

## 2012 SPRING

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# HIV Eradication

## Time to Talk About a Cure

Since the earliest years of the epidemic, a cure has been the elusive “holy grail” of HIV/AIDS research. Several false starts and failed attempts gave rise to pessimism, and as efforts focused on improving antiretroviral therapy (ART) and managing its complications, the idea of HIV eradication faded into the background.

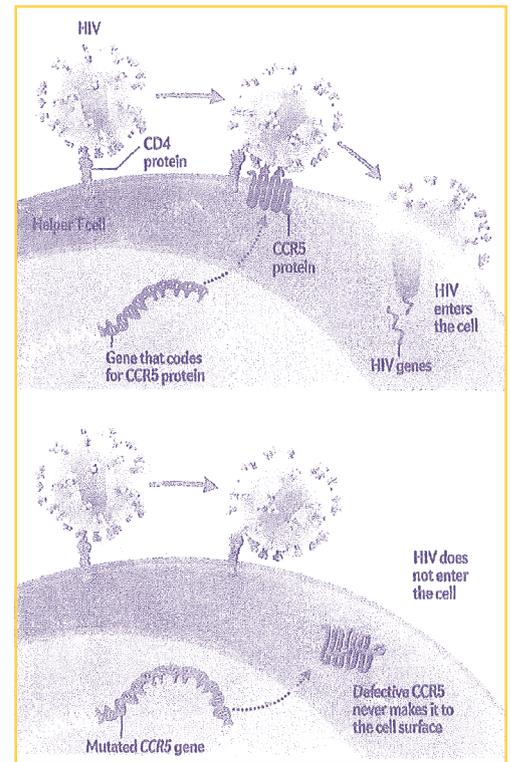
### Blocking the HIV Attack

In recent years, anti-viral drugs have reached the limit of their effectiveness. The cost of providing universal access has become unsustainable, and accumulating evidence underscores the detrimental effects of persistent HIV infection even while plasma viral load is low and CD4 cells count high.

Researchers are exploring many approaches for eradicating HIV, or achieving a functional cure, most of which can be categorized into several broad areas.

Many approaches have been initiated by scientists in an attempt to find a strategy to turbocharge the immune system against HIV. The first step is to find a way to keep HIV from being able to enter its favorite host cells, CD4+, also known as helper T-cells. This particular T-cell serves as the quarterback of the immune response by coordinating the interaction among many different types of immune cells.

When HIV first infects a helper T-cell, the virus does not cause any real harm. Then later on, when the immune cells are activated to fight an ongoing infection, it instead dispenses more HIV copies. Even more unfortunate, HIV eventually kills these coordinating cells as well, depleting the immune system’s ability to fight many other infections. In this way, HIV selectively eliminates the immune system’s best-trained defensive players, and as they decline, so too does the body’s



### How HIV Enters an Immune Cell

HIV destroys the Immune system by targeting key cells called helper T-cells. In the 1990s scientists learned that HIV gains entry to these cells by latching onto a protein on the cell’s surface called CCR5 (top panel). A few people are able to withstand infection with HIV, however, because they lack a functional gene that codes for CCR5. Researchers hope that disabling the CCR5 gene (bottom panel) in HIV+ individuals might allow them to better control and perhaps even clear the infection.

ability to fight infections. AIDS, the end stage marked by deadly infections, then sets in.

At Baylor College of Medicine In Texas a group of scientists led by Michael Brenner began to experiment in improving methods for growing T-cells outside the body. Using blood samples from HIV+ volunteers, they mixed these samples with small, tiny magnetic beads that acted as artificial

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### NEWSLETTER

*In memory of Fred Clark, Gilbert Cornilliet,  
Eric Estrada, Mark Allen-Smith, Brian Stott,  
and Cary Alexander*

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# Unplanned Treatment Interruptions Involve a Greater Risk of Virological Failure Than Missing Occasional Doses

BY MICHAEL CARTER

Unstructured treatment interruptions—rather than missed doses of medication—involve a greater risk of a detectable viral load, US research published in the online edition of *AIDS* suggests.

Investigators analysed the results of 16 clinical trials, using the Medication Event Monitoring System (MEMS) to monitor treatment compliance and to see which pattern of non-adherence had the greatest effect on viral load.

“Patterns of adherence have different impact on the risk of detectable HIV,” comment the authors. “Missing days of medication consecutively may have a greater impact on being detectable than missing the same amount of time in a non-consecutive manner.”

Adherence is the most important factor affecting the virological success of HIV therapy. The best results are seen in patients who take all or nearly all their doses of medication correctly and patients are encouraged to aim for near-perfect levels of adherence. Newer, more potent antiretrovirals appear to be more forgiving and seem to remain effective at somewhat lower levels of adherence.

However, it is unknown if particular patterns of non-adherence are associated with a greater risk of lack of viral suppression.

MEMS electronically records the opening of medication containers and is a useful tool for assessing patient adherence to therapy. The system is able to identify both individual missed doses and longer treatment interruptions.

Investigators from the US MACH14 study looked at the results of 16 studies using MEMS to see which of these two patterns of non-adherence involved the greater risk of poor suppression of HIV.

A total of 1088 patients were included in the analysis. The studies were conducted between 1997 and 2009.

Using MEMS, the investigators evaluated the impact of dose frequency and timing on viral load.

In the 28 days prior to each viral load measurement, the investigators estimated the proportion of time that drug levels were within therapeutic ranges. If MEMS recorded that a

dose was taken three or more hours late this was considered a missed dose, or “non-covered” time. MEMS also enabled the investigators to record the length of treatment interruptions.

The categories for “covered-time” were: zero to 25%; 26 to 50%; 51 to 75%; 76 to 92%; and 93 to 100%. Duration of treatment interruptions were: zero to 48 hours (reference); 2 to 7 days; 7 to 14 days; 14 to 21 days; and 21 days or longer.

Most of the patients (69%) were men and their mean age was 40 years. Approximately a third were taking their first antiretroviral regimen. Half the patients were taking a combination of drugs based on an unboosted protease inhibitor, 14% were taking an NNRTI-based regimen, 8% a boosted protease inhibitor, and 27% were treated with other types of regimens.

A total of 3795 viral load measurements were available for analysis. Some 38% of these were detectable (above 400 copies/ml).

The mean amount of time for which patients had therapeutic levels of medication in their blood was 56%. The mean longest treatment interruption was seven days.

Compared to adherence levels of between 93 and 100%, a “covered time” of between zero and 25% was associated with a threefold increase in having a detectable viral load (OR = 3.22; 95% CI, 2.48–4.19). Adherence of between 26 and 50% was also associated with a significant increase in the risk of viral load being detectable (OR = 1.68; 95% CI 1.28–2.22). Adherence of less than 93% was associated with a non-significant trend towards an increased risk of detectability.

Treatment interruptions were associated with an even greater risk of viral load being

detectable. The risk increased with the duration of the interruption and was highest for patients who stopped taking their treatment for 21 days or longer (OR = 3.65; 95% CI, 2.77–4.81). However, an interruption of between 7 and 14 days was associated with a doubling of the risk of a detectable viral load (OR = 2.06; 95% CI, 1.58–2.68).

“In this study there was a clear dose-relationship with each increasing week of interrupted time...the risk was statistically significant starting at interruptions between 7 and 14 days,” observe the authors. “This does not suggest that shorter interruptions are safe. Our data does not suggest a tolerable lower bound.”

Occasional missed doses were more likely to lead to viral load becoming detectable for people taking a regimen based on an NNRTI than for those treated with a combination containing a boosted protease inhibitor.

The investigators then conducted further analysis which excluded the most adherent participants (above 95%), as well as those with the poorest adherence (below 5%). This showed that adherence at any level below 93%, as well as treatment interruptions lasting longer than 48 hours, were associated with a significant increase in the risk of a detectable viral load.

“Future research should focus on individual, interpersonal, and structural determinants of consecutive missed doses and the evaluation of interventions designed to improve adherence,” suggest the authors. “Patient provider communication should focus on patterns of medication-taking and work towards shortening and eliminating interruptions in treatment.” ✈

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# The Search for Disarming the HIV Virus by Removing Its Cholesterol

BY LISBETH JENSEN

The winter issue of Being Alive's *Newsletter* presented a "top 10 list" of the most important HIV discoveries of 2011. One of these discoveries involved the connection between depleting the HIV virus of the cholesterol in the membrane surrounding the virus, and the resulting inability of the HIV virus to continue to be effective.

Ever since the first public reported HIV/AIDS case in 1981, research scientists within medical, biological, and biochemical fields have searched for an effective treatment and vaccine against the virus. Unfortunately, this virus sets itself apart from other viruses such as smallpox and hepatitis B by having a 'behavior' that makes a productive vaccine difficult to produce. One such difficulty is that an enzyme in the HIV virus that is responsible for making copies (and thus more virus's) of the core inside the virus, makes mistakes in the reproduction process.

