hear these stories, and see these beautiful faces in such pain and bewilderment, you have to act.

"Through AWE, young people will have a chance to develop trusting relationships with peers and with adults who are trained youth leaders. They will participate in facilitated support groups, explore the art,

culture, history and neighborhoods of Atlanta as a group, and gain access to literature and networks for information on a wide range of issues. Youth leadership is a key value of the project: as participants develop confidence, they will assume greater responsibilities for planning and leading the project.

"Fortunately, a skilled and diverse team of volunteers has stepped up to launch this project. For years, Ms. Margie Huwig coordinated the circulation of the AIDS quilt throughout Atlanta; she has spent most of the past two decades fighting HIV/AIDS as a parent, volunteer and advocate. Mr. Paul Singh works as a volunteer and has been active with AID Atlanta for a number of years. And I am a former school-teacher and current trainer and lecturer who has been HIV positive for 22 years. All are volunteers affiliated with AIDS Survival Project, a generous sponsor and fiscal agent for the project."

We applaud Eva and her team for getting this project off the ground. Over the past six months, they have developed a curriculum, planned program

activities and recruited agencies and schools to assist with outreach. There are more than one dozen young people who have expressed interest in participating. They have also identified colleagues who are medical and health professionals who will make themselves available for referral as well as information services. Eva is now making an appeal for gifts of any amount to help purchase paper for flyers and stationery, computer ink cartridges, postage for mailings and tokens for transportation. Since this is a volunteer effort, all gifts will go directly to the delivery of services and the organization of this vital work. Checks can be made out to AIDS Survival Project, with AWE in the memo line. We are all aware that funding for HIV/AIDS work has become increasingly difficult to generate. Your help will make a brighter day for a young person and take us all one step closer to the end of the epidemic. Thankyou! 



*Eva Hansen has started an open instructional support group for young people, ages 13 to 21.*

RECEIVE AN IRS DEDUCTION!

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# Keep It Simple

# TREATMENT

**W**hen I started my first anti-HIV drug combination in 1996, it consisted of Crixivan (nine pills a day), Viramune (two pills a day), Epivir (two pills a day) and, if you add on my prophylaxis plus vitamins, I was well into over 20 pills, not to mention having to remember the times of day to take them. We have actually come a long way since then. Most drug combinations being used today only need to be taken twice daily, with several drugs both available now and on the horizon that only need to be taken once a day. More importantly, the number of pills HIV+ people need to take is getting lower, which is helping to reduce their pill burden and pill fatigue.

Some pharmaceutical companies have combined some of their anti-HIV medications into single tablets or capsules, called "combination drugs." With Food & Drug Administration approval this summer of two new combination drugs—GlaxoSmithKline's Epzicom and Gilead Sciences' Truvada—there are now four combo drugs available. (The other two are Combivir and Trizivir.) This article highlights the two new combo drugs.

### What is Epzicom?

Epzicom is an acronym for **Epivir** and **Ziagen** in combination; it is marketed by GlaxoSmithKline. Epzicom is a combination of 600 mg of Ziagen and 300 mg of Epivir.

### How is it taken?

- Epzicom is taken once a day, with or without food by mouth as a tablet.
- It must be combined with at least one other anti-HIV drug, usually a protease inhibitor (PI) or a non-nucleoside reverse transcriptase inhibitor (NNRTI).

### What about side effects?

- The most serious side effect of abacavir (one of two nucleoside analogues found in Epzicom) is a hypersensitivity reaction. About 8% of people who take abacavir have these reactions (fever, rash, headaches, no energy, nausea, vomiting, diarrhea, stomach pain, cough, shortness of breath, sore throat). If you develop any of these symptoms, call your doctor immediately.
- Levels of lactic acid in the blood (lactic acidosis, which can be fatal).
- Liver problems, including "fatty liver," may also occur.

### What about drug interaction?

- Should not be taken with ddC (Hivid), d4t (Zerit), Emtriva or Truvada

### What is Truvada?

- Truvada is a pill that contains two drugs used to fight HIV: Tenofovir (Viread) and Emtricitabine (Emtriva). Truvada is manufactured by Gilead Sciences.

### How is it taken?

- Is taken by mouth as a tablet, once a day, with food or between meals.
- Truvada should not be used as part of a triple-nucleoside regimen.



### What about side effects?

- The most common side effects are the same as with Tenofovir (headache, nausea, vomiting, rash and loss of appetite). In some people, Tenofovir can increase creatinine and transaminases. These are enzymes related to kidneys and liver. High levels can indicate damage to

these organs.

- The Viread in Truvada may cause bone problems.

### What about drug interaction?

- Should not be taken with ddi (Videx), 3TC (Epivir) or any other combination drugs (Combivir-Trizivir) containing 3TC.

To get more information on these new anti-HIV drugs

and others, please visit our Treatment Resource Center here at AIDS Survival Project, call (404) 874-7926 ext. 13 or 19, or go to these web sites:

[www.AIDSmeds.com](http://www.AIDSmeds.com)

[www.TheBody.com](http://www.TheBody.com)

[www.aidsinonet.org](http://www.aidsinonet.org)

As always, KEEP SAFE!

AIDS SURVIVAL PROJECT

## THRIVE!

W E E K E N D

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

**Upcoming THRIVE! Weekend Dates**  
**Nov. 6-7, 2004 ..... Jan. 29-30, 2005**

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

Funded in part by the Fulton County Board of Commissioners under the guidance of the Fulton County Human Services Grants Program, Broadway Cares/Equity Fights AIDS, Roche Laboratories, Inc., the Bristol-Myers Squibb Company, The BroadView Foundation, The Central Congregational United Church of Christ and The Livewell Fund.

## THRIVE! Weekend Wish List

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

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

AIDS Treatment Initiatives—HIV/AIDS Buyers Club  
139 Ralph McGill Boulevard NE, Suite 305  
Atlanta, Georgia 30308-3311  
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## CM4: An Herbal Supplement with Clinical Data Support

Immune boosters now account for one of the largest categories of nutritional and herbal supplements on the market. From vitamin and mineral combinations to mushroom blends, from herbal compounds to amino acid and antioxidant complexes, supplements that claim to boost the immune system are big sellers right now. Antiviral agents are another category of supplements particularly marketed to persons living with HIV disease. The claim, of course, is that the particular supplement or active ingredient will kill the virus. While many of these immune supplements are generally effective at stimulating the immune system and some of these antivirals are capable of fighting viral infections, not all are specifically capable of combating HIV. Some immune boosters, in fact, are contraindicated with HIV because the specific way they stimulate the immune system will increase HIV viral replication; and, the mechanism of action (the particular way an agent works) of some antiviral supplements is simply ineffective against a retrovirus like HIV.

Immune booster and antiviral agents work differently, targeting either the body's natural defensive responses or the virus particles themselves; so, rarely is an agent—prescription or complementary—capable of doing both. And any claim about any product should be met with a healthy degree of suspicion. Personally, I want to see proof. Ideally, I want to see clinical data with definitive results, which is not always easy because most nutraceutical companies are not willing to invest the time and money needed for these studies.

CM4, however, is proving to be the exception to the rule. CM4 is not a new product—ATI has been carrying it for several years—but clinical and laboratory research is now available that documents the efficacy of this herbal supplement both as an immune booster and an antiretroviral agent. CM4 is a proprietary glycoside formulation, a standardized extract of fresh eleuthero root. The formulation has a unique chemical structure “fingerprint,” so that it is manufactured with batch-to-batch consistency; unlike other herbal extracts which vary in potency, CM4's concentration remains constant. Clinical results of research on CM4, therefore, should be more reliable than other herbal studies. Results of various studies have demonstrated that the mechanisms of action of CM4 include blocking viral receptor sites, stimulating T-cells and B-cell production, inhibiting Tumor Necrosis Factor-Alpha (TNF- $\alpha$ ) and modulating Th1 and Th2 cytokines.

### Viral Receptor Sites Blocked

Studies have shown that CM4 inhibits the at-

tachment of HIV to receptors on the surface of T-cells.<sup>1</sup> HIV must be able to attach itself to cell-surface receptors and co-receptors, particularly CCR5 and CCR2, in order to penetrate a T-cell. CM4 demonstrated the ability to block these chemokine receptors 5- to 40-fold, thus preventing HIV infection of the healthy cell. As such, CM4 may function in a manner similar to the FDA-approved medication Fuzeon (T-20), a fusion inhibitor.

Data from these studies is among the most exciting, as CM4's ability to inhibit CCR5 expression may have implications beyond acting as a fusion inhibitor. CCR5 receptors have been the subject of intense research for several years, as investigators seek to discover the correlation between these chemokine receptors and susceptibility, transmissibility and host response to HIV infection. Since suppressed expression of cell-surface receptors is associated with decreased disease progression, CM4's role in inhibiting CCR5 expression reaches well beyond its ability to block viral attachment.

In addition to this antiviral property, CM4 demonstrated several immune-boosting results, described below.



### T-cells and B-cells Increased

One study showed that CM4 stimulated the production of both T-cells (responsible for recognizing foreign particles and stimulating cellular immunity) and B-cells (responsible for producing antibodies). In the *in vitro* study, CM4 stimulated a 50-fold increase in T- and B-cells.<sup>2</sup>

In one non-scientific controlled case, a person used CM4 for three months. In the absence of HIV medications or other supplements except for a

multivitamin, he experienced a 34% increase in his CD4+ count (from 177 to 237). He also experienced a decrease in his viral load greater than 63% (from over 100,000 copies to 37,000 copies). Similar anecdotal results have been reported by buyers' club members also using CM4.

### TNF- $\alpha$ Reduced

Studies have shown that CM4 reduces Tumor Necrosis Factor-Alpha (TNF- $\alpha$ ).<sup>3</sup> TNF- $\alpha$  is an inflammatory cytokine produced by the immune system in response to infection; with HIV infection it stimulates, or increases, viral activity. It has also been shown to activate latent HIV infection within cells and has been implicated as a causative agent in AIDS Wasting Syndrome. Repetitions of the CM4 studies (repeated tests using various dilutions of the CM4 preparation) demonstrated decreases in TNF- $\alpha$  ranging from 10-fold to 50-fold. One repetition showed 100% inhibition of TNF- $\alpha$ , but other clinical factors may have skewed those results by as much as 50%.

