



The STEP Ezine



March 26, 2004

Issue 56

The Seattle Treatment Education Project's (STEP) EZINE is an electronic treatment resource newsletter distributed monthly to case managers, front-line workers, people affected by HIV/AIDS, physicians, other public health and allied health professionals and people living with HIV/AIDS. STEP's contact information is: STEP at Lifelong AIDS Alliance, 1002 E. Seneca Street, Seattle, WA 98122 (206) 329-4857 or (206) 957-1659. We also have a toll free number 1-888-399- (STEP) 7837 Anywhere in the US

Tina Podlodowski Named Head of Lifelong AIDS Alliance

FOR IMMEDIATE RELEASE

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March 11, 2004

Chuck Kuehn Leaves for Peace Corps After 8 Years with Agency

Seattle – Lifelong AIDS Alliance's Board of Directors is pleased to announce that former Seattle City Councilmember Tina Podlodowski has accepted the position of Executive Director, effective March 29, 2004.

Rich Thorvilson, President of the Board of Directors said, "We are thrilled that Tina accepted our offer to lead Lifelong in these critical times, and know she will be able to meet the challenges posed to our agency head on. We love Tina's excitement, passion, knowledge of the Seattle/King County human services community, private sector management experience, and marketing and fundraising skills. Add to that her local and national political experience as a Seattle City Councilmember, and we couldn't have found a better leader for this organization."

Podlodowski replaces Chuck Kuehn, who has led Lifelong AIDS Alliance for three years. Kuehn is leaving Lifelong to pursue a long-time dream of joining the Peace Corps, and he will be working in Africa. Before assuming the role of Executive Director at the agency, which was created in 2001 with the merger of Northwest AIDS Foundation and Chicken Soup Brigade, Kuehn worked served for five years as the Executive Director of Chicken Soup Brigade.

Podlodowski has had a long and varied career and life as a legislator, technology executive and philanthropist. She served on the Seattle City Council from 1996 until 2000. She was Chair of the Public Safety, Health and Technology Committee, and Neighborhoods and Neighborhood Planning Committee. In 1999, she was able to pass three watershed pieces of legislation helping to ensure basic rights for all. Under her Equal Benefits Ordinance, Seattle became the second city in the nation to require companies contracting with the City of Seattle to

extend equal benefits to domestic partners. She authored and passed legislation to protect gender identity under all of the City's non-discrimination laws, making Seattle the third major city in the nation to include both sexual orientation and gender identity in these kinds of laws.

Prior to joining the Seattle City Council, Podlodowski was a senior manager at Microsoft, most recently as director and general manager of Microsoft University, Microsoft's worldwide training business in 1991.

Podlodowski believes in the importance of service to the community and spends time with many non-profit organizations and boards. She just completed a term as a member of the Board of Directors of the Human Rights Campaign, the nation's largest gay, lesbian, bisexual and transgender political organization based in Washington, D.C. Together with the Human Rights Campaign, she helped to create HRC FamilyNet, dedicated to the needs of gay and lesbian families. Podlodowski has served on the Board of the National Gay and Lesbian Task Force, is a past co-chair of the Outgiving Conference and a former President of the International Network of Lesbian and Gay Elected Officials. She is also a former Board President of the Pride Foundation. She is currently a member of the Visiting Committee at the Daniel J. Evans School of Public Affairs at the University of Washington.

United States Senator Patty Murray said, "Tina Podlodowski is an excellent choice to become the new executive director of Lifelong AIDS Alliance and lead their efforts in combating HIV/AIDS, and provide needed services to affected families. The agency, Seattle community and national effort against AIDS will benefit from her wealth of private and public sector experience, her intelligence and leadership abilities. Tina will be a welcome addition at this crucial time in the fight against AIDS."

Christine Hurley, Executive Director of Bailey-Boushay House, commended the choice. "Lifelong AIDS Alliance is our community's leading voice in the ongoing battle against AIDS. Tina's leadership will further strengthen public awareness and advocacy for persons living and at risk of HIV/AIDS."

Lifelong AIDS Alliance was formed in January 2001 through the merger of Chicken Soup Brigade and Northwest AIDS Foundation. It provides housing and home chores, food and nutrition services, insurance continuation, transportation, case management, and emergency financial assistance to people living with HIV/AIDS in King County. Community services include HIV/AIDS prevention education, and local, state and national public policy advocacy.

The services are as critical today as they've ever been. Contrary to popular belief, the disease is not waning – it is only changing. 50 percent of the 42 million adults worldwide affected by AIDS are women. And, of the two people in Washington State today that will contract HIV, one of them is under 25. Furthermore, due to the advances in drug therapies, people with AIDS are living longer and thus requiring services for longer periods of time.

Lifelong AIDS Alliance is the leading AIDS service organization in the Pacific Northwest and recognized nationally for its innovative programs. Lifelong AIDS Alliance is committed to preventing the spread of HIV, to providing practical support services and to advocating for those whose lives are affected by HIV and AIDS.