These mistakes lead to that the new copy doesn't look exactly the same as the old, which in turn leads to that there exists different "types" of the HIV virus, and therefore the drug that is engineered to kill off/suppress one specific type is ineffective on another. Furthermore, these new HIV types can combine and make additional secondary, tertiary, etc. types. Since the HIV virus in a human being is capable of replicating themselves to several billions in just one day, a multitude of HIV types can exist within one single human body.

The method to kill off and/or disarm the virus must then lay in how to damage the part of the virus that all HIV types have in common. Such a method is what Dr. Adriano Boasso of Imperial College in London, UK, together with a team of researchers from US, Italy and Austria, may have developed by stripping the virus of its cholesterol that is contained in the membrane surrounding the core, which plays an important role in the virus's ability to reproduce. This was done in a laboratory setting and the result

was published in the acclaimed medical journal *Blood—Journal of the American Society of Hematology* in their online version on September 19, 2011 and in the hardcopy on November 10, 2011.

Before explaining the procedure of the research and why this is viewed as a successful method that has strong potential to be developed further, let's take a look at the anatomy and reproduction process of the HIV virus from a layman's perspective, to gain a good understanding and knowledge of the discovery.

## Anatomy of Reproduction Process of the HIV Virus

Any cell or virus always contains an outer layer called a *membrane* that regulates what enters the cell and what stays outside. For example, a healthy human cell on our skin can absorb the full spectrum of D vitamins from the sun, while blocking the harmful Ultra-Violet rays, however this process breaks down with overexposure. Each cell in all organisms (including viruses) also contains DNA and/or RNA, and proteins that are essential for them to live. An important fac-

tor to know is that while the DNA contains all the genetic instructions for the functioning and development of the organism, the RNA allows for the *encoding* of the genetic information.

There are many groups/families of viruses. One group of viruses exist that only contain and use RNA for its reproduction, the RNA virus. Another virus group, called the retrovirus group, also consists of only RNA in its core but uses its host cell's DNA when reproducing to make new copies of itself. This group that the HIV virus belongs to.

## Anatomy

The HIV virus is slightly larger than most of the retroviruses, but still it only has a diameter of 120 nanometers (about 5 millionth of an inch). It can be hard to grasp the smallness of such a "particle". However, if you can think about how small a wave is from light that we humans can see, ranging from red (largest) to violet (smallest), then the diameter of the HIV virus can compare to the light wave next step over, the Ultra-Violet, which is impossible for humans to see.

Figure 1 shows a diagram of the HIV virus. The

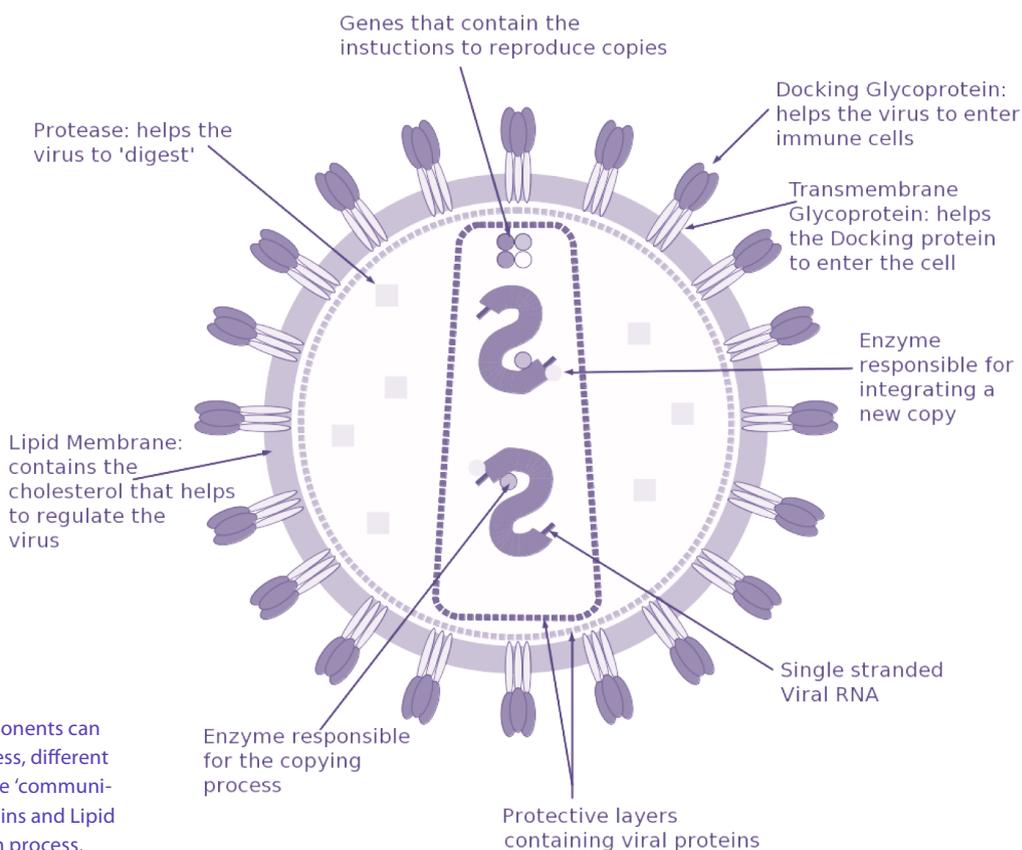


Figure 1. Diagram of a HIV virus where its interactive components can be seen. Because 'mistakes' are made in the copying process, different types of genetic code within the RNA exist. Cutting off the 'communication' components, i.e. the function of the Docking proteins and Lipid membrane they are attached to will stop the reproduction process.

HIV virus has several interactive components that makes it being able to reproduce. The outer layer (*the lipid membrane*) consists of fatty molecules that was taken from the membrane of the human cell it infected. Complex proteins within the virus called *Docking Glycoprotein* and *Transmembrane Glycoprotein* helps to anchor the virus. The viral core are two single stranded HIV RNA and each of these contain a complete copy of the HIV virus. The enzymes responsible for copying and integrating the new copies are attached to the RNA.

### Reproduction process.

There are seven steps that the HIV virus goes thru before it has successfully replicated itself: 1) The HIV virus reproduces/replicates by first attaching itself to an immune cell, in this case a T-cell, within a human body via its Docking protein. The immune cell also has proteins on its outer membrane, called CD4, that normally activates the T-cell to begin to protect the human body, but here the Docking protein gains control and opens the cell. 2) Once inside the HIV virus opens up itself and releases the RNA and the enzymes that helps with the copying. 3) The enzyme responsible for the copying process begin to make viral DNA. 4) When done, the viral DNA is transported into the nucleus of the T-cell, where it is integrated to the T-cells own DNA, producing new viral RNA. 5) The new viral RNA make new viral proteins. 6) The vi-

ral proteins and viral RNA moves to the surface inside the T-cell where it begin to configure itself as shown in figure 1. 7) When finished it protrude out, and is now a replica of the original virus cell that entered the T-cell.

It is in steps 2 and 3 that there are “mistakes” are made and therefore the new HIV virus in step 7 may not have exactly the same RNA strands as its “maker”. By understanding this process it’s perhaps more clear why vaccines can be hard to make. That is why most current research focus on parts of the virus that are exactly the identical, such as the outer cholesterol containing membrane, and also where the first initial contact is made between the virus and a human cell as in step 1 in the reproduction process (figure 2).

### Cholesterol Removal from the HIV Virus

Although we often associate cholesterol with heart problems and blocked arteries it actually plays a vital role in regulating our cells by helping allowing nutrients in and keeping waste outside, via the outer cell membrane. As stated earlier, the HIV virus also has a cholesterol containing membrane, however its cholesterol is not the same as on a human cell.

Dr. Boasso’s and his team conducted the research in a laboratory setting, where they obtained HIV+ blood that HIV+ people had donated, and obtained white blood cells (immune cells)

from HIV negative blood, from a blood bank. To remove the cholesterol they used a type of starch called *2-hydroxy-propyl β-cyclodextrin*, although this is a quite toxic sounding name, it has been proven to be tolerated by humans.

When the cholesterol was partially removed from the virus it lost its ability to infect the immune cell’s first outer defense in step 1 of the reproduction process, the CD4 glycoprotein, and can’t attache itself to the human cell. Without being able to attache itself the virus are unable to function. When the researchers almost completely removed the cholesterol on the virus, its outer membrane dissolved, exposing its inner part. However, even though this may seem that now when the virus is completely open it can do even more rapid harm, its reproductive process was not triggered and the enzymes responsible for copying and integrating the RNA can not fulfill its purpose. The researchers recorded that 90% of all the HIV viruses in the blood that they used in the research the RNA was depleted and had died.