TNF- $\alpha$  receptors are considered by some researchers to be a surrogate marker for disease progression. Therefore, it is assumed that as TNF- $\alpha$  levels increase, disease progression occurs. By reducing TNF- $\alpha$  levels, CM4 appears to slow disease progression.

### Th1 and Th2 Balanced

Th1 and Th2 cells are subdivisions of helper T-cells. Th1 produces Gamma Interferon (INF- $\gamma$ ), an antiviral protein that modulates the immune response, and Interleukin-2 (IL-2), a protein produced by activated T-cells that regulates immune responses against infection. Th2 produces IL-4, IL-5, IL-6 and IL-10, interleukins primarily associated with B-cell activity and bacterial infections. Low Th1 levels are associated with HIV disease progression; and, high Th2 levels can result in high antibody production and cellular self-destruction.

Studies of CM4 demonstrated an increase in Th1 and a decrease in Th2, resulting in a restoration of the balance between the two.<sup>4</sup> Out-of-balance Th1/Th2 levels can cause the inactivation of Natural Killer (NK) cells, autoimmune disorders, inflammation, pain and allergies. CM4's modulation of Th1 and Th2 levels may decrease HIV-associated symptoms as well as strengthen the immune system.

<sup>1</sup> Schneider Children's Hospital, Long Island Jewish Medical Center and Albert Einstein College of Medicine.

<sup>2</sup> Southern Research Institute.

<sup>3</sup> Centers for Disease Control and Prevention, Southern Research Institute and Long Island Jewish Medical Center.

<sup>4</sup> Schneider Children's Hospital, Long Island Jewish Medical Center and Albert Einstein College of Medicine.

# Meet Our New Staff

## Carmen Giles, MPA

*Associate Director*

Think for a minute about what it would be like to work where you're challenged, respected, involved, appreciated and even have fun! Today, I work at that place... again. Some of you may recognize my name. In 2001, I worked at AIDS Survival Project as an assistant in fundraising and the Treatment Resource Center. That was three years ago, and it is with great pleasure that I have returned as the Associate Director.



After working more than 15 years in the non-profit sector, I took some time to experience the for-profit environment. Over time, I began to increasingly miss my service work and knew that my soul's purpose was to return to the nonprofit sector to continue my journey of helping others help themselves. You see, I never stopped reading *Survival News* and never stopped surfing the ASP web site in an effort to remain connected on some level with the organization. I knew I wanted to return to the service area and, to make a long story short, after a little patience, I am here today. So many wonderful things are happening at ASP today, and it's with much pleasure that I am able to be a part of this excitement.

## Cara Emery

*Program Manager, Treatment Education*

Hi! I am one of the 18 people who were actually born in the Atlanta area, and I grew up in Decatur, leaving in 1984 to join the Army. I tested HIV+ while on active duty in 1989 and was medically retired from the service in 1991. I returned to Atlanta in 1995 to seek better treatment for my HIV disease, and that is how I began my long association with AIDS Survival Project.



At different times, I have done peer counseling, manned—or excuse me, “womaned”—the front desk, worked on the Tech Team and facilitated for our *THRIVE! Weekend*. So while I'm new to this position, AIDS Survival Project is obviously not a new place to me. It's a thrill to be working here now for a lot of reasons. First, treatment education has always been one of my interests, and this is certainly the place to immerse myself. Second, the staff and volunteers here are a joy to work with; it's wonderful to walk in the door and see so many great people every day. Third, this is an opportunity for me to give back to an organization and a community that

has helped me in a thousand ways.

The Treatment Resource Center and Education Forums have been an important part of my own learning, and I see them as a community resource to help us live better lives. If you have any questions or thoughts on how we're doing things here in the Treatment Resource Center, please let me know. I welcome feedback. And of course, I encourage you to attend one of our forums or drop by to see our TRC and check out what's available. We have everything here from fact sheets to videos to binders full of information, and it's all set up for easy access. You don't have to be a medical expert or even know the first thing about HIV to begin learning; we have materials for everyone. I look forward to seeing you!

## Kevin English

*Program Manager, Prevention Counseling*

As the newest employee of AIDS Survival Project, I come on board with three and a half years experience in pre- and post-test counseling from working with another AIDS service organization here in the Atlanta area, where I began as a program assistant and over the years became the Prevention Coordinator. I come to ASP with experience in setting up counseling and testing programs from the development stages to implementation of policies and procedures. It is very exciting for me to bring these skills to ASP to get its Counseling and Testing Program up and running. I look forward to working with this program and seeing how it will blossom.



Also, being out and open about being HIV+ for the past 16 years has allowed me to be sensitive to issues surrounding HIV/AIDS. This helps me to be able to best assist individuals who come in for testing, but more important, I can identify with those who test positive for HIV and can give them hope for living with the virus as well as providing them with the best quality of care possible.

The staff here at ASP has been very helpful and friendly, which is very comforting when starting in a new place with new faces.

## Justin Sears

*Program Assistant, Positive Action Network*

I am from Jefferson, Georgia, and back in the summer of 2003, I found an article in my local newspaper about the Positive Action Network (PAN) and knew I had to get involved with the fight for people with HIV/AIDS. I contacted Greg Smith by phone and e-mail, and by September, I was active with AIDS Survival Project. I am proud to be one of 14 gradu-

ates of the first class of PAN.

Now I have been hired as the program assistant for the Positive Action Network. It is such an honor to work in an office setting where people I look up to and respect surround me. In my current position, I work with Greg Smith to oversee the program and work on ensuring its success. The individuals in the current PAN class are some of the greatest people that I've ever worked with. They are ready to hit the ground running every day as they learn to stand up for the rights of themselves and others. It is so inspiring to watch.



I owe a lot of my success as an advocate to Greg Smith and Jeff Graham, who are two of the biggest influences on my growth as an advocate. Now I get to work with and learn from them every day. A person could not ask for more than that. I am honored to be working with such a great organization as AIDS Survival Project, and I look forward to a long stay here at ASP.


## Nicholas Forge

*Intern*

Hi there! Firstly, I wish to thank everyone for the warm welcome they have extended to their new intern! I shall be in the offices on Mondays and Wednesdays until April, and if I have not yet met you, I look forward to doing so soon.



I am currently a second-year Masters student in Social Work at Georgia State University. Originally from the U.K., I have lived in New York and Florida and now find myself here in Atlanta, which I really love! I moved here to attend Georgia State and have spent the past academic year as an intern at Grady Memorial Hospital on their Infectious Disease social work team. Whilst there, I was introduced to AIDS Survival Project, specifically to Mary Lynn, and knew that I absolutely had to do my second year internship here. I was very much drawn by ASP's dedication to the services it provides to the community, as well as by the spirit of advocacy that embodies its staff and members.

My past volunteer work has included God's Love We Deliver, which provides meals to people with AIDS in New York City, and Catalysta Networks, a nonprofit education organization. I seem to have a paucity of spare time, but when I do, I like to juggle ferrets, take courses in underwater basket weaving and walk my beagle, Parker, in Piedmont Park. 

ALL PHOTOS THIS PAGE: ERIC L. WATTS



## From Storm Season to Holiday Season



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

If you're reading this article, you have survived the storm season! Our prayers go out to all of our friends and families who were impacted by Alex, Bonnie, Charley, Danielle, Earl, Frances, Gaston, Hermine, Ivan, Jeanne, Karl and Lisa. As we approach the holiday season, keep these people in your thoughts.

Mark your calendars! The offices of AIDS Survival Project will be closed on November 25-26 for Thanksgiving. For the Holiday Season, we will close at noon on December 23 and reopen at 10:00 a.m. on January 3.

### What's going on with volunteers, members and staff

- Join us in wishing **Jeff Smith** the best of luck in Wisconsin. Jeff's last day at ASP was September 15 and shortly afterwards, he moved to Madison. Jeff was the Peer Counselor Program Manager before serving over two years as the Associate Director. Jeff has given so much to the ASP staff and volunteers, and we all want to say "Thank you!"
- A special thank you to volunteers **Arleen C. and Carolyn M.** for taking charge when **Antoinette** was on vacation.
- Happy 50th Birthday to our own **Greg Carraway!**
- Staff member **Sheryl Johnson** was profiled in *The Atlanta Journal-Constitution* for her work on behalf of women living with HIV. After the profile ran, we received a number of phone calls from women seeking more information. The article, "Living with HIV," was published on Monday, August 30, 2004.
- Thanks to volunteer **Noa Folami** for her assistance with Beauty Aid on September 12. For six hours, Noa catered to the legions who showed up at the Aveda Institute for haircuts, manicures and massages. Proceeds from the makeover event were donated to ASP.
- Congratulations to former board member **Larry Sheldon**, who was recognized by the Atlanta Pride Committee during their recent Community Builders Award ceremony.
- Best wishes to longtime volunteer **Al H.**, who has recently relocated to North Carolina. Al has volunteered regularly since 1993 and we will all miss his dedication and wonderful sense of humor.
- ASP Executive Director **Jeff Graham** was

quoted in the October *HIV Plus* magazine cover story recognizing 23 years of national leadership in the fight against AIDS.

- The ASP team has grown. Welcome to **Kevin English, Cara Emery, Justin Sears, Nicholas Forge** and **Carmen Giles**. Learn more about these folks by reading their introductions elsewhere in this issue of *Survival News*.
- ASP Communications Manager **Rob Nixon** has a story currently online in *Blithe House Quarterly*, a gay literary journal ([www.blithe.com](http://www.blithe.com)). "The Lies of Handsome Men" is a prose adaptation of a theater/cabaret piece Rob wrote that was produced in Los Angeles in 2003. Rob also has a new play, "Heartbreak," opening at PushPush Theater ([www.pushpushtheater.com](http://www.pushpushtheater.com)) in January 2005.
- Congratulations and good luck to **Jan Hackney**, our TRC Volunteer, who's running for office as the representative of State House District 48. To learn more about Jan's candidacy, visit [www.janforgeorgia.com](http://www.janforgeorgia.com).
- Congratulations to **Greg Smith** for his promotion to Director of Prevention Services. Way to go, Greg!
- **Jeff Graham, Sheryl Johnson** and **Richard Anderson** spoke at the annual National Association of People with AIDS (NAPWA) conference held this year in Atlanta. The NAPWA conference is recognized as the only national conference organized by and for people living with HIV. The conference was held in mid-September and attracted over 500 attendees.
- Congratulations to **Tina Dave**, a longtime ASP volunteer. During the NAPWA conference, Tina gave the welcome to Mayor Shirley Franklin and was recently hired by Grady IDP. Good luck, Tina!
- Thanks to **Judi Clark, Tracy Bruce** and all of the Positive Action Network participants who helped out with the NAPWA conference.
- Board members **Michael Banner** and **Judi Clark** were part of the People with AIDS roundtable discussion with Vanessa Kerry, daughter of presidential candidate Senator John Kerry (D-Mass.) at the NAPWA conference. This discussion was covered by CNN and the *AJC* (see page 4).