Brother-To-Brother Receives Funds to Raise Awareness About HIV Vaccine Research in Hard-to-Reach Populations

Seattle, WA – March 2, 2004

Out of 128 national and local community-based organizations, and through a highly competitive selection process, Brother-To-Brother was chosen as one of only 20 groups nationwide to receive funding to educate hard-to-reach populations about HIV vaccine research. “There’s a lot of misunderstanding about HIV vaccine research among large parts of the American population,” said Derrick Myricks-Harris, Executive Director of Brother-To-Brother. “We will use this funding to provide factual and scientific information in Seattle’s black community, and correct misinformation around the existing movements in HIV vaccine research.”

Funding for this effort was made available through Ogilvy Public Relations Worldwide, a subcontractor for National Institute of Allergy and Infectious Diseases (NIAID). Each funded organization will receive the training and tools needed to make HIV vaccine research awareness and education part of its continuing efforts against HIV/AIDS.

According to NIAID, 48 percent of African-Americans and 28 percent of Hispanics surveyed wrongly believe that an HIV vaccine already exists—and is being kept secret. This belief is shared by 20 percent of the general adult population. This could affect how people view the importance of HIV prevention and whether they adopt protective behaviors, and we need to make sure people understand that there is presently no vaccine to prevent HIV infection or AIDS.

Amongst many other activities, Brother-To-Brother will use the funding to:

- Convene and train a black community advisory group
- Create a media campaign to provide scientific and factual HIV preventive vaccine information
- Create and host an HIV vaccine awareness component to the Brother-To-Brother Website, at www.brotobro.com
- Train 15 Down Low Barbershop Project barbers
- Integrate HIV vaccine awareness into other ongoing HIV prevention, intervention and education efforts

Funds will also help Brother-To-Brother take part in the annual HIV Vaccine Awareness Day, on May 18, 2004. This year’s observance, called “Real People. Real Progress,” acknowledges the thousands of volunteers, scientists and health professionals working to find a safe and effective vaccine to prevent HIV.

Leonard Dawson, Brother-To-Brother Co-Executive Director said, “This isn’t about recruiting volunteers for clinical trials. The funding for this program will let us get more deeply involved in educating people about the realities of HIV vaccine research, especially in the black community. It will also help us continue our work to dispel myths about HIV/AIDS, and people living with HIV/AIDS.”

Interestingly, despite the widespread belief in a “secret” vaccine, 96 percent of African-American survey respondents rated HIV vaccine research to be “extremely” or “very” important. “When you have survey results that contradict one another so strongly, belief in a ‘secret’ vaccine matched with strong support for continuing research—it just underscores how much work has to be done with the public,” Leonard concluded.

If you would like to volunteer for this effort, and/or become a member of the Community Advisory Group, please contact: Derrick Myricks-Harris, or Leonard Dawson Jr. Phone Number: (206) 726-1600
E-mail at brothertobrother@cablespeed.com

Alphabet Soup: A Brief Guide to Insurance Options

By Ben Johnson

Medicare or Medicaid? EIP, EIIP, EHIP? COBRA? WSHIP? EOB's? CNP, MNP, QMB?

This flyer is meant to be a relatively short cheat-sheet to help keep these programs straight. We will not give all the details, but will summarize them and provide contact information for you to access any additional information you might need.

Medicare

Medicare is an insurance program run by the federal government. It is for people who receive (or would qualify for) some sort of Social Security benefits including Social Security Retirement Benefits (SSA) or Social Security Disability Insurance (SSDI). The card is red, white, and blue, and your identification number is your Social Security number plus a letter. Medicare is the primary payer for any claims. That means that your doctor will send bills to Medicare before asking anyone else to pay. Medicare comes in two parts:

Part A – Pays for expenses related to a hospital or nursing facility and is free.

Part B – Pays for doctor visits and related tests and has a monthly premium (for 2004 the premium amount is \$66.60/month).

Medicare is a national plan, but can be a little different from place to place. Some areas require that you enter a Medicare HMO. These HMO Medicare plans usually have better coverage, but limit your ability to see certain doctors or to travel. Medicare will be phasing in some changes in the next two years. In June of this year, Medicare approved drug discount cards become available. Then in 2006, Medicare will offer prescription drug coverage. (Washington's Governors Advisory Council on HIV/AIDS (GACHA) will be holding a forum on the new Medicare drug bill, and all of its problems, on the morning of May 11, 2004, in the Seattle area. Contact STEP for more information.)

Who to call... To find out if you are covered: 1-800-772-1213

For general questions: 1-800-MEDICARE (633-4227)

For specific questions in Washington: 1-800-444-4606

Medicaid

Medicaid is insurance that comes from the state and is run by the Department of Social and Health Services (DSHS). Medicaid is limited to low-income individuals who are either children, expectant mothers, or disabled individuals. Medicaid participation is not allowed for undocumented aliens. Medicaid will pay for most doctor visits, some dental needs, some vision services, and most prescriptions. Medicaid can also pay for the Medicare Part B premiums (the \$66.60 from above). Medicaid has three basic sections. These letters will appear on your green Medicaid coupon:

CNP – This stands for the “Categorically Needy Program.” The CNP coupon is for anyone receiving an income equal or lower than the present amount of Supplemental Security Income. Individuals with a CNP coupon do not need to pay any amount before the Medicaid is active.