Although this is very promising result, the HIV virus uses four different types of human cells to reproduce. The cholesterol removal technique was 100% successful on one type, partially successful on two others, but unfortunately had no effect on the fourth type. However, what this research show mostis where the HIV virus is most vulnerable. ✂

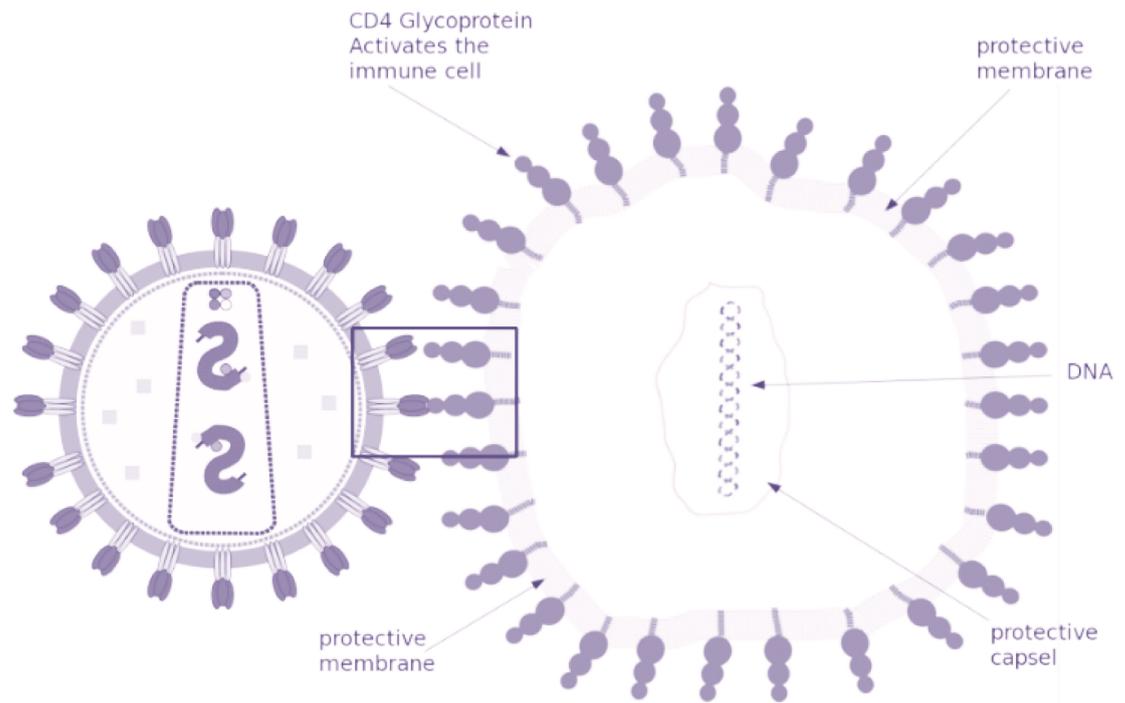


Figure 2. A diagram that illustrates the initial contact between and HIV virus and a human immune cell (boxed area). By making this step impossible for the HIV virus to make, it can't reproduce itself. The immune cell is highly simplified and only parts that pertains to the reproduction process are shown.

# Maintaining Your Disability in the Internet Age

BY JACQUES CHAMBERS, CLU

There is no such thing as “Permanent Disability” for programs that pay disability benefits whether it is from private insurance companies or Social Security Disability (SSD & SSI). Unlike workers’ compensation, Veterans’ benefits, and other specialized programs, insurance and Social Security only agree to pay benefits *as long as* you are disabled.

Because of that, your medical condition will be periodically reviewed to see if you remain eligible to continue to receive benefits, i.e., whether or not you still meet the plan’s definition of disability. This usually involves periodic questionnaires to you and/or your physician or even a review of your medical records.

Added to that, thanks to the information/internet age, there is now a new source of information, and insurance companies are taking full advantage of the new opportunities to check on what their claimants are doing. Social Security hasn’t yet extensively gotten involved in this, but that may change someday soon.

While this should not be a cause of worry for persons receiving benefits who are still unable to do any gainful employment, it must be kept in mind that insurance companies are profit-making organizations and have a financial incentive to pay as little out in claims as they can. While they may claim that their goal is to only pay benefits to “eligible” claimants, unfortunately, too often they will expand minor issues until they become “proof” that a claimant can work and benefit payments should be stopped.

If you are unable to do either your old job or any suitable employment (based on the disability definition of your disability plan), you need to be aware of the fact that, in addition to the expensive and only rarely used method of following and videotaping you, insurance companies are now able to follow claimants’ activities quietly and inexpensively thanks to the popular trend in social media.

One of the first steps an insurance company uses in reviewing a claimant’s activity is to search the claimant’s name on a web browser such as Google, Safari, or others. One claimant was listed as a member of the board of directors on a small non-profit organization’s website. Even though that involved only attending one two-hour board meeting a month, it led the insurance company to open a full-scale review of the claimant and an attempt to terminate his benefits. The attempt was unsuccessful, but only at the expense of a lot of stress and several months without income.

Then there is the social media, Facebook, LinkedIn, Google+, MySpace and many others. These have grown to the point that, according to one study, 22% of the time people in the U.S. spend on line is spent using some form of social media.

These are the sites where people post their photos of their latest vacation, pictures of family activities, and hobbies. Again, while these are usually innocuous descriptions of a person’s activities, taken out of context they can be used

to support a claim of ability to work. One client and his spouse posted pictures of a trip to Argentina. What they failed to show was that they were visiting the spouse’s family with the goal of possibly moving there to stretch their limited disability income. It also didn’t show the careful planning that went into the trip, making sure there was adequate medication with proper documentation for customs, limiting time spent traveling and apartment hunting during the day to allow sufficient time for rest.

Some of these media sites allow members to limit access to their sites, however, many members don’t bother to engage such limits. Even then, the barriers aren’t foolproof. Also, many people when asked to link to another, often link up without knowing or remembering for sure if they actually know that person or not. They just don’t want to offend them if they should know them. Insurance companies won’t try to link under the company name, but instead use an individual’s name.

Again, the purpose of this is not to help healthy people hide their abilities in order to continue to obtain benefits, but to alert disabled persons entitled to benefits that someone may be watching and may try to take information out of context that can trigger a stressful review and possibly even a termination of benefits.

Below is a brief review of other methods insurance companies and Social Security use to review claimants’ eligibility to continue receiving benefits.

## *The Young & T*

## Disability Benefits from Insurance Companies

During the initial period of a disability claim, most insurance companies send a questionnaire for you and your physician to complete quarterly and review medical records less frequently. However, insurance companies cannot be counted on to adhere to any particular “schedule.”

After two years of benefits, most disability policies shift the definition of disability from “your occupation” to “any occupation for which you are reasonably suited by education, training, or experience.” That change almost always triggers a medical review and is the most opportune time for them to attempt to terminate benefits.

If you continue to be disabled and unable to return to work, it is important that you actively ensure that your records continue to reflect that fact. First, instruct all of your physicians to notify you any time they are contacted by the insurance company. Ask the doctor to put a note to that effect at the front of your medical file. Also request that he/she forward to you a copy of any questionnaire they complete from the insurance company. Ideally, you can make an appointment and you and your doctor can complete it together.

You may also want to caution your physician to be wary of questionnaires that pretend to save the “physician’s valuable time” by having her/him simply check off some boxes. Such questionnaires usually don’t give the physician enough choices to accurately describe your condition. The insurance company will use the statement beside the checked box as if it were a statement actually made by your physician.

If your physician is willing, she/he should return such questionnaires without checking

any boxes but attach, instead, a narrative letter, which describes your current symptoms and condition and answers the questions asked on the form in detail.

Also, you should not lose track of your symptoms. That may sound strange, but many people accommodate some symptoms so well and for so long that they forget they have the symptoms. Also, most people start feeling better when they leave work, especially after completing all the necessary paperwork and establishing eligibility for all the benefits to which they are entitled. However, some improvement in how you feel because your stress level is reduced is not the same as the elimination of all symptoms, or the ability to return to work. Your medical record must reflect that.

It is important, every time you visit the doctor, that she/he enters into the medical record a list of your symptoms and some estimate of their severity. Take a list of your symptoms and their severity with you to each visit. If the doctor is busy, he/she can simply attach them to the office notes. This should be done at every visit, even if the symptoms don’t change from one visit to the next.