### A warm ASP welcome goes out to our newest volunteer:

- **Earl H.**, our newest peer counselor. Earl worked over five years in recruiting for the Dept. of Justice in Florida before moving to Atlanta. After hearing her give a *THRIVE!* presentation, Earl credits Peer Counseling Program Manager

Mary Lynn Hemphill for bringing him to the ASP team. He was so impressed with her knowledge and professionalism that he became a volunteer and graduated from the peer counseling training thereafter. Typically, Earl spends his holiday season in Jamaica, but because of severe storm damage, Earl will have to go elsewhere this year. Welcome aboard, Earl!

### A big thank you to all the ASP volunteers and staff who helped with:

- The September *THRIVE! Weekend*
- The "Human Growth Hormone and Wasting Prevention" Forum
- The Annual Membership Meeting
- Counseling Skills-Building Training
- The "Strategies for Managing Anti-Retroviral Therapies" Forum
- AIDSWalk Atlanta
- The "Simplifying Your Meds, Simplifying Your Life: The Advantages of Once-Daily Dosing" Forum
- The First Annual AIDS Survival Project Halloween Affair

Your continued devotion to helping us educate and empower those living with HIV/AIDS is truly inspiring. We couldn't do it without you!

### A Special Thank You to ZAMI, Inc.

On September 18, ZAMI, Inc. held its annual Audre Lorde Scholarship celebration and awarded scholarships to 21 outstanding black gay and lesbian scholars who aren't only living their lives "out," but are also making an extraordinary contribution to their communities.

Not only were the scholars acknowledged, but ZAMI also recognized AIDS Survival Project. This recognition included the presentation of a plaque so thoughtfully written that we wanted to share it with you. To the ZAMI board members and executive director Mary Anne Adams, we graciously thank you for these special words:

*"Since 1987, you have been a beacon of hope for persons in Atlanta and throughout the state of Georgia who are HIV-positive or living with AIDS. Your presence is a testimony to Audre Lorde's reminder that 'survival is not an academic skill.'*

*"Through advocacy and education, you serve not only a particular segment of the community, but the wider community as well, countering myths and stereotypes about casual contact with persons living with HIV or AIDS, the transmission of HIV, and whom the HIV-positive population includes.*

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**UNICEF Seeks \$1 Billion to Help AIDS Orphans.** UNICEF plans to launch a six-year campaign to raise \$1 billion to tackle the projected increase in the number of AIDS orphans, the agency's HIV/AIDS advisor Peter McDermott said Wednesday, September 22. "Our target is to reach 10 million orphans and assist them to get access to schools, have food and meet other needs," McDermott said. There are currently 15 million AIDS orphans worldwide; that number is expected to swell to 18 million by the end of the decade. UNICEF officials are attending a three-day meeting in Cape Town with their counterparts from UNAIDS and the UN World Food Program to draft an action plan to assist AIDS orphans worldwide. Officials from 17 African countries are also attending the meeting. According to UNICEF, about 12.3 million AIDS orphans live in sub-Saharan Africa; in 2003 alone, 5.2 million children in the region lost one or both parents to AIDS. The devastating effects of the pandemic are being exacerbated by drought in southern African countries like Lesotho, Swaziland and Zimbabwe. "Unfortunately, during the times of drought and economic crisis, families are being put under stress to cope with the problem of orphans," noted Sydney Mhishi, Zimbabwe's acting permanent secretary for public service, labor and social services. "HIV/AIDS is eroding the structure of the extended family, which has acted as a safety net for orphans," said Swaziland Education Minister Constance Simelane. Even so, Roeland Monasch, UNICEF monitoring information officer, said extended families are still caring for 90% of Africa's AIDS orphans and vulnerable children.

**Desmond Tutu's Daughter Urges More Action on AIDS.** On Friday, September 17, at the Louisville Free Public Library, the Rev. Mpho Tutu called on the United States to make a larger contribution to the global fight against AIDS. "Whole generations are being killed by this disease," said Mpho, the daughter of South African Nobel laureate Desmond Tutu. She said the U.S. should increase its contribution to the Global Fund to Fight AIDS, TB and Malaria, and urged local constituents to advocate for the same in letters to Sen. Mitch McConnell (R-Ky.), chairperson of the Senate foreign operations appropriations subcommittee. "You never know which voice it is that will finally get through to him that this is a critical issue," she said. Discussions about monogamy and how HIV is transmitted, together with ensuring that African girls are educated as well as boys, are crucial in the global AIDS fight, she said.

**WHO Calls for More Efforts to Secure Blood Safety.** On Thursday, September 16, the World Health Organization said the spread of HIV/AIDS and other blood-borne diseases such as hepatitis B and C threatens global blood safety. WHO said better efforts and measures to protect people from contaminated blood are urgently needed. "Especially in areas where prevalence of these diseases is high and access to safe blood is limited, the threat is acute," said Shigeru Omi, WHO regional director for

the Western Pacific. Globally, it is estimated that just 20% of the 80 million units of blood collected each year are collected in the developing world, where 80% of the world's population lives. Omi urged Western Pacific countries to set up voluntary, non-remunerated reserves to ensure a safe and adequate blood supply.

**U.S. Eyes Limits on AIDS Education; Agencies Worry Efforts Will Suffer.** The federal government is moving to impose restrictions on AIDS education campaigns that require a discussion of the "lack of effectiveness" of condoms and subject prevention materials to additional scrutiny by state public health authorities. CDC introduced the proposed rules in June. Agency authorities say the changes aim to get appropriate prevention messages to those who need them most and to increase accountability for the more than \$227 million provided annually to state, local and community AIDS education efforts. But the new rules could foment confusion and lessen the effectiveness of HIV-prevention materials, according to executives and physicians from AIDS agencies, which rely on federal money. They say that consistent condom use reduces HIV's spread by at least 87%, and experience shows that frank, sometimes graphic, materials are needed to educate those at greatest risk of infection. The Public Health Service Act, passed by Congress in 2000, requires that educational campaigns targeting STDs provide "medically accurate information regarding the effectiveness or lack of effectiveness of condoms in preventing the sexually transmitted disease the materials are designed to address." A CDC fact sheet, based on a 2001 National Institutes of Health report, states that "latex condoms, when used consistently and correctly, are highly effective in preventing transmission of HIV." The new guidelines omit that finding; they stress the importance of abstaining from sex. Already, content approval by a local panel knowledgeable of HIV transmission and the target audience is necessary for CDC-funded prevention materials. The new rules require the materials also receive the approval of state or local public health authorities. AIDS groups fear these officials may be reluctant to approve explicit materials.

**AIDS-Dementia Link; Patients Lack Dopamine.** For the first time in living AIDS patients with early indications of dementia, scientists have detected depletion of the brain chemical dopamine. Dopamine depletion is more commonly associated with Parkinson's, not dementia. The scientists compared brain scans of 15 AIDS patients, some of whom had signs of dementia, with those of 13 HIV- volunteers. The results suggest that AIDS patients with dementia have lost 12-20% of their dopamine cells. Before symptoms develop, Parkinson's patients lose 80-90% of dopamine cells in a key area of the brain that regulates movement. In addition to tremors and rigidity, Parkinson's patients often experience mild attention and thinking problems and are at high risk for depression. Recent cadaver studies of AIDS

patients' brains have also noted a loss of dopamine cells. The new finding provides insight into some AIDS patients' complaints of memory and attention deficits. It also offers a potential treatment in the dopamine-boosting medications used to treat Parkinson's. However, test tube and animal studies suggest that dopamine-enhancing medicines like L-Dopa may actually leave the brain's dopamine cells more vulnerable to HIV, according to lead author Dr. Gene-Jack Wang, who suggested adding antioxidants to the Parkinson's drugs reduces this risk. "It is a dementia, but it is very different from Alzheimer's," Wang said. "This is a unique form of dementia. Doctors must appreciate that the treatments will be vastly different from the ones used in Alzheimer's patients." The full report, "Decreased Brain Dopaminergic Transporters in HIV-Associated Dementia Patients," was published in the journal *Brain*.

**A Point Well Taken; One-Use Plastic Needles Would Limit Spread of Disease.** The hypodermic needle has delivered medicines to millions worldwide, but it also plays a role in spreading diseases. The World Health Organization estimates that the 16 billion injections administered annually in developing countries cause 21 million cases of hepatitis B, two million cases of hepatitis C and 260,000 cases of HIV. "It is perhaps the single largest man-made medical disaster of the 20th century," said CDC's Dr. Robert Chen. Now, Chen and Georgia Tech mechanical engineer Jonathan Colton are working to develop plastic needles to replace stainless steel ones. They say a plastic needle could be made impossible to reuse simply by passing it over a lit candle. "It's easier to disable a plastic needle than a steel needle, and it's easier to recycle the material," Colton said. While disposable plastic syringes have solved most injection contamination issues in developed nations, their reuse has become the cheapest way to ensure adequate supplies in poor countries. After the development of auto-disable syringes—which render themselves useless after a single injection—the World Health Organization, UNICEF and other groups began demanding them for immunization efforts. But in developing nations, more than 90% of injections are for treatment, not vaccination, and up to half of these are unnecessary. In many places, patients believe that only injections provide "real" medicine—and doctors are often paid more for dispensing a shot than a pill. Many of these used needles are discarded haphazardly by poorly funded clinics. Chen works for CDC's National Immunization Program. In 1999, while on sabbatical at WHO in Geneva, he helped found the Safe Injection Global Network. Upon returning to Atlanta, he partnered with Colton to work on plastic needles, which could prevent unsafe reuse and reduce the dangers of improper disposal. In 2003, the two researchers received a \$60,000 CDC-Georgia Tech "seed" grant to develop their idea. Now they are using their public health and engineering skills to

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solve this global health problem.