These recommendations are especially important for the beneficiary whose symptoms are primarily “subjective,” as insurance companies are reluctant to continue paying benefits solely because of symptoms that are “self-reported.” If your symptoms are fatigue, diminished mental acuity, pain, or other symptoms that aren’t easily measurable with a lab test, then you should make a special effort to see that a record of the continuation of these symptoms is regularly entered into your medical record.

## Social Security

Social Security conducts *Continuing Disability Reviews* (CDR) beginning between two and seven years after the initial approval. They do this with both SSI and SSDI, this is in addition to the annual financial reviews performed on beneficiaries collecting SSI. The time interval in the disability reviews is based on the likelihood of medical improvement.

The sending of CDRs has lagged lately due to staff shortages and the greatly increased number of applications due to the slow economy, however a new wave of questionnaires is being sent to beneficiaries. There two forms they use.

The short form is an Optical Character Reader form that is reviewed by computer. If you are still disabled, the goal is simply to see if you are still being treated for your condition and if there has been little or no improvement in your condition. The long form asks for much more detail and will usually involve Social Security obtaining records from your treating physicians.

While Social Security will sometimes determine that a person is no longer disabled enough to receive benefits, that would only happen after a thorough review of current medical records and allows an opportunity to appeal the decision. You will know if Social Security is looking that closely at your medical condition since they are required to obtain a medical release from you and would ask you to complete the long form questionnaire. ✈

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*Jacques Chambers, CLU, is a Benefits Counselor in private practice with over 35 years experience in health, life and disability insurance and Social Security disability benefits. He can be reached by phone at 323.665.2595, by e-mail at [jacques@helpwithbenefits.com](mailto:jacques@helpwithbenefits.com), or through his Web site at [www.helpwithbenefits.com](http://www.helpwithbenefits.com).*

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# he Restless

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# Being Alive, A Cure By Design

BY LOUIS "KENGI" CARR

I've been a member of Being Alive since 2008. After being diagnosed with HIV and having a very difficult time accessing services, care and still waiting for an appointment to get case-managed at AIDS Project Los Angeles (APLA), someone reading my blog all the way in Australia sent me a message telling me to go to Being Alive.

As many of you know, I was already over a year into homelessness when I was diagnosed. When I walked through the doors of Being Alive I was very nervous and worried that I'd be judged for being homeless. Topping things off, I had just been in a bloody fist fight the night before for my laptop and digital camera. I was dirty and had not been able to access a shower in over a week. I did my best to clean up in the bathroom at the Hollywood and Highland Center, but even that wasn't much help.

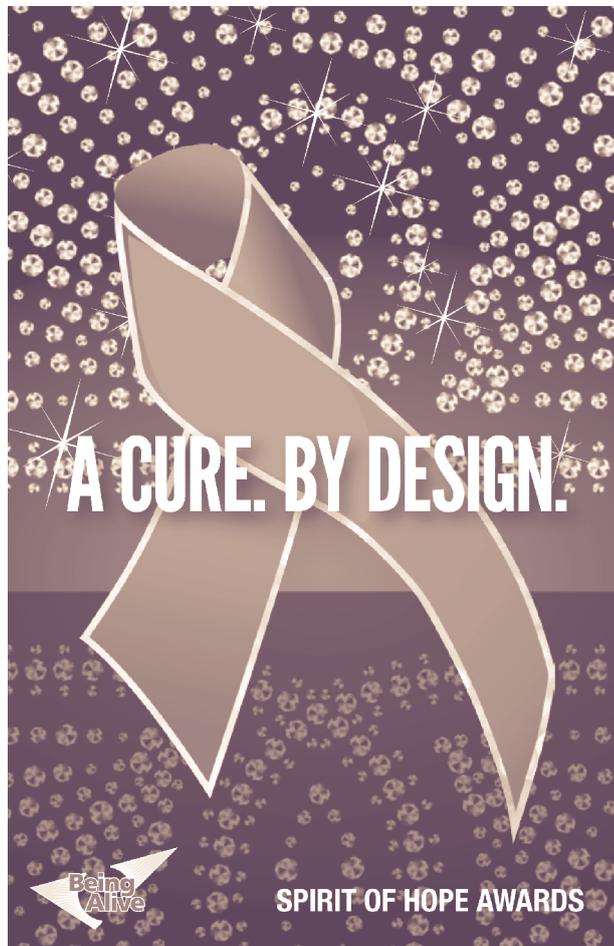
The first person I met was Craig. I told him I was there to see about being a client. He told me to have a seat and he'd get someone to see me. I met with Bart for about 30 minutes before I broke down in tears. I was carrying so much and it just felt safe for me to release a little bit. Bart went to get me a cold towel for my face and we began to talk about things going on in my life. I had a chemotherapy appointment the next day and I had no clue as to where I was going after that. To say that I was very lost and beginning to get very depressed is a huge understatement.

Bart told me about the ceramics studio and right away I started going to the studio. That studio became my safe place and from the very first day of going to Being Alive, Bart, Craig, Kevin and the staff became my blessing in the storm.

Recently John Balma asked me if I would like to attend the Spirit of Hope Awards. I was shocked, because I'm never invited to something as prestigious as The Spirit of Hope Awards, which recognize individuals who have worked in the trenches of HIV and AIDS. All honorees are selected entirely by people living with HIV or AIDS.

The ceremony was held at the Mondrian Hotel in West Hollywood on the Sunset Strip,

where comedian Bruce Vilanch served as Master of Ceremonies. The night featured a silent auction, entertainment by Scotch Loring and awards were given to the UCLA AIDS Research Team, Mondo Guerra of *Project Runway*, (season 8) Academy Award Winner David Weissman for his film *We Were Here* and my personal favorite,



the Emmy Award Winning actor, Leslie Jordan who delivered a heartfelt and damn funny speech that drew laughs, cheers and plenty of applause when he told certain members in attendance to "shut the fuck up".

I also had the honor of being introduced to Mr. David Weissman, by John Balma. I was able to share my film project *Breaking the Silence* with him and he was very generous with his advice and guidance.

It was time well spent raising money for an organization that for me and many others has been a place of peace, love and safety. An organization that does far more than just say they

care or work in the field of HIV and AIDS, but demonstrates their compassion and great care to its members by offering a wide array of quality services *free* of charge that include ceramics, emotional support, wellness center, education, advocacy, prevention and speakers bureau in an environment that supports as well as encourages a better quality of life.

Twenty-nine months of homelessness is now nearly three years behind me, my cancer is in remission, I've spoken on Capitol Hill twice, continue to run my Do Something Saturday and Unplugging HIV outreaches which I started while homeless, published two books (*29 Months* and *Occupy LA*), facilitate an HIV support group for people of color, currently filming a documentary *Breaking the Silence* and I now write for *PositiveLite.com*, *Canada's Online HIV Magazine*. But most of all I am healthy and I now have an awesome doctor (Dr. Ardis Moe) terrific clinic (North East Valley Clinic) and am currently not required to take any HIV medications. HIV is no longer something that I'm afraid of and because of places like Being Alive I am able to help people *living* with HIV and educate my friends about HIV and AIDS.

As I said before, Being Alive was a blessing in the storm for me, and from the happenings in my personal life I've learned what my "nia" (purpose) is. I've been able to learn, grown and come out on the other side a more compassionate human being with a huge desire to be of service. To this day they (Being Alive)

continue to allow me to grow and evolve with the caring, supportive services they offer day in and day out, without fail, without guilt, without shame, without stigma but with great pride and compassion.

I am proud to be a member of Being Alive, honored to have had the opportunity to attend the Spirit of Hope Awards and humbled that they have allowed me to serve people with HIV through my outreach efforts. 🙏

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Originally published in *PositiveLite.com*, Canada's Online HIV Magazine ([positivelite.com/content/](http://positivelite.com/content/)).

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dendritic cells. Dendritic cells normally instruct T-cells to mature and multiply dramatically. By replenishing these magnetic beads every two weeks a colony of active T-cells can be induced to multiply for more than two months having significant ability to deflect HIV advances.

At the same time, several laboratories reported the discovery of a protein known as CCR5 which sits on the surface of helper T-cells and certain other cells, and acts like a doorway allowing HIV to gain entry. Furthermore, the scientists showed that individuals that naturally lacked the protein did not become infected. The discovery of CCR5's role in HIV infection helped to explain why the artificially grown T-cells proved resistant. Somehow, the activation of the T-cells by the beads caused the cells to shut down their production of CCR5 proteins. Without an access doorway, HIV was unable to enter

the cells, and blocking the CCR5 receptor is the basis for an entirely new class of anti-HIV medication.

This discovery led to a cure strategy that received the most widespread attention, namely, gene therapy to protect susceptible cells from HIV infection. The method involves disabling the gene responsible for expression of the CCR5 receptor in human cells.

A San Francisco biotechnology company will be taking preliminary steps in conducting human clinical trials using T-cells that have been genetically modified to seek out and attack HIV infected cells. These are same type of T-cells that had been expanded in number using the magnetic bead technique.

A number of clinical trials have begun using infusions with CCR5 T-cells modified into HIV+ volunteers. The study shows that the treatment is protecting the T-cells, and moreover, the

newly altered T-cells will be tested for the ability to fight off HIV particles that are already present in the body.

Only a few years ago the idea of developing safe, effective and less expensive therapies that offer long term, drug free control of HIV was a vision that few even dared to dream of. The CCR5 re-engineered T-cells are the most promising therapeutic innovation in thirty years.

In summary, research to date on HIV eradication, and the more likely achievable goal of a functional cure, has spotlighted several promising conceptual proofs. But before a cure is established, state of the art antiretroviral therapy is the best way to prepare and take advantage of combating HIV. Beginning treatment early, staying on treatment and keeping the HIV virus undetectable and under control, will make the patient most likely to be successful with a future cure strategy. ✎

**BE WELL AT**



**Ceramics • Yoga • Restorative Yoga**

**Wellness Center**

**Chiropractic • Acupuncture • Healing Touch • Hypnotherapy • Psychotherapy**

# HIV/AIDS SPECIALISTS

We invite all HIV/AIDS specialists to mail or e-mail your information to us. Please indicate what insurances you do and do not accept, as well as your address, phone numbers and e-mail.

## MEDICAL DOCTORS

Marcia Alcouloumre, MD  
Dr. Devente, MD  
St. Mary Medical Center  
1043 Elm Ave, Ste 300  
Long Beach, CA 90813  
562.624.4999  
Accepts most insurance plans: Indemnity and PPO, Medicare and Medi-CAL, and uninsured HIV+ individuals.

James Adams  
Scott Denny  
Walt Hadikian  
Hieu Hoang  
Anthony J. Scarsella, MD  
Charles Skiba, DO  
Pacific Oaks Medical Group  
150 N Robertson Blvd, Ste 300  
Beverly Hills, CA 90211  
310.652.2562  
Accepts most PPO Plans, Medicare, Medi/Medi.

Lee Dodge, OD  
14429½ Ventura Blvd  
Sherman Oaks, CA 91423  
818.783.8750; fax 818.783.8779  
lee@durdodgeod.com  
www.DrDodgeOD.com  
Accepts most PPO insurance plans and Medicare.

Charles Gonzales, MD  
Hollywood Presbyterian Medical Center  
The Doctors Tower  
1300 N Vermont, #310  
Los Angeles, CA 90027  
323.663.3812  
fax 323.663.6897  
Board-certified family medicine / HIV specialist.  
New office in Silver Lake. Most major insurances accepted, including PPO and HMO, as well as Medicare and Medi/Medi.

Michael S. Gottlieb, MD  
Synergy Hematology/Oncology  
5901 W Olympic Blvd, Ste 407  
Los Angeles, CA 90036  
323.525.1101, press 0

Mark H. Katz, MD  
Kaiser West Los Angeles  
6041 Cadillac Ave  
Los Angeles, CA 90035  
323.857.2064  
HIV/AIDS specialist. Not accepting new patients currently, but will help new patients navigate the Kaiser system.

Matt Pekerol, MD  
9201 W Sunset Blvd, Ste 616  
West Hollywood, CA 90069  
310.858.0880  
pekerolm@hotmail.com  
Openly gay board-certified internal medicine.  
HIV/AIDS specialist. Accepts most PPO plans and Medicare.

Ilya Rachman, MD  
948 N Fairfax, Ste 201  
West Hollywood, CA 90046  
323.654.2020  
fax 323.654.2828

Jorge E. Rodriguez, MD  
Orange Coast Medical Group  
496 Old Newport Blvd, Ste 4  
Newport Beach, CA 90263  
949.646.1111  
Accepts most indemnity and PPO health insurance plans, as well as Medical.

Peter Ruane, MD  
5901 W Olympic Blvd, Ste 401  
Los Angeles, CA 90036  
323.954.1072  
Openly straight ☺ IM/ID board certified HIV specialist. Most insurance including Medicare.  
Free-to-patient Clinical Treatment protocols in the privacy of a small practice available to both insured and non-insured.

Myles Spar, MD, MPH  
Venice Family Clinic / West Side Partners  
604 Rose Ave  
Venice, CA 90291  
310.664.7607  
fax 310.664.7676  
Free comprehensive medical facility servicing the poor and uninsured populations of West Los Angeles.

## MENTAL HEALTH SPECIALISTS

Barry Cardiner, MA, MBA, MFT  
8430 Santa Monica Blvd, Ste 100  
West Hollywood, CA 90069  
Lic # MFT34301  
323.874.1967  
HIV+ physcotherapist. Accepts most PPO, POS insurance. Specialty areas: HIV issues, depression, abuse, addiction and recovery, relationships, grief.

Erin T. Childs, MA, LMFT  
11650 Riverside Dr, Ste 7  
Studio City, CA 91602  
818.985.4200  
etchilds@sbcglobal.net  
Accepts most insurance plans, indemnity and PPO. Individuals and couples therapy. Issues of illness/wellness, addiction and mood disorders. Solution-focused.

Terence Ford, MA, Registered Intern  
Located near Melrose and La Cienga  
213.400.3474  
Low-fee, individual psychotherapy. A calm, intelligent environment to work through your issues, whether HIV-related or not. Free initial consultation. Special low fee of \$40 if you mention Being Alive. Supervised by Dr. Steven Isaacman.

Payam GhassemLou, MFT, PhD  
9056 Santa Monica Blvd, #205  
West Hollywood, CA 90069  
310.801.2927  
Gay male therapist, works with people with HIV and their significant others. Bilingual, accepts most insurance plans, no Medi/Medi.

Richard Gollance, LCSW, MSG  
12402 Ventura Blvd, 2nd Fl  
Studio City, CA 91604  
818.503.7300  
Psychotherapy. Primary focus: gay men in mid-life and beyond.

Ken Howard, LCSW  
8430 Santa Monica Blvd, Ste 100  
West Hollywood, CA 90069  
310.726.HELP (4357)  
www.gaypsychotherapy.com  
Openly gay and HIV+ counselor. Psychotherapist. Life Coach. Helping gay men achieve their goals in career and relationships. Sixteen years experience working in HIV. Free, brief initial phone consultation. Fees negotiated individually. Insurance forms provided.

Matthew Silverstein, PhD, MFT  
8235 Santa Monica Blvd, Ste 309  
West Hollywood, CA 90046  
310.842.6124  
e-mail: MSilversteinMFT@aol.com  
Specialty areas include gay identity, HIV/AIDS issues, addiction recovery, dream work, spirituality. Sliding fee scale and able to accept most insurance (not Medi/Medi).

Fred Wilkey, EdD  
Clinical Psychology  
PSY8380  
9056 Santa Monica Blvd, Ste 306A  
West Hollywood, CA 90069  
310.659.4455  
Successful short-term therapy. Accepts Medicare and most insurance.

## BENEFITS COUNSELOR

Jacques Chambers, CLU  
Benefits Consultant and Counselor  
Chambers Benefits Consulting  
2658 Griffith Park Blvd, #290  
Los Angeles, CA 90039-2520  
323.665.2595 or 888.739.2595  
www.HelpWithBenefits.com

# UPCOMING ACTIVITIES AT BEING ALIVE

Call Being Alive at 323.874.4322. We're located at 7531 Santa Monica Boulevard, Suite 100, West Hollywood.

## Being Alive Board Meetings

The Being Alive Board of Directors meetings for 2011 will be held monthly. If you would like to attend, call for more information.

## The Young and the Restless

Thursdays • 7:00–9:00pm

A new support group for the young and newly poz. All are welcome, but the focus are on the newly diagnosed and under 30. Topics include emotional and physical well-being, risk reduction and disclosure, HIV 101 and basic information, treat adherence, communication skills, and fellowship. Call Being Alive for more information.

## Psychotherapy by appointment

10:00am–9:00pm

Licensed psychotherapy intern provides one-on-one and couples therapy. Call Being Alive for appointment.

## Positively New

Wednesdays • 7:30–10:00pm

For newly diagnosed or newly identified HIV+ within the past three years. Get emotional support, discuss medical issues, and topics relevant to a new diagnosis. Facilitated by Brian Risley, lead treatment educator for APLA. Call 213.201.1547.

## Silver Lake Meet-and-Greet Support Group

Fridays • 7:00–9:00pm

All those interested in attending a Being Alive peer support group in the Silver Lake area please contact Being Alive.

## Positive Reactions West

Wednesdays • 7:00–9:00pm

At Being Alive. A small drop-in group in a safe, honest place to discuss issues and meet others dealing with HIV. Call Being Alive.