### Governor OKs Over-the-Counter Sale of Syringes.

On Monday, September 20, Gov. Arnold Schwarzenegger settled a highly contested public health dispute by signing legislation that allows California pharmacists to sell up to ten syringes without a prescription in localities that give their consent. In signing a bill similar to ones Gov. Gray Davis vetoed during his administration, Schwarzenegger rejected the arguments made by some law enforcement groups that providing access to clean needles would condone drug use. "My administration supports this measure because it will prevent the spread of HIV, hepatitis and other blood-borne disease among injection drug users, their sexual partners and their children," Schwarzenegger said in a written statement. "Research conducted on syringe access through pharmacies in other states concluded that access to sterile syringes and needles significantly decreased HIV and [hepatitis C] but did not increase drug use or crime rates." Glenn Backes, health policy director for the New York-based Drug Policy Alliance, hailed the bill signing. "This is the most important AIDS prevention legislation in the history of California," said Backes, noting that it opens up hundreds of legal access points throughout the state. But Michael Kennedy, president of the California Narcotic Officers' Association, said his group "strongly disagrees" with Schwarzenegger's approval. Kennedy predicted that addicts would buy clean needles under the new law for the sake of convenience but would continue to share used needles "if they're hurting and they need drugs." At the same time, Schwarzenegger rejected a bill that would have permitted cities and counties with free needle-exchange programs—around 14 statewide—to keep them running without having to declare a public health emergency every two or three weeks. While acknowledging the current system is cumbersome, Schwarzenegger said it allows local officials to ensure that a program's health benefits "outweigh any potential adverse impact on the public welfare."

**Two Porn Companies Fined for Allowing Unprotected Sex on Set.** The California Division of Occupational Health and Safety has taken unprecedented action against the pornography industry, fining two adult film companies more than \$30,000 apiece for allegedly allowing actors to perform unprotected sex. Evasive Angles and TTB Productions, which share the same San Fernando Valley address, were cited for violating the state's blood-borne pathogen standard, which requires employers to protect workers exposed to blood or bodily fluids on the job; failing to notify authorities about actors who contract HIV on the job; failing to have a written injury prevention program; and failing to report a workplace accident within eight hours, agency officials said. The investigation of the companies began months ago after an industry worker filed a complaint.

**McLellan Pledges \$85 Million for HIV Funding: Annual AIDS Walk Keeps Awareness, Hopes Alive.** On Sunday, September 19, at Edmonton's annual AIDS Walk for Life, Deputy Prime Minister

Anne McLellan said Canada's government has promised to double its annual support for HIV/AIDS programs from \$42.2 million (US\$32.5 million) to \$84.4 million (US\$64.9 million) in the coming five years. "People are still ill and dying," said Edmonton Counselor Michael Phair. "We must ensure that people don't forget," he said, asserting that the dangers of high-risk activities like needle sharing and unprotected sex must continually be emphasized to new audiences like young people and recent immigrants. McLellan addressed the crowd at a pre-walk rally at City Hall. In an interview, she said anti-AIDS efforts would see a \$5 million increase in the current year. Most of the money will go to existing community-based organizations, she said. But Sherry McKibben, executive director of the HIV Network of Edmonton Society, said that while McLellan has promised this for two years, her government has not delivered. "I had a staff of 14 people three years ago, and now I'm down to eight people. I laid off one staff person this week and, without more money, I will have to lay off another person." McLellan said the increase was announced after the current budget was determined. "I would hope the Treasury Board would approve it by the end of October, but that's not my call," she said. More than 200 people took part in Edmonton's 5K walk. Canada's AIDS Walk for Life was being held at 128 sites between September 19 and 26.

### Prince Edward Island AIDS Group Calls On Province to Fund Needle-Exchange Program.

In response to increasing intravenous drug use in Prince Edward Island, the government needs to provide a publicly funded comprehensive needle-exchange program, said Jennifer Woodworth, an employee of AIDS P.E.I. A needle exchange benefits the community by safely disposing needles, preventing HIV and hepatitis C, and offering anonymous testing and education programs, she said. Woodworth's appeal follows an accident in Moncton, New Brunswick, in which a child was stuck with a used syringe left in a public park. That incident prompted a similar call by SIDA/AIDS Moncton for a needle exchange in that community. Since 2001, AIDS P.E.I. has run an informal needle-exchange program used by 20-30 regular clients, said Woodworth. The program disposes of used syringes, issues clean ones and records the initials and ages of its anonymous clients. Woodworth said the exchange needs government funding. "It all comes out of our budget" now, she said. "Something government-run would be ideal. It would give better control and statistical information and more volunteers and better supplies." With a near doubling in the numbers of exchange users, the program is being strained. "We had a crisis a while ago. We had no money for new needles. We were down to less than 500 needles in the office and we can't stop the service," said Woodworth. The program netted 4,445 dirty needles between January and September, while it distributed 2,850. "There seems to be a network who collect [needles] and bring them to us," Woodworth said. The Health Department is aware of the situation, said Sara Underwood, a department spokesperson. A government harm-reduction committee is currently reviewing a report on the issue "before it goes to the minister,"

she said.

### Experts Warn of Rising AIDS Stats from East Europe.

The spread of HIV, fueled by a lack of information and government funding in several recent European Union entrants, risks jeopardizing the entire bloc, a panel of experts said Friday, September 17, at an AIDS conference in Vilnius, Lithuania. The opening of Eastern European borders could channel infections into Western Europe from areas such as the Baltics, where poor governments find it difficult to fund prevention and treatment programs, the experts said. Public prejudice against people with HIV could make the situation worse. HIV/AIDS-related deaths have been declining in Western Europe due mainly to treatment. But infection rates are still rising, from 540,000 HIV cases in 2001 to 580,000 at the end of 2003, because of slackening government commitments to prevention and treatment-linked complacency, said experts. "We have seen a doubling of the epidemic in Western Europe in the last ten years," said Jack Chow, World Health Organization assistant director-general for HIV/AIDS, TB and malaria. In Estonia, which joined the EU in May, about one in every 100 people are HIV+. And there has been a 50-fold increase in HIV infection in Russia and the Ukraine, which border the union. "If we take just Russia, Ukraine and Estonia, we have a prevalence of HIV infection of 1.0-1.5%, which is as bad as it was in India in the 1980s," said Lars Kallings, special envoy to the UN secretary-general for HIV/AIDS in Eastern Europe. "This is a very dangerous situation." Figures presented at the conference showed some two million people with HIV/AIDS in Eastern Europe and Central Asia.

### In Postwar Era, Angolans Now Face Threat of HIV/AIDS.

Angola's decades-long civil war served to insulate the country from the ravages of the surrounding southern African HIV pandemic. Closed borders and little civilian movement helped keep Angola's estimated HIV infection rate for non-elderly adults at under 10%—less than half the rate in nearby Zambia or Congo, and around one-fourth the rate in peaceful and prosperous Botswana. But humanitarian groups say the situation in Angola is changing rapidly. Two years of peace, along with the low education levels, social dislocation and a public health system crippled by war, have Angola on track to match the infection rates of its neighbors within a few years. In addition, new trucking routes, the surge of refugees returning from nearby countries and the resettling of soldiers from both sides of the conflict are bringing HIV to areas where previously it was rare. In the capital of Luanda, sudden increases in HIV infection rates have been recorded among pregnant women and sex workers. And a nationwide report due out in several months is expected to show increases among the entire population. "All of the factors are there," said Laurie Bruns, a southern Africa HIV expert for the UN High Commissioner for Refugees. Seventy percent of Angola's 14 million people are younger than age 25—a group considered to be among the most vulnerable and most likely to transmit HIV to others. Studies indicate that

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Angolans begin having sex at a younger age and have more partners than people in other southern African countries. The average Angolan girl's age at first sexual encounter is 14. Older men often prey on these young teens by bartering for sex. "HIV here is probably going to explode because of this informal exchange sex," said Melanie Luick, an expert on HIV at UNICEF's Luanda office.

**GlaxoSmithKline Allows Kenyan Firm to Make Cheap AIDS Drugs.** On Wednesday, September 22, in Nairobi, pharmaceutical maker GlaxoSmithKline (GSK) signed an agreement with Cosmos Limited that allows the Kenyan firm to make generics containing zidovudine and lamivudine and market the drugs in East Africa, including Kenya, Rwanda and Burundi. Cosmos will begin manufacturing the drugs "in the next couple of weeks," said Prakash Patel, the firm's managing director. Patel said the drugs' costs would depend on the level of production. "We are pleased that another local healthcare company will play a significant role in addressing the HIV/AIDS crisis," said Andrew Bullock, GSK's general manager for East Africa.

**Majority of Nigerians Think HIV/AIDS Not Real: Official.** "Ninety percent of Nigerians know about HIV/AIDS, but only 20% believe it is real," Babatunde Osotimehin, chair of the National Action Committee on HIV/AIDS (NACA), told reporters Monday, September 20, in Lagos. He said NACA will boost its awareness campaign by raising the number of information dissemination agents from 20 to 40. Nigeria's government seeks to reduce HIV prevalence from the current 5% to 2.5% by the end of 2005, he said. President Bush's emergency plan for AIDS relief and the Global Fund to Fight AIDS, TB and Malaria will assist in NACA's campaign, Osotimehin said. Already, the two entities are helping provide antiretrovirals. "Fifteen thousand Nigerians are currently treated with the drugs, which would increase to 30,000 before the end of this year," he said.