## Ceramics and Pottery

Call Being Alive for location

Saturdays, Sundays, Mondays • 12:00 noon

Learn ceramics and wheel-throwing. Beginners to advanced are welcome.

## Yoga

### Beginning Yoga

Tuesdays, Thursdays • 3:00pm

At Being Alive in the Meditation Room. Call to make an appointment.

Saturdays • 10:30am

Call for location.

## Healing Touch

by appointment

Thursdays • noon–5:00pm

Alternative healing by hands-on and energy-based techniques. Call Being Alive for appointment.

## Hypnotherapy

Thursday

By Dean L. Williams, CHT. Call 877.667.5844.

## Speaker's Bureau

Spread the word about prevention, treatment, living with HIV/AIDS. For more information, call Colin at 310.739.6504.

## Acupuncture Services

by appointment

Mondays • 1:30–4:30pm

Every other Tuesday • 10:00am–1:00pm

Wednesdays • 10:30am–5:00pm

Thursdays • 10:00am–1:00pm

Every other Thursday • 3:00–6:00pm

Treatment for a range of conditions including pain management, neuropathy and other side effects, addictions, stress, headaches, and allergies. Call Being Alive for appointment.

## Chiropractic Services

Fridays • 1:00am–4:00pm

Back and body adjustments. No appointment necessary. New clients, or clients who have not contracted chiropractic services in more than a year, must come in at noon to fill out paperwork.

# BEING ALIVE SUPPORT GROUPS

Our goal is to provide a safe and confidential space where everyone can express themselves in an atmosphere of mutual respect and encouragement.

## WEDNESDAY

**Wise Guys** 7:00–9:00pm. Being Alive West Hollywood (Being Alive Green Room). Co-facilitated. A drop-in group for men over 35 in a safe, honest place to discuss issues and meet others dealing with HIV. Call Being Alive for more information.

**Positively New** 7:30–10:00pm. 1300 N Vermont Ave. (Doctor's Building 2nd floor Conference Room). Facilitated by Brian Risley, Lead Treatment Educator for APLA at 213.201.1547. A fairly large support group for those who are newly diagnosed or newly identify HIV+ within the past three years. Get emotional support, discuss medical issues and topics relevant to a new diagnosis.

## THURSDAY

**The Young and the Restless** 7:00–9:00pm. A new support group for the young and newly poz. All are welcome, but the focus are on the newly diagnosed and under 40. Topics include emotional and physical well-being, risk reduction and disclosure, HIV 101 and basic information, treat adherence, communication skills, and fellowship. Call Being Alive for more information.

## FRIDAY

**Silver Lake Meet-and-Greet Support Group** 7:00–9:00pm. An emotional and social support group in Silverlake area for HIV+ men to discuss current issues and solutions to life with HIV. Contact Being Alive for more information.

## LOCAL RESOURCES

ACLU Lesbian & Gay Rights: 213.977.9500 x237

Aid for AIDS: 323.656.1107

AIDS Healthcare Foundation: 888.AIDSCARE

AIDS/HIV Discrimination Unit, LA City Attorney's Office:  
213.978.7758

APLA: 213.201.1600

AIDS Research Alliance: 310.358.2423

AIDS Service Center: 626.441.8495

AIDS Services Foundation/Orange County: 949.809.5700

Asian/Pacific AIDS Intervention Team: 213.553.1830

Being Alive San Diego: 619.291.1400

Beth Chayim Chadashim: 323.931.7023

Bienestar Hollywood: 323.660.9680

Clean Needles Now: 213.483.5366

Common Ground, the West Side HIV Community Center:  
310.314.5480

Congregation Kol Ami: 310.248.6320

CVS Pharmacy: 310.659.9810

Deaf Women Outreach: 323.478.8000 (TTY or voice)

Discount Medical Pharmacy: 323.661.8366

East Valley Community Health Center:

West Covina: 626.919.5724;

Pomona: 909.620.8088

Foothill AIDS Project: 909.482.2066

HALSA: 213.637.1690

Jeffrey Goodman Special Care Clinic (GLCSC):  
323.993.7500

Jewish Family Services HIV/AIDS Program: 323.761.8800

LA Gay and Lesbian Center: 323.993.7400

The Life Group LA: 888.208.8081

Los Angeles Free Clinic: 323.653.1990

Los Angeles Patients & Caregivers Group: 323.882.6033

Minority AIDS Project: 323.936.4949

Narcotics Anonymous Hotline: 800-todayna

National AIDS Hotline: 800.227.8922;  
800.344.7432 (en Español);

800.243.7889 (TTY)

The New Hope Learning Center: 213.251.8474

North East Valley Clinic: 818.988.6335

PAWS (Pets): 213.741.1950

Peer Education Program: 323.651.9888

Project Angel Food: 323.845.1800

Project Inform: 800.822.7422

South Bay Family Health Care Center: 310.318.2521 X236

Spanish Language AIDS Hotline: 800.400.7432

(SIDA) toll-free Southern California only

Tarzana Treatment Center HIV-Mental Health Project:  
818.342.5897

THE Clinic: 323.295.6571

USC AIDS Clinical Trials Unit: 323.343.8288

Valley Community Clinic: 818.763.8836

Van Ness Recovery House: 323.463.4266

WeHoLife.org: 323.860.7323

Wellness Works Community Health Center: 818.247.2062

West Hollywood Community Housing Corporation:  
323.650.8771 x2

Whittier Rio Hondo AIDS Project: 562.698.3850

Women Alive Coalition: 323.965.1564

Zahn Emergency Shelter: 213.438.1619

# COMMUNITY BULLETIN BOARD

Notices for this Bulletin Board and the preceding Support Group sections should be submitted to Kevin Kurth via Community Bulletin Board, *Yo Being Alive* Newsletter, 7531 Santa Monica Boulevard, West Hollywood, California 90046; or send e-mail to [Kevin@BeingAliveLA.org](mailto:Kevin@BeingAliveLA.org); or send fax to 323.969.8753. Please be concise and indicate if there is a fee. Please also renew notices every six months.

## MORE SUPPORT GROUPS

### BIENESTAR

Bienestar Human Services offers a variety of services and support groups for the Latino community, HIV+ client services, and HIV-negative prevention programs. Call Jorge Diaz at 523.660.9680. 5/2012

### WHITTIER HIV+ GROUP

Whittier Rio Hondo AIDS Project (WRHAP) offers this group for all people with HIV. An open support group. Every other Saturday 10am–noon. For info, call Elizabeth Mendia at 562.698.3850. 6/2008

### SPECTRUM / PASSPORT TO CARE

Various support groups. Yoga: Mondays 10:30am–noon, Building L. Relapse prevention workshop: Tuesdays 10:30am–noon, Building L. Heterosexual support group: Wednesdays 10:30am–noon, Building K. Food pantry: Thursdays 10am–5pm, Building L. Women's support group: Thursdays 11:30am–1pm, Building M. Soul food men's support group: Thursdays 4–5:30pm, Building N. Movie night: first and third Thursdays 6–8:30pm, Building L. Cocaine anonymous: Fridays 10:30am–noon, Building M. Grupo universal: Fridays 5–6:30pm, Building L. For more information call front desk at 323.563.4939. 11/2007

### SOUTH BAY FAMILY HEALTHCARE CENTER

Comprehensive HIV/AIDS social service support—case management, mental health, prevention education, HOPWA, short-term rental assistance. Call Joanne Silva at 310.318.2521 x1422. 11/2007

### SHABAT LUNCH AND JEWISH HIV SUPPORT GROUP AT CONGREGATION KOL AMI

Come and schmooze and eat with fellow Jewish HIVers at Congregation Kol Ami in West Hollywood. We provide a safe, nurturing Jewish environment to talk about life with HIV, Jewish life, and life in general. 1200 North La Brea Avenue, West Hollywood. Call for time and date of next meeting. Reply in confidence to Rabbi Denise Eger at [rabbid@kolami.org](mailto:rabbid@kolami.org), or 323.606.0996, x100. 12/2006

### APLA SUPPORT GROUPS

The following groups are ongoing and offered through APLA's Mental Health Services: HIV/AIDS Gay Male, HIV/AIDS Heterosexual, Substance Use and HIV, and Mono-lingual Spanish-speaking HIV/AIDS. For information in English and Spanish, call Walter Campos at 213.201.1621. 4/2006

### METH AND GAY MEN

Feeling out-of-control? Having trouble finding intimacy? Promising to quit but using anyway? Worried that you need meth to have hot sex? On-going psychotherapy group meeting weekly for men concerned about crystal meth, sex, and intimacy. Conveniently located in Hollywood, this closed therapy group explores issues and feelings in a safe, confidential setting, Monday, 7–8:30pm. For more information, contact Glen at 323.993.7655, or Andre at 323.860.5804. Sponsored by the LA Gay & Lesbian Center. 2/2006

### SPIRITUAL SUPPORT DROP-IN GROUP

For people living with HIV/AIDS or cancer, or dealing with grief or imprisonment. One-on-one spiritual support, primarily Catholic. Can make inter-faith referrals. For info, call 323.225.4461. 5/2004

### CHURCH OF THE VALLEY HIV+ SUPPORT GROUP

Thursdays, 6:30–8:30pm, Disciples of Christ Church, 6565 Vesper, Van Nuys. 818.786.4070. 5/2004

### COMMON GROUND

HIV/AIDS drop-in support group for women and men, Mondays, 12:30–2pm; free; lunch is served. Gestalt Therapy Group, Thursday nights, 5:30–7pm, actively recruiting members. Women's drop-in group, second and fourth Thursdays of the month, 12:30–1:30pm. Spanish-speaking drop-in group, Wednesdays, 10–11:30am. Call 310.314.5480. 5/2004

### ALTAMED SUPPORT GROUP

For men and women living with HIV/AIDS. Meets Tuesdays from 2–3pm at AltaMed in Pico Rivera. For more information, call 562.949.8717. 12/2003

### POSITIVES IN SOBRIETY

Open AA meeting for people affected by HIV. Meets every Sunday, 6pm. Great Hall in Plummer Park, Vista St., between Fountain and Lexington in West Hollywood. 323.656.0829. 12/2003

### HIV BY THE BOOKS

Open AA meeting. Intimate book study for people dealing with HIV/AIDS issues. Meets every Friday, 7:15pm at Being Alive. 323.656.0829. 12/2003

### FOUND SOBRIETY CRYSTAL METH ANONYMOUS

7pm. 11321 Camarillo St. (upstairs), North Hollywood, CA 91602. Go to [www.crystallmeth.org](http://www.crystallmeth.org) for more information. 1/2003

### PASADENA AIDS SERVICE CENTER

Support groups including Living Positive, HIV Symptomatic, Newly Diagnosed Group, Teen Group, HIV+ Spanish Women, Journaling Group, and Gay Men Over 45 Group. 1030 S. Arroyo Parkway, Pasadena. Call 626.441.8495: Jody Casserly, LCSW, x144. 8/2002

### NA HIV+

Thursdays at 8:30pm. HIV+ and gay narcotics anonymous meeting. Members share their experience, strength, and hope that they and others may recover from the disease of addiction. HIV+ focused. Many new-comers at this meeting. 1919 N. Beachwood Dr., Los Angeles. For more information, call 323.850.1624. 6/2002

### MINORITY AIDS PROJECT

Minority AIDS Project sponsors a variety of support groups for people of color. Call 323.936.4949. 9/2000

## GRUPOS Y NOTICIAS EN ESPAÑOL

### BIENESTAR

Bienestar Human Services offers a variety of services and support groups for the Latino community, HIV+ client services, and HIV-negative prevention programs. Call Jorge Diaz at 523.660.9680. 5/2012

### PROJECT ANGEL FOOD

Project Angel Food es una organización que provee comidas para las personas que viven con VIH/SIDA. Nuestros servicios están disponibles para personas que viven en nuestras áreas de servicio y que están oficialmente diagnosticado con el SIDA o VIH sintomáticos. Para recibir servicios, llame el 323.845.1810. 8/2001

### ALTAMED GRUPOS DE APOYO EN ESPAÑOL

Todos los miércoles de 6–8pm le ofrecemos un grupo para hombres y también otro grupo para mujeres. Para mayor información: Juan—323.869.5403. 2/2001

## WOMEN'S SERVICES

### T.H.E. CLINIC FOR WOMEN, INC.

Offers specialized services for women living with HIV. Early intervention program, HIV testing. Staff speaks ten languages. Call Nola Thomas for information or appointments: 323.295.3225. 5/2012

### THE SERRA PROJECT/CASA DE LA MADONA Y EL NIÑO

A home for women and children living with AIDS and HIV. RN and MSW case management, medical transportation, bilingual—English/Spanish, family preservation and reunification. Call Martha Aldreta at 323.342.0705. 4/2008

### PROTOTYPES WOMENSCARE

Complete medical treatment, follow-up, and case management, education available at WomensCare Center, Queen of Angels/Hollywood Presbyterian. No fee, childcare available.

1300 N. Vermont, Ste. 401. Call Andrea Jackson 323.662.7420. East LA location: 5427 E. Whittier Blvd., Los Angeles 90022. Call Yolanda Salinas 323.869.5467. 11/2007

### ESCAJEDA WOMEN'S CLINIC

Comprehensive health services for women with HIV/AIDS regardless of ability to pay. General and specialized HIV health care includes GYN services. Social Worker. Psychiatric services. English/Spanish speaking staff. For info, call 626.744.6140. Pasadena location. 12/2003

## LEGAL SERVICES

### HALSA

A collaborative effort of AIDS Service Center, the L.A. County Bar Barristers, AIDS Project, the L.A. Gay & Lesbian Center, and Public Counsel. HALSA provides legal assistance in a variety of areas including bankruptcy, benefits, employment, housing, wills, powers-of-attorney to low-income people living with HIV, as well as comprehensive pro bono referrals. For more info, call 213.2637.1022. 4/2006

### INSURANCE

Supplemental health and life insurance, serving our community. Contact Glenn at 818.774.1556 x33, or [Glenn\\_Zorn@us.aflac.com](mailto:Glenn_Zorn@us.aflac.com). 9/2004

### NOTARY PUBLIC

I live a few blocks from Being Alive in West Hollywood. Services are free if we can arrange a time to meet there. You can also come to my home on Palm Avenue and pay the regular \$10, or I can come to your place in West Hollywood for \$15. Call Michael at 310.659.4299. 2/2002

## MEDICAL SERVICES

### HIV OCULAR SPECIALIST

Lee Dodge, OD. 14429½ Ventura Blvd, Sherman Oaks, CA 91423. 818.783.8750. Fax 818.783.8779. [lee@drdodgeod.com](mailto:lee@drdodgeod.com). [www.drdodgeod.com](http://www.drdodgeod.com). Accepts most PPO plans and Medicare. 6/2008

### NORTHEAST VALLEY HEALTH CORP

Confidential comprehensive medical services for HIV/AIDS provided in English and Spanish at low or no cost in the SF Valley. Call Stefen Ruiz at 818.988.6335. 6/2008

### UCLA CARE CLINIC

The UCLA Care Center conducts clinical research in HIV disease management, new medications, metabolic complications, prevention and therapeutic vaccines, opportunistic infections, AIDS-related cancers and co-infections. Contact Deon Claiborne at 310.557.9062. Provides specialty HIV care to those with private insurance, Medicare, or Medicare and Medi-Cal combined. Contact Mike Marcial at 310.557.2273. 11/2007

### CHIROPRACTIC CARE

Spinal adjustments available for \$10 by appointment for HIV+ people who are uninsured and not working. Other services available. Brian Smith, DC, 8235 Santa Monica Blvd., Ste. 218, West Hollywood. 323.656.2652. 11/2007

### JEFFREY GOODMAN SPECIAL CARE CLINIC

Provides HIV and STD testing, as well as treatment, case management, complementary therapies and AIDS Drug Assistance Program for HIV+ patients. 1625 N. Schrader, Third Floor, Los Angeles 90028. [www.lagaycenter.org](http://www.lagaycenter.org). Call 323.993.7500 for info. 11/2007

### AIM HEALTHCARE FOUNDATION

Healthcare for adult-industry members. HIV/STD testing, referrals, counseling, GYN services. For clients diagnosed with HIV/AIDS at AIM Healthcare—free-for-life medication placement. Call 818.981.5681. Also in Woodland Hills: 19720 Venture Blvd., 818.961.0291. 11/2007

# COMMUNITY BULLETIN BOARD

## COMPREHENSIVE AIDS RESOURCE EDUCATION PROGRAM (C.A.R.E.)

Offers the following services: Out-patient, non-emergency clinic (sliding scale)—562.624.4999 • Dental center (sliding scale)—562.624.4949 • Testing/outreach (no charge)—562.624.4900 • AIDS drug assistance program (no charge)—562.624.4944 • Mental health program and nutritional counseling (no charge)—562.624.4914 • Case management / social services (no charge)—562.624.4900 • Family services program—562.624.4918. Located at 411 E. 10th St., Suite 107, Long Beach, CA 90813 (inside St. Mary Medical Center campus). 11/2007