**AIDS Up 6% in South Africa, Seen Stabilizing.** The number of South Africans infected with HIV rose to 5.6 million in 2003—up 6% from 5.3 million in 2002—but a stabilizing infection rate among the country's teenagers indicates the epidemic may be leveling off, the Department of Health said in a re-

port released Thursday, September 23. "The findings of the 2003 antenatal survey show that the HIV prevalence rates remain high in South Africa," the government report said, adding that data suggested a "slowly stabilizing" epidemic. The report was based on a study of HIV and syphilis rates among a sample of 16,643 pregnant women attending antenatal clinics in the public health system in October 2003. According to the report, around 100,000 babies contracted HIV from their mothers in 2003, or more than 260 a day. About 28% of pregnant women were HIV+, up from 26.5% in 2002. The Health Department said an estimated 3.1 million South African women carried HIV, compared to 2.4 million men. However, "stability observed particularly amongst teenagers and the nonsignificant difference between the national figures for HIV prevalence for 2002 to 2003 all point to an epidemic in stabilization phase," the report noted. HIV prevalence was found to be highest among people ages 25 to 29, while only a marginal increase in infections was detected among people under age 20—considered to be the best barometer of the infection rate.

**Swazi Girls' HIV Rate Surprises.** A recent UNICEF study of Swazi females ages 15-18 found only 6% were HIV-infected rather than the government's estimated 32.5%. The researchers attributed the lower rate to a generational shift in perceptions about HIV/AIDS, a change that may be occurring in other African countries. "It's a surprise," said Alan Brody, UNICEF's Swaziland representative. Girls, he said, "are getting the message" about AIDS. With an increase in AIDS deaths since 2000, Swazi girls who had admired sexually active older relatives began to see them dying. "That older girl who seemed so cool and was partying when you were a kid, now she's at home and when you go and visit her she's skinny and sick," said Brody. Those who came of age after 2000—the current generation of teens—now perceive HIV as a serious threat and want to learn how to avoid it. At nongovernmental group and church meetings, the girls "want to know everything there is to know about the virus, not just about abstaining and using condoms," said Brody. At last month's traditional reed dance performed before the royal family, tens of thousands of purportedly virgin girls heard AIDS lectures and danced near an anti-AIDS sign posted by the Queen Mother. How-

ever, the girls complained that the lectures focused almost exclusively on abstinence, and they wanted more information. Human rights groups warn that girls have limited power to refuse sex in a society where women are considered legal minors. King Mswati III, who in 2001 issued a five-year ban on virgins marrying or having sex, selected his 13th wife, a 16-year-old, at the reed dance. Two of his wives fled the country in the past year, one after being caught in an affair.

**Uganda's HIV Success Questioned.** With an official HIV prevalence rate of only 6%, Uganda is often spotlighted as a success story in the fight against AIDS. But new research, conducted in districts across the country, suggests the true rate is much worse. "We have found the prevalence rate at this time is 17%," said Major Rubaramira Ruranga, executive director of the National Guidance and Empowerment Network of people living with HIV/AIDS in Uganda (NGEN). Ruranga, who said he has been living with HIV for 21 years, told a news conference that NGEN is in touch with HIV+ people across the country and used these networks to determine how many people in each village are HIV+. This research, he said, shows that HIV prevalence is 30% in the western Rukungiri area; 20% in Busia, near the Kenyan border; and 18% in the northern district of Apac. Also present at the news conference was Dr. Elizabeth Namagala of the Ministry of Health's AIDS control program. She acknowledged that HIV rates are higher in some parts of the country than the national average, but she stressed that the ministry's research is more scientific than NGEN's. Still, she welcomed the new findings as "useful data." Dr. Peter Mugenyi, who chairs Uganda's AIDS task force, said that while he doubts the new figures are as accurate as the government's, he welcomes them if they lead people to take more precautions.

**U.S. Earmarks \$34 Million for Zambia's AIDS Project.** Zambia's Daily Mail newspaper reported on Tuesday, November 21, that the United States has earmarked \$34 million for a community-based Zambian AIDS project that will run for six years. The money is from President Bush's emergency plan for AIDS relief and will be used for a new project called RAPIDS (Reaching HIV/AIDS-Affected People with Integrated Development and Support), according to U.S. Embassy Public Affairs Officer Dehab Gbabwe. RAPIDS—part of a cooperative effort by the U.S. and Zambian governments, other donors and local partners—will target 550,000 HIV-affected Zambians, Gbabwe said.

**India to Hire Private Consultants to Find Out How Many HIV+.** In response to warnings that India's official estimate of 5.1 million HIV infections is artificially low, the government will seek out private consultants to help it determine a more accurate number among its billion-plus population. "We are considering private agencies like Tata Consultancy, [Indian Institute of Management]-Bangalore and McKinsey to carry out this survey. This will be finalized in about two weeks," said Health Minister

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

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Anbumani Ramadoss. "We are very much concerned," said Ramadoss. "We want to check [the estimate] before this becomes an economic burden. We feel ashamed when visitors to India express apprehension over the AIDS situation here." In July, India's National AIDS Control Organization reported there were 5.1 million HIV+ Indians, a figure second only to South Africa, where 5.3 million people are HIV-infected. India recorded 520,000 new HIV cases in 2003, a drop from 610,000 in 2002—which NACO said was evidence that its anti-AIDS efforts were working. But nongovernmental groups working to fight HIV/AIDS in India were skeptical as to the accuracy of NACO estimates. In mid-September, Richard Fiche, executive director of the Global Fund to Fight AIDS, TB and Malaria, warned that India sits on a "grave, ticking HIV/AIDS time bomb." Ramadoss noted that India's HIV+ population was 0.5%, compared to 2.1% in Thailand and 2.3% in South Africa.

**Increase in HIV Infection in Singapore Among Gays.** The latest government statistics on HIV infection in Singapore show that the number of homosexuals infected is on the rise. "Heterosexual transmission has been the most common mode of HIV transmission among Singaporeans since 1991," said the Ministry of Health's web site. "However, since 2001, an increasing trend of HIV infection has been observed among homosexual men in Singapore, from 12 cases reported in 2000 to 40 cases in 2003. During the first half of this year, 31 of the 138 new cases reported acquired the infection through homosexual transmission," the Health Ministry said, adding that sexual transmission remains the main mode of HIV infection in Singapore. Heterosexual transmission accounted for 65% of the 168 cases for the first half of 2003, with homosexual transmission accounting for 23% and bisexual transmission for 8%.

**Government Targets Teen HIV Boom.** Almost 60,000 Thai teenagers are living with HIV/AIDS, prompting the government to work to reduce the number of new HIV infections among youths starting next year, said Public Health Minister Sudarat Keyuraphan. This year, 71,157 Thais ages 10-24 will become infected with HIV, said Sudarat. In 2005, the ministry aims to reduce that number to below 17,000. In a bid to understand what is contributing to a high infection rate among young people and figure out ways to slow the epidemic among them, the Health Ministry held a two-day workshop that ended Friday, September 17. Sudarat, who presided over the workshop, listened to more than 200 youths discuss their opinions and attitudes toward sex. Teenagers are among those most at risk for HIV because of their sexual curiosity and desire to experiment, according to reports from the 15th International AIDS Conference, held in Bangkok in July. Some boys become sexually active as young as 10 years old, said Sudarat, while some girls have their first sexual experience at age 12. Sixty percent of these first sexual encounters are unprotected and drugs are often involved, he noted. Eighty percent of the 326,600 Thais living with HIV/AIDS were infected via sex, according to the ministry. One quarter of this

total are people ages 25-29, Sudarat added.

**A Buddy System Gives Hope for Life in the HIV/AIDS Fight.** In Thailand, small loans provided by the nongovernmental Population and Community Development Association (PDA) through the local Mae Chan AIDS community group in Chiang Rai district are helping some HIV+ Thais support themselves. Loans of 24,000 baht (US\$600) each are awarded in PDA's "Buddy Project," which partners one HIV+ person and one HIV- person in a business venture. The loans must be repaid within a year and borrowers pay 6% interest, which is used to support the AIDS community group's activities. Five such ventures operate in Chiang Rai. "We realized that there has to be an alternative way of providing assistance to people who have HIV," said Alberto de la Paz, a PDA project manager. "In the past, it had always been something like a dole-out—you just give and give and give. But that really is not a sustainable way of providing assistance," said de la Paz. Being able to work has given Aranya, whose PDA loan subsidized a successful recycling business, a renewed sense of vitality since her husband died of AIDS two years ago, she said. She used to work with her husband in his metalworks factory. "I feel I have a future here, in this business with [project buddy] Khun Charoen. The people in the community know I have HIV, but they treat me as a normal person." Public information campaigns initiated by the district hospital and the local AIDS group have helped to decrease social barriers. Aranya goes for a medical checkup at the hospital every month to receive antiretrovirals and check her CD4 cell count. Her partner "doesn't mind running the business alone when I have to go for my checkups," said Aranya.

**Vietnam Reports over 83,400 HIV Carriers.** By August 2004, more than 83,400 HIV+ Vietnamese were detected in 93% of the country's districts, the local newspaper *Youth* reported Wednesday, September 22. Of those cases, 13,124 progressed to AIDS, 7,455 people died of AIDS-related illnesses and 56% were drug addicts. To slow the epidemic, Vietnam will spend 80 billion dong (US\$5.1 million) for HIV/AIDS prevention programs this year, of which 10 billion dong (US\$637,000) will be used to purchase AIDS medicines. Vietnam plans to reduce the HIV/AIDS infection rate among its 81 million population to below 0.3% by 2010 and keep the rate level after 2020.

**Mandela Appoints Will Smith as Global AIDS Ambassador.** Former South African President Nelson Mandela on Thursday, September 16, appointed American actor and rapper Will Smith as a global ambassador for the 46664 AIDS awareness campaign. The campaign uses the prisoner number that Mandela was assigned while jailed under apartheid. "I am honored and will humbly and aggressively respond," said Smith, in South Africa to promote a new movie. Describing a previous meeting with Mandela, Smith said, "He made me understand the power I have as an actor. He said the platform I have in film is extremely powerful and that I should use it to influence people." 

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and empower them to live with the diagnosis and meet their basic food, shelter and support needs.

Dorothy has also been active in the community by serving on the Georgia AIDS Task Force and the Metropolitan Atlanta HIV Health Services Planning Council. She has also served on the faculty of the Emory AIDS Training Network and instructs social work students at Georgia State University.

In the typical self-effacing fashion that has made her one of the unsung heroes of the AIDS epidemic in Atlanta, Dorothy offered only a heartfelt thank you to everyone for the honor, including her husband David Ziemer, "for putting up with so much." But ASP Peer Counseling Program Manager Mary Lynn Hemphill had this to say after the meeting: "I consider her a personal mentor and inspiration, and so do many others. She's probably influenced more social workers in HIV care in this city than any single individual. The remarkable thing about Dorothy is her incredible optimism in the face of overwhelming odds and the way she transmits that optimism to patients, staff and physicians."

The other nominees for the Kappers Award this year were Joe Greenwood, who has been working within the HIV/AIDS community for more than a decade, including years as both volunteer and staff member for ASP, notably as a peer facilitator for the agency's *THRIVE! Weekend* and a stint as editor of *Survival News*; Larry Sheldon, a former ASP board member who spearheaded making the Kappers Award into a community-wide honor and who has devoted countless hours to other AIDS organizations; and Drew Plant, who has used his position as a writer and publicist, as well as editor-at-large of the national *A&U* magazine, to educate the public about the lives, concerns and issues so important to the HIV community.

Dorothy and the three other nominees were not the only ones honored at the meeting. Executive Director Jeff Graham was presented with a Fräbel glass sculpture on behalf of the board by President Eddie Young for Jeff's ten years of dedicated service in the position.

"The sculpture is called 'Growing Together,'" Eddie explained to Jeff. "It's a fitting tribute not only

to the link between your professional growth and the maturation of ASP, but more important, to the way your heart is connected with all of ours."

Expressing his great honor for the recognition, Jeff typically turned the attention to others.


"This agency is so much more than one person, it's about all of us," he said, relating how far the organization has come since its early days, including being honored this year for the second time in a row as a finalist for the Community Foundation of Greater Atlanta's Managing for Excellence Award (which will be announced later in the fall). Noting the challenges still facing people living with HIV and the many threats to funding for essential AIDS services, as well as the impact Georgia's proposed anti-gay marriage ban would have on the AIDS community, he added: "I can't and won't make partisan comments, but in case you haven't figured it out, this is the most important election of your life."

That comment was the perfect segue to honoring the legislative allies who have been in the trenches at the state capitol fighting for AIDS causes for so long. Jeff presented plaques of appreciation to State Reps. Nan Grogan Orrock (D-Dist. 51), "Able" Mable Thomas (D-Dist. 43, Post 1) and Karla Drenner (D-Dist. 57). Three other state legislators honored—Stephanie Stuckey Benfield (D-Dist. 56,

Post 1), Georganna Sinkfield (D-Dist. 50) and Michele Henson (D-Dist. 55)—were unable to attend the meeting.

"We are fighting for our lives," noted Drenner, who is also the campaign director for Georgians Against Discrimination, a statewide coalition formed to defeat the marriage amendment on the November 2 ballot. "Win or lose, we'll still be here on November 3, and we're more unified than ever before."

The Annual Meeting was also a time to honor "our own in-house heroes," as Jeff Graham put it—the two women who received this year's Antoniette Sinclair Volunteer of the Year Award, Jan Hackney and Carolyn Morgan (see page 4).

The meeting concluded with the election of new and returning members of the board. Newly elected members are Michael Banner, Russell Beets, Jonathan Hammond and Charles Willis. Joan Campitelli, Susan Cornutt, Jacque Muther, David Salyer and Eddie Young were all re-elected. They join seated members Cindy Abel, Michael Baker, Judi Clark, Greg Jesse and Barron Segar. Anyone who is HIV+ (and only those individuals) may vote for members of the board, at least 50% of whom must also be HIV+, according to the organization's by-laws. Ballots are posted annually in *Survival News* and available at the Annual Meeting. 

## ASP's 2004 Annual Meeting



A delicious selection of hors d'ouevres and refreshments were enjoyed by ASP staff and volunteers, including Antoniette Sinclair Volunteer of the Year Award winner **Carolyn Morgan** (foreground).



ASP's Treatment Education Assistant **George Burgess** (right) and former Treatment Resource Specialist **Dan Dunable** get reacquainted before the Annual Meeting.



Board member **Joan Campitelli** (left) and **Bill Golden** (right), flanking Kappers Award nominee **Drew Plant**, enjoy a chuckle during the Open House before the Annual Meeting.



ASP's Open House is a great time for friends and volunteers to meet each other, enjoy some refreshments and learn about the many new programs and services the agency offers.



The newly elected ASP Board of Directors includes (back row) **Barron Segar, Michael Baker, Michael Banner, Jonathan Hammond, Eddie Young** and (front row) **Judi Clark, Joan Campitelli, Jacque Muther, Susan Cornutt**.

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Close to 100 people braved the stormy remnants of Hurricane Jeanne to attend AIDS Survival Project's 2004 Annual Membership Meeting and Open House on Monday, September 27. This is the most important event of the year at ASP, when everyone—board, staff, volunteers, supporters and friends—comes together for sociable interaction and appreciation of the best in our community. It's also the time for the election of new members of the board, recognition of valuable volunteers and presentation of the John Kappers AIDS Community Service Award, the highest honor bestowed annually by ASP.



ASP Executive Director **Jeff Graham** is presented with a Fräbel glass sculpture called "Growing Together" by board president **Eddie Young** for Jeff's ten years of dedicated service in the position.



**Young** said the sculpture "is a fitting tribute not only to the link between your professional growth and the maturation of ASP, but more important, to the way your heart is connected with all of ours."



**Jeff Graham** announced that ASP has been honored for the second year in a row as a finalist for the Community Foundation of Greater Atlanta's Managing for Excellence Award.



"This agency is so much more than one person, it's about all of us," said Executive Director **Jeff Graham** to the assembled audience in ASP's Bruce Almond Community Room.



ASP Executive Director **Jeff Graham** presented a plaque of appreciation to State Rep. **Nan Grogan Orrock** (D-Dist. 51) to honor her longtime fight for AIDS causes at the state capitol.



To honor her longtime fight for AIDS causes at the state capitol, ASP Executive Director **Jeff Graham** presents a plaque of appreciation to State Rep. "Able" **Mable Thomas** (D-Dist. 43, Post 1).



State Rep. "Able" **Mable Thomas** (D-Dist. 43, Post 1) vowed to continue her ongoing fight for AIDS causes at the state capitol and reiterated the importance of voting in the November election.



"We are fighting for our lives," said State Rep. **Karla Drenner** (D-Dist. 57), who is the campaign director for a coalition formed to defeat the marriage amendment on the November 2 ballot.



State Reps. **Karla Drenner** (D-Dist. 57, left), "Able" **Mable Thomas** (D-Dist. 43, Post 1, center) and **Nan Grogan Orrock** (D-Dist. 51, right) each spoke about the importance of voting.

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**Joe Greenwood** has been working within the HIV/AIDS community for more than a decade, including as a peer facilitator for ASP's THRIVE! Weekend and seven-year editor of Survival News.



**Drew Plant** (right) has used his position as writer, publicist and editor-at-large of A&U magazine to educate the public about the concerns and issues important to the HIV community.



**Len Greenough** accepts the Kappers Award certificate of nomination for his partner, longtime ASP volunteer and former board member **Larry Sheldon**, who was unable to attend the meeting.



Upon receiving the 2004 John Kappers Award, **Dorothy Ziemer** offered only a heartfelt thank you to everyone for the honor, including her husband David, "for putting up with so much."



Executive Director **Jeff Graham** presents a 2004 Antoniette Sinclair Volunteer of the Year Award to **Carolynn Morgan**. "It's great for me to be able to give something back to others," she said.



**Jan Hackney**, one of two winners of the 2004 Antoniette Sinclair Volunteer of the Year award, is running for the state House of Representatives to "see if I could make a difference."



ASP Executive Director **Jeff Graham** (behind podium) introduced each member of the ASP staff to the audience and thanked them for their continued dedication to the agency's mission.



**Nicholas Forge** (Intern), **Justin Sears** (Positive Action Network), **Sberyl Johnson** (Community Outreach), **Kevin English** (Prevention Counseling), **Rob Nixon** (Communications); **Sarah Biel-Cunningham** (THRIVE! Weekend), **Carmen Giles** (Associate Director), **George Burgess** (Treatment Education), **Cara Emery** (Treatment Education), **Mary Lynn Hemphill** (Peer Counseling), **Greg Carraway** (Development).



ASP's Director of Development **Greg Carraway** thanked the many generous corporate and individual donors whose financial support of the agency is critical to its continued mission.



Voting begins: According to ASP's by-laws, anyone who is HIV+ (but only those individuals) may vote for members of the board of directors, and at least half of the board members must be HIV+.



2004 John Kappers Award recipient **Dorothy Ziemer** (center) is flanked by ASP's Manager of Peer Counseling **Mary Lynn Hemphill** (left) and board member **Jacque Muther** (right).

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yet fewer than half of these systems routinely test inmates at entry. This means that many HIV-infected persons miss out on the opportunity to be routinely screened.

Recently approved rapid HIV tests can be done outside a traditional laboratory setting and can reduce the time it takes to process tests from two weeks to 20 minutes. The availability of these tests means testing can be implemented in diverse settings, and essential health information can be provided quickly in settings where people may be unlikely to return to receive test results. These tests provide opportunities to dramatically increase the number of people who know their HIV status.

**ASP Response:** *We understand the cultural challenges of accessing traditional testing locations. We understand the stigma that continues to be attached to the disease. We are committed to creating a testing center that represents "friendship, community, family." We will be utilizing the OraQuick and OraSure HIV test systems, which will allow us to give same-day results in most cases.*

### 3. Prevent new infections by working with people diagnosed with HIV and their partners

Each person living with HIV who adopts safer behavior can prevent many transmissions of HIV infection. There is much evidence that, upon learning one is HIV+, infected persons reduce their risk behaviors and the likelihood of transmitting HIV to partners. Among persons testing positive for HIV, there was a 70% reduction in reported risk behavior at one year after diagnosis. Among persons testing negative for HIV, those receiving enhanced risk reduction counseling had only 18% fewer sexually transmitted infections at one year after testing compared with persons receiving standard counseling. These studies suggest that working with HIV-infected persons will result in greater reductions in risk behaviors and HIV transmission than working with HIV- persons.