## ALTAMED HEALTH SERVICES

Comprehensive medical treatment for people with HIV/AIDS. In addition to medical treatment, we provide case management, support groups, and HIV testing. To make an appointment to see a physician, please call 323.869.5548. 11/2007

## LAGUNA BEACH COMMUNITY CLINIC

Treats qualified clients for a low fee. Two HIV specialists accept Medicaid and Medicare. 362 3rd St., Laguna Beach, CA 92651. 949.494.0761. 11/2007

## FREE RAPID HIV AND STD TESTING

At The SPOT, 745 N. San Vicente Blvd., West Hollywood, southwest corner of Santa Monica and San Vicente. Tuesday–Friday, 1–7pm, 323.993.7440. If you are experiencing STD symptoms, call 323.993.7575 between 11:30am–2:30pm to schedule an appointment. 11/2007

## VALLEY COMMUNITY CLINIC, NORTH HOLLYWOOD

Offering free, anonymous HIV counseling service and testing Mondays 4–7:30pm, Tuesdays 2–7:30pm, Thursdays 12–3:40pm, and Saturdays 11am–4:30pm. Contact Walter Abb 818.763.8836. HIV case management everyday. Medical outpatient services for people with HIV. ADAP enrollment. For interview call 818.301.6334. www.valleycommunityclinic.org. 11/2007

## AIDS HEALTHCARE FOUNDATION

AHF Clinics in Hollywood, Downtown, Sherman Oaks, the Westside, Upland, Lancaster, and West Adams provide care to people with HIV/AIDS regardless of ability to pay. No one ever turned away. Free HIV testings at our Out-of-the-Closet thrift stores. Call 800.AHF.2101. 10/2002

## ANDREW ESCAJEDA CLINIC

Comprehensive health services for adults with HIV/AIDS, regardless of ability to pay. ADAP enrollment site and psychiatric services. Open to all HIV-infected, even if receiving medical care elsewhere. Pasadena location. Call 626.744.6140. 8/2002

## TARZANA TREATMENT CENTER

Provides residential rehabilitation and medical detoxification programs for people with HIV/AIDS. Call 818.996.1051 x40. HIV outpatient clinic, Monday, Wednesday, Friday, 10am–6pm. Call 818.342.5897. 9/2000

## USC AIDS CLINICAL TRIALS UNIT

Free clinical trials for people with HIV/AIDS. Located at 5P21, Rand Schrader Clinic, 1300 N. Mission Rd., Room 349, LA. For info, call 323.343.8288. 9/2000

## METHADONE TREATMENT FOR HIV+ PEOPLE

If you are HIV+ and opiate-dependent, Western Pacific Rehab offers free out-patient methadone treatment at conveniently located sites. Call 800.223.3869. 9/2000

## AIDS SERVICE CENTER, PASADENA

Free treatment education and advocacy via one-on-one counseling/assessment, monthly treatment forums, Treatment Library and more. Call 626.441.8495. 9/2000

## WELLS HOUSE HOSPICE, LONG BEACH

A home-like environment serving Long Beach and Orange County. Volunteers always welcome. Contact Ron Morgan at 562.435.9363. 9/2000

## LA COUNTY RAND SHRADER 5P21 HIV CLINIC

Provides comprehensive HIV care; services available in English and Spanish. Call 213.343.8255. 9/2000

## T.H.E. CLINIC, INC.

HIV/AIDS testing, treatment, counseling, family planning, other services. For more information call 323.295.6571. 9/2000

## PHARMACY SERVICES

### EDDIE'S PHARMACY

As your community pharmacy, we are committed to provide the best service possible. Getting to you know and your individual needs is an integral part of that commitment. Small enough to care; large enough to meet your needs. Call 310.358.2400. 1/2006

### ALL-IN-ONE PHARMACY

For all your pharmacy needs. Adherence tools and delivery provided free of charge. Treatment educators available for any questions you have. Most insurance accepted. Call toll-free: 866.255.6663. 11/2005

### MOMS PHARMACY

The original adherence pharmacy. Services include free delivery, pager notification, and optional MOMS Paks medication packets, the ultimate adherence tool. For more information, visit www.momsparmacy.com, or call 866.993.6337. 8/2005

## PERSONAL SERVICES

### TRUE NORTH MASSAGE

Swedish circulatory massage. Tim Maloney, Certified Massage Technician. APSB. 818.244.3029. 818.726.9480 (cell). shaktim2001@hotmail.com. 1/2006

### SPORTS MASSAGE

Deep tissue, soft touch, and Reiki therapy. Discount for HIV+. I've worked on athletes for over five years. Call Wayne at 562.235.8716 and mention this ad. 12/2005

### COUNSELING

Payam Ghassemlou, PhD, MFT, gay male counselor. 310.801.2927. Sandplay Therapy—a fun, creative, and healing process to connect to your psyche's self-healing powers. 9/2004

### RESIDENTIAL DRUG TREATMENT

Live-in drug treatment for people living with HIV/AIDS. For info, call Robyn at 818.985.8323. 2/2002

### MESSAGE BY JEFFREY

Therapeutic touch at a discount for people living with HIV/AIDS. Contact Jeffrey at jjeffrey54@aol.com, or call 310.770.7515. 10/2001

### PROJECT ANGEL FOOD

Project Angel Food's agency delivers nutritious meals to individuals with a formal diagnosis of AIDS or symptomatic HIV disease living in our delivery area. To start free meal delivery service, please call Client Services at 323.845.1810. 8/2001

### FREE GROCERIES

Food and personal care items are provided to PWAs. Tuesdays, Wednesdays, and Thursdays, 10am–1pm. For more information, call Imani Unidos Food Pantry, 323.754.2320. 5/2001

### LOW INCOME HOUSING FOR PWAs

1-, and 2-bedroom housing wait list. Contact West Hollywood Community Housing Corporation, 8285 Sunset Blvd., Ste. 3, West Hollywood, or call 323.650.8771, x2. 1/2001

### 50% MASSAGE DISCOUNT

Full hour Swedish massage. Legit. \$25. Designed for financially challenged HIV+ folk who are looking for a way to afford regular massage. Call Bruce at 323.660.5358. 9/2000

## MISCELLANEOUS

### HOLLYWOOD MENTAL HEALTH CENTER

We are accepting new HIV+ clients who are seeking individual or couples counseling. HIV+ clients may obtain services without any insurance, although Medi-CAL and Medicare are accepted. 1224 N. Vine St., Los Angeles 90038. Contact Chris Bridge, MSW, at 323.769.7668. 5/2012

### ALLEGRIA HOUSE SHELTER

Assist families, and couples (gay or straight) living with AIDS. Sober living program. Contact Julie Lewis at 323.454.4200. 11/2007

### CHOICES RECOVERY SERVICES

Has homes in Long Beach and Los Angeles, providing clean, comfortable, structured, drug- and alcohol-free living environments for men, women, straight, gay, HIV+, and dual-diagnosed individuals. Please call us for further information at 562.930.0565. www.choicesoflongbeach.com 11/2007

### ZAHN EMERGENCY SHELTER

Welcomes singles and families with open arms to our sober living program. Priority is given to referrals living with HIV/AIDS. Referrals only. Please call 213.438.1619. 8/2006

### MCINTYRE HOUSE

A non-profit residential substance abuse recovery and sober living program for men. Low-cost medical care and food provided. Contact Ed at 323.662.0855. 12/2004

### TEENS REACH TEENS

Peer Education Program of L.A. offers educators to lead discussions on HIV/AIDS prevention in schools, group homes, and youth agencies. Call Wendy at 323.651.9888. 8/2002

### HELPLINE FOR DEAF PEOPLE WITH HIV

A unique service run by HIV+ deaf people, providing referrals to other deaf and hard-of-hearing people with HIV/AIDS. Contact Emmett Haggen at 323.550.4258 (TDD) or 323.550.4255 (fax). 9/2001

### AIDS EDUCATION/SERVICES FOR THE DEAF

Provides education to schools as well as one-on-one meetings and interpreters to Ryan White-funded HIV/AIDS services and testing with no charge to the service providers. Call 323.550.4250 (TDD/voice). Fax: 323.550.4244. 9/2001

### HIV/AIDS MENTAL HEALTH PROGRAM

Common Ground offers mental health services to HIV+ residents of Los Angeles who cannot afford to pay. Call Mark Fairfield, LCSW, Director of Mental Health, at 310.314.5480. 4/2002

### CRYSTAL METH ANONYMOUS INFO LINE

12-step program offering a 24-hour information hotline at 213.488.4455. 9/2000

### AID FOR AIDS: FINANCIAL ASSISTANCE

Aid for AIDS provides financial assistance to people with HIV/AIDS. Help with pharmaceuticals, nutrition, monthly bus passes, rent, health insurance payments, utilities. For more info, call 323.656.1107. 9/2000