In studies of partner counseling and referral services, researchers found that 8% to 39% of partners of persons with HIV infection who were tested were found to have previously undiagnosed HIV infection. Because of this finding, the CDC will increase emphasis on assisting HIV-infected persons in notifying partners of their recent exposure and ensure voluntary testing of partners.

Prevention interventions (including ongoing case management, focused risk-reduction counseling, medical interventions and support for other psychosocial stressors) are recommended under this initiative to help HIV+ persons maintain protective behaviors.

**ASP Response:** *Working with PLWA and their partners is what ASP has always done. Now we will be providing on-site testing, prevention case management, focused risk reduction, medical referrals and various support services.*

### 4. Implementation of initiative activities

Implementation of the new initiative requires strong and extensive partnerships with cooperation and coordination among the CDC, the public health community and the medical care community. With the support of the Department of Health and Human Services, CDC and its partners, including other federal agencies, state and local health departments, community-based organizations and professional organizations will implement these activities and reenergize our efforts to meet the challenges of this changing epidemic.

**ASP Response:** *We are committed to meeting the needs of PLWA, and Prevention for Positives is another step for us in the right direction.*

### What is the OraQuick Rapid HIV-1 Antibody Test, and how is it performed?

The OraQuick Rapid HIV-1 Antibody Test checks for HIV-1, the virus that causes AIDS, in a person's blood. The test detects antibodies to HIV-1 found in blood specimens obtained by fingerstick or venipuncture. As is true of all HIV screening tests, a reactive test result needs to be confirmed by an additional, more specific test.

When testing a fingerstick specimen, the fingertip is cleaned with alcohol and pricked with a lancet (needle) to get a small drop of blood. The blood is collected with a specimen loop and transferred to a small plastic vial containing a premeasured volume of developing solution into which the sample is mixed. The testing process is the same for a whole blood specimen obtained by venipuncture. The specimen loop is inserted into the tube of blood after the tube has been inverted to ensure the blood is well-mixed. The loop is then inserted into the test vial. Results of the test can be read in as little as 20 minutes.

### How well does the test work?

In the clinical studies by the manufacturer (OraSure Technologies, Inc.), the OraQuick test correctly identified 99.6% of people who *were* infected with HIV-1 (sensitivity) and 100% of people who *were not* infected with HIV-1 (specificity). The Food and Drug Administration expects clinical laboratories to obtain similar results.

### What are the limitations of the test? Does this test always give a correct result?

The limitations of this test are similar to the limitations of other HIV antibody tests, including:

- **False-positive results:** Although no false-positive results were found in the clinical trial, statistical analysis of the data show that a very small number of people who *are not* infected with HIV-1 will have reactive test results (that is, tests that show HIV infection). As the test becomes widely used in outreach settings,

false-positive results may occur. Reactive results should not be considered definitive until confirmatory testing has been done.

- **False-negative results:** A small number of people who *are* infected with HIV-1 will have negative test results.
- **Delayed detection of exposure:** OraQuick may not detect HIV-1 infection in people who were exposed within three months before being tested (it can take that long for antibodies to HIV-1 to be detectable in the blood).
- **Follow-up testing:** A reactive result is interpreted as preliminarily positive for HIV-1 infection. Another method should be used to confirm the initial test result.

Because of these limitations, all persons taking this test must receive counseling before being tested and after receiving their test results.

### What type of counseling is provided to persons getting a rapid HIV test?

Counseling for rapid HIV tests includes:

- Information about the importance of HIV testing
- Ways to reduce the risk of becoming infected with HIV
- Next steps for persons who have a reactive test result
- Need for additional testing of persons whose rapid test result is negative but who have had a recent exposure to HIV

### Does the test detect antibodies to HIV-2?

The test is approved to detect antibodies to HIV-1. Data on the test's sensitivity to detect antibodies to HIV-2 have not been reviewed, and the Food and Drug Administration has not approved the test for this purpose. Because HIV-2 is very rare in the United States, CDC does not recommend routine screening for HIV-2 at this time.

### HIV Counseling and Testing Center

Opens November 1, 2004  
Hours

Mon.–Wed.: 12:00 p.m.–8:00 p.m.

Thurs.–Fri.: 10:00 a.m.–5:00 p.m.

*No appointment necessary*

*There is no fee for this service*

Any questions, please contact  
Greg Smith

Director of Prevention Services  
GSmith@aidssurvivalproject.org  
Kevin English


Program Manager, Prevention Counseling  
KEnglish@aidssurvivalproject.org  
(404) 874-7926

In addition to these studies, other research has shown that CM4 increases the expression of Heat Shock Proteins (HSP);<sup>5</sup> accelerates wound healing and fracture repair;<sup>6</sup> and demonstrates moderate, direct antiviral properties against other viruses.<sup>7</sup> The known results of CM4 as both an antiviral agent and an immune booster at this time are quite impressive; and, the implied and theorized benefits are equally strong. The results from the CCR5 data, for example, may indicate CM4's use as a future pro-

phylaxis to reduce the risk of HIV transmission; and, the results of the Th1/Th2 data may have important implications for modulating immunoglobulin production in humoral immunity following vaccinations. On these issues, many more studies need to be done; and, broader human clinical trials need to be conducted to support the research conclusions presented on CM4 at this point.

With the clinical results available currently, CM4 appears to be an effective agent at both boost-

ing the immune system and combating HIV. For persons seeking either a complementary or alternative therapy to accomplish either or both of these goals, CM4 is a promising option.

CM4 is currently available through AIDS Treatment Initiatives (ATI) and select other buyers' clubs. 

<sup>5</sup> Schneider Children's Hospital, Long Island Jewish Medical Center and Albert Einstein College of Medicine.

<sup>6</sup> University of Alabama Medical Center at Birmingham.

<sup>7</sup> National Cancer Institute.



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THE BACKBONE, CONTINUED FROM PAGE 13

*"Your emphasis on self-advocacy, informed decision-making and full participation in all aspects of care provides a model that community service agencies of all types would do well to emulate.*

*"Extending far beyond the much-needed basics for surviving, you equip participants with an equally, if not more important, capacity: thriving.*

*"ZAMI salutes you for your work to maximize the quality of life for persons who are HIV-positive or living with AIDS, and for the ways that your very existence enhances our world."*

To learn more about ZAMI, Inc. and the 2004 Audre Lorde Scholars, visit [www.zami.org](http://www.zami.org).

**Congratulations to volunteers and staff members who will be celebrating birthdays:**

In November:

<b>Robin L.</b>	<b>Alfred B.</b>	<b>Michael B.</b>
<b>Keith B.</b>	<b>John E.</b>	<b>Rick J.</b>
<b>Beth W.</b>		

In December:

<b>Allen T.</b>	<b>Ira B.</b>	<b>Eva H.</b>
<b>Jefferey S.</b>	<b>Harold S.</b>	<b>Brent A.</b>


**Bryant R. Abid B. Wanda W.**

**Save the date(s)!**

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

**THRIVE! Weekend**—On Saturday and Sunday, November 6-7, **THRIVE! Weekend** will be held at the ASP offices. Please call us and sign up to attend or to volunteer. If you can't make the November **THRIVE!**, they are held every other month. The first 2005 **THRIVE! Weekend** will be held on January 29-30. For more information, to register or to volunteer, please call the ASP offices.

And remember, come by the office any time you can just to say "hi" or to volunteer. We'd love to see you and hear how you've been!

*If you have exciting things going on in your life that you'd like us to know about, or if you know what's going on in the lives of any ASP volunteers or members and know they would like to be mentioned here, please call me at (404) 874-7926, ext. 20 or e-mail me at [CGiles@aidssurvivalproject.org](mailto:CGiles@aidssurvivalproject.org) and give me the details. *

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 Edward Young



# The Dangers of Using and Abusing Viagra

Once upon a time, a big American pharmaceutical company named Pfizer accidentally discovered a new treatment for erectile dysfunction—Viagra, the little blue pill. Originally developed as a treatment for heart disease, its penile erection enhancing effects were noted in clinical trials and Pfizer quickly saw the drug's potential marketability as the first pill for men with trouble getting it up or keeping it up. Patented in 1996 and approved by the U.S. Food and Drug Administration for prescription-only sale in 1998, Viagra became a smashing financial success, exceeding annual sales of \$1 billion every year since its introduction.

The shrewd folks at Pfizer surely knew they had a pistol of a drug on their hands—after all, men are obsessed with their own erections. And in the beginning, Pfizer pretended to be all serious about erectile dysfunction, even managing to convince the unsuccessful Republican presidential nominee of 1996, Robert Dole, to endorse Viagra in those now-famous television commercials. You have to congratulate Pfizer for recognizing the inherent snicker factor of its product, so casting humorless elder statesman Dole, a man with the charisma of a lemon, as a spokesperson makes perfect sense. Pfizer cunningly gave us permission to mock the failed presidential hopeful about his sex life while we simultaneously and silently thanked Jesus for the discovery of the little blue pill.

Now that everyone on the planet, excluding Chinese peasants with no access to TV, knows about Viagra, Pfizer has brazenly shifted its marketing strategy. And their advertising isn't even remotely directed at men with erectile dysfunction anymore—it's full of vibrant sports heroes (NASCAR drivers declaring, "Gentlemen, start your engines!"), attractive professional types strutting through offices (colleagues ponder what's different about Joe and Bob these days) and most recently, ads featuring guys with the blue V from Viagra's brand logo rising behind their heads like a pair of Devil horns. The slogan? "Get back to mischief?" Pfizer is now selling sexual performance, which clearly goes beyond the FDA-approved indication of the drug. The not-so-very subtle new message is obvious: every guy can have a mischievous, raging, new and improved penis.

Since 1998, 23 million men worldwide have filled Viagra prescriptions, making it one of the most successful drugs of all time. Not surprisingly, other pharmaceutical companies scrambled to create their own versions of the drug. This past year, GlaxoSmith-Kline unveiled Levitra, which is similar in profile to

Viagra, but Eli Lilly introduced Cialis, a product the manufacturer claims will start working twice as fast as Viagra and continues for up to 24-36 hours, compared to Viagra and Levitra's promised 4-6 hour window. With Cialis, the implication is that you can swallow one Friday night and you're good to go for the whole weekend. You just know Pfizer and Glaxo-SmithKline researchers are busier than Santa's elves right now, toiling away night and day to create bigger, better boner drugs. Viagra is facing some... stiff competition.

For men, the inability to get or sustain an erection usually leads to all kinds of performance anxiety and self-esteem issues. There are multiple causes for erectile dysfunction—from physical conditions such as heart disease, prostate cancer and diabetes to psychological factors like stress, anxiety and depression. Even drugs widely prescribed to treat anxiety and depression—Paxil, Prozac, Zoloft, Luvox, Celexa—have sexual side effects that can make it difficult to achieve an erection or have an orgasm. Until Viagra and its pharmacological brethren came along, the typical treatments for impotence were penile implants, penile injections, vacuum pumping and insertion of a suppository into your urethra.



Drug task force agents report that they routinely discover Viagra in the possession of college guys who don't have erection problems—or a prescription.

No wonder we're now willing to pay roughly \$10 out-of-pocket per pill when insurance companies refuse to cover these drugs. Apparently, we're also willing to endure the side effects—headache, stomach upset, flushing (a warmth and redness of the face, neck and upper chest), nasal congestion and changes in vision. And death. There are hundreds of Viagra-related deaths on record and they aren't just a bunch of elderly guys with heart conditions.

In 2000, researchers at Cedars-Sinai Medical Center in Los Angeles did an analysis of 1,473 major adverse medical events involving the use of Viagra. There were 522 deaths, most involving cardiovascular causes developing within 4-5 hours of taking a 50mg dose of Viagra. The majority of deaths occurred in patients who were less than 65 years of age and had no reported cardiac risk factors. Other deaths were associated with the use of nitrates (drugs prescribed for chest pain, angina and heart problems) and amyl nitrate, the common ingredient found in "poppers," a liquid whose vapors typically cause an intense head rush and drop in blood pressure when inhaled. Cedars-Sinai researchers concluded that there "appears to be a high number of deaths and serious cardiovascular events associated with the use of Viagra."

As the deaths go unpublicized and the side effects are downplayed, health and law enforcement officials all over the country report that young men who do not have erectile dysfunction are using Viagra as a party drug. In Athens, Georgia, home to the University of Georgia, drug task force agents report that they routinely discover Viagra in the possession of college guys who don't have erection problems or a prescription. They steal it from parents, order it online or buy it from friends. A 2002 San Francisco, California Department of Health study of patients at San Francisco STD clinics found that gay and bisexual men were four times more likely than their heterosexual counterparts to use Viagra. The study also revealed that gay men sometimes combined Viagra use with crystal methamphetamine and other illegal drugs such as Ecstasy, cocaine and ketamine.

What's going on here? Viagra abuse? Yes, and the only real surprise is that more people didn't see it coming. Look, Pfizer guilefully marketed its little blue erection pill, successfully making Viagra a household name within a year of the drug's FDA approval. They provided generous samples to doctors' offices and in many cases, physicians simply doled out freebies to men who asked for it, impotent or not. Men all over America, gay and straight, are getting prescriptions from doctors too embarrassed to ask a lot of specific questions. Your doctor won't prescribe it? No problem. Order it from an Internet pharmacy without the benefit of a good-faith medical examination at all. You can also bet the 23 million Viagra users worldwide shared the wealth with quite a few of their buddies, too.

Last August, Dr. Jeffrey Klausner, director of STD

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CRUISING WITH LAZARUS, CONTINUED FROM PREVIOUS PAGE

prevention and control for the San Francisco Department of Public Health, petitioned the FDA to list Pfizer's Viagra and similar drugs as Schedule III controlled substances, making them easier to track and harder to prescribe. Klausner, one of the most cogent voices in STD and HIV prevention today, points to several studies documenting an association between recreational use of Viagra and higher rates of risky sexual behavior. In one study, co-written by Klausner, 31% of a group of men who have sex with men reported taking Viagra without medical supervision and use of the drug was associated with higher rates of STDs, including HIV. And Klausner refers to another study—presented last July at the XV International AIDS Conference—which found that recreational Viagra users were twice as likely as non-users to be HIV+.

Naturally, studies like these are wide open for interpretation and Klausner hasn't many allies. The Executive Director of New York's Gay Men's Health Crisis, Ana Oliveira, robotically repeats a familiar observation, "It's unprotected sex that increases the risk of HIV." And sounding like a woman who doesn't quite grasp the male erection, she adds dismissively, "It's a behavioral issue, not a Viagra issue." Dr. Jason Schneider, a board member of the Gay and Lesbian Medical Association and clinical instructor at


Emory University in Atlanta, says Klausner is "a bit extreme," but concedes that "health providers have a responsibility to inquire about a patient's sexual behavior before and after prescribing the medication" and "drug manufacturers could put some money into educating the general public about the use of Viagra in combination with drugs that clearly do lead to risky sexual behavior."

Not surprisingly, Pfizer opposes reclassification of Viagra and balks at making label changes or increasing patient education efforts. Pfizer has, in fact, recently adopted aggressive new advertising strategies to court new consumers and win back customers who migrated to Levitra or Cialis. Meanwhile, boys will be boys. Darlene Weide, Executive Director of San Francisco's Stop AIDS Project, reports that agency surveys indicate a third of gay men interviewed there had used Viagra. "It is well-known in the gay community that Viagra is used as a recreational drug." Erectile dysfunction drugs are increasingly popular and common at sex clubs, bathhouses and even gay campgrounds, where they are shared as casually as a Tic Tac between strangers.

The FDA and Pfizer aren't going to address the sex lives of gay men. It's up to sexually active gay men, positive or negative, to use the head on their shoulders instead of the one between their legs.

What do we know for sure? Men who take HIV medications are more likely to experience impotence. If that's happening to you, talk candidly with your doctor about it. Certain protease inhibitors can significantly increase blood levels of Viagra and that can lead to visual problems, headache, fainting or a condition called *priapism*, where a prolonged, painful erection can last hours or days.

Giving Viagra, Levitra and Cialis away to strangers or acquaintances when you are unfamiliar with their medical history or current prescriptions is irresponsible—someone could end up unwittingly mixing these drugs with nitroglycerin or nitrate-based heart medications and the results *could be fatal*. Taking erectile dysfunction drugs with recreational party drugs is just a bad idea, and never inhale nitrate substances, known commonly as "poppers," if you're on Viagra, Levitra or Cialis because it lowers the blood pressure to dangerous levels and can lead to death.

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

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Healthy HIV+, good-looking, masculine man seeking same. I'm a mechanic and need love. Don't go it alone. Drug and alcohol-free; friends or relationship. Let's hook up! Call Michael Gray, (770) 489-7436. [1/2]

### MALE SEEKING ANY/ALL

Incarcerated, open-minded, sincere and erotic brother seeks correspondence with someone who desires a long-term relationship. Put your pen to paper so we can make some magic happen. 40, 5'8", 220 lbs., HIV+ and it's all good. Allen C. Ward #27024-044, Box 33, Terre Haute IN 47808-0033. [2/2]

### SEEKING PEN PALS

Incarcerated Black man, 44, Capricorn. 6' 2", 195 lbs. Handsome, mature, open-minded, caring, diligent, spiritual. Seeking correspondence with positive-minded, strong-willed, honest people. All races, ages, status are welcome to write me. Charlie Roberts GDC#408997, Scott State Prison H-E-52, PO Box 417, Hardwick GA 31034. [2/2]

## SERVICES

### HOUSING

Are you seeking a safe, affordable home? Or do you have an extra bedroom in your home that you want to rent? **Home But Not Alone** has 10 years' experience compassionately matching home providers and home seekers after confidential screening. Contact **Susan Big**, Housing Counselor, MJCCA, at (770) 395-2546 or [susan.big@atlantajcc.org](mailto:susan.big@atlantajcc.org). [2/2]

### WANTED: LEGAL

Seeking advice of a good attorney for possible insurance lawsuit and to update my will. Thanks. Miles Smith, 381-D Ralph McGill Blvd NE, Atlanta GA 30312-1230. [2/2]

## EMORY UNIVERSITY SCHOOL OF MEDICINE VOLUNTEERS NEEDED

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

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

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

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

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

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

- I am a person living with HIV/AIDS and want to be a member of **AIDS Survival Project**.
- Enclosed is \$30.00 for a one-year subscription.
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- Please contact me about volunteering for the following:
- Survival News* Committee     *THRIVE! Weekend*
  - Peer Counseling     Treatment Advisory Committee
  - Advocacy Committee     Special Events Committee
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I would like to make a donation in memory of:

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

# NOVEMBER 2004

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	2	3	4	5	6 <i>THRIVE! Weekend Details pg. 17</i> 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group
7 <i>THRIVE! Weekend Details pg. 17</i>	8	9 6:00 pm Closed Women's Support Group	10 6:00 - 8:00 pm Fuzeon Treatment Forum	11	12	13 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group
14	15	16 6:00 pm Closed Women's Support Group	17	18 "Ex Lucis" Art Auction fundraiser for ASP, Georgia State University	19	20 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group
21	22	23 6:00 pm Closed Women's Support Group	24	25 Office closed for Thanksgiving Holiday	26 Office closed for Thanksgiving Holiday	27 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group
28	29	30 6:00 pm Closed Women's Support Group	1 World AIDS Day; official opening of ASP Counseling & Testing Center	2	3 Positive Action Network training class graduation	4 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group
5	6	7 6:00 pm Closed Women's Support Group	8	9	10	11 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group
12	13	14 6:00 pm Closed Women's Support Group	15	16 Annual Volunteer Appreciation Holiday Party	17	18 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group
19	20	21 6:00 pm Closed Women's Support Group	22	23 12:00 pm Office closed for the Holiday Season (reopens January 3, 2005)	24 Office closed for the Holiday Season	25 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group
26	27 Office closed for the Holiday Season	28 Office closed for the Holiday Season	29 Office closed for the Holiday Season	30 Office closed for the Holiday Season	31 Office closed for the Holiday Season	

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

# DECEMBER 2004

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