MNP – This is the “Medically Needy Program.” The MNP coupon is what is often called “spenddown medical.” The term spenddown refers roughly to the amount your income exceeds the present amount of Supplemental Security Income (\$564/month for 2004). The state has determined that Medicaid will not pay for any services until the spenddown has been paid...by you. Once the spenddown is paid, the insurance is almost identical to the CNP coverage. See the Early Intervention Program for spenddown assistance.

QMB – This program is the “Qualified Medicare Beneficiary” program. If you are eligible for this program, Medicaid will pay the Medicare Part B premium needed to keep your Medicare Part B. This program has several variations including: SLMB, ESLMB, QI – 1, QDWI, and QI – 2. They are all variations on the same program, but will change how much of the Medicare Part B premium Medicaid will actually pay.

Who to call... DSHS has several offices, and you will need to contact the appropriate office for your area. To learn where you should go, call: 1-800-562-3022.

Consolidated Omnibus Budget Reconciliation Act (COBRA)

COBRA is a law requiring employers that have more than 20 employees to offer employees the option of paying for their own insurance premiums after the employee quits, is laid-off, or gets fired. The employee must pay the monthly insurance premiums (usually between \$200 and \$600 each month), but there is no change in the coverage. Individuals who accept COBRA can stay on that insurance program for 18 months as long as regular payments are made. If an employee leaves work due to disability, he or she can apply for an extension of 11 additional months on COBRA.

Who to call... Your Human Resources contact through work.

Washington State Health Insurance Pool (WSHIP)

The Washington State Health Insurance Pool (WSHIP) “is designed to provide health insurance to Washington residents who are unable to find adequate health insurance coverage in the private market due to their mental or physical condition” (from the WSHIP mission statement). Insurance companies can legally reject applications for individual insurance coverage based on a person’s medical status. WSHIP is the alternative for people who get rejected. If you are eligible for insurance through employment or you are eligible for **Medicaid** (note that this says **Medicaid**, the DSHS program, not Medicare, the SSA program), you cannot receive WSHIP. Applying for WSHIP involves applying for an individual insurance plan and getting rejected. It may be a good idea to consult with a case manager before starting this process. WSHIP does not have dental or vision coverage.

Who to call... For WSHIP information: 1-800-877-5187

Early Intervention Insurance Program (EIIP)

The Early Intervention Insurance Program (EIIP) is a state program funded by the Department of Health. The program will pay the monthly insurance premiums for low-income individuals with an HIV+ diagnosis, but not an AIDS diagnosis. The Early Intervention Insurance Program will pay for COBRA plans, WSHIP, and some individual insurance plans. EIIP will not pay for dental insurance premiums.

Who to call... EIIP: 284-9277

Evergreen Health Insurance Program (EHIP)

The Evergreen Health Insurance Program (EHIP) is a state program currently funded by the Department of Social and Health Services. The Evergreen Health Insurance Program will pay the monthly insurance premiums for low-income individuals with an AIDS diagnosis. The Evergreen Health Insurance program will pay for COBRA plans, WSHIP (there is a waitlist for WSHIP coverage), other individual insurance plans, and Medicare B premiums. EHIP will not pay for dental insurance premiums.

Who to call... EHIP: 323-2834 or 1-800-945-4256

Early Intervention Program (EIP)

The Early Intervention Program (EIP) is Washington State’s version of the federal AIDS Prescription Drug Program (APDP) or AIDS Drug Assistance Program (ADAP). All of these names refer to a single pot of money that is given to the states to help low-income HIV+ individuals access medications. In Washington, state money is added to this federal money to create the Early Intervention Program (EIP). Effective April 2004, a monthly cost-share for prescriptions has been added based on your income and whether or not you have other insurance coverage. Individuals under 100% Federal Poverty Level are exempt from this cost share, but must apply for Medicaid coverage. Only individuals earning less than 300% of federal poverty level (around \$2,000 per month) are eligible for enrollment in EIP.

The Early Intervention Program will do one of three things:

Complete Coverage – If you do not have insurance, the Early Intervention Program will pay for all doctor visits, labs, and prescriptions **that are connected to monitoring and treating HIV**. This will **not** pay for unrelated illnesses or injuries, dental care, vision services, or hospitalization.

Prescription Assistance – For individuals with primary insurance, the Early Intervention Program will pay for the co-pays on medication related to the treatment of HIV.

Spenddown coverage – For individuals on Medicaid, EIP will pay \$900 a month toward a person's spenddown.

Who to call... EIP, either: 360-236-3426 or 1-800-272-2437 option 2.

Other Terms

Explanation of Benefits (EOB) – These are statements from your insurance company showing what your doctor billed to the insurance company, and what the insurance company paid. While they may show that the “patient” owes some amount of money, they are not bills. It is a good idea to keep these statements.

Deductible – This is the amount of money an insurance company expects you to pay before they will start their coverage. Common amounts are \$500 or \$1000 each year.

Pre-existing Condition Wait Period – Insurance companies can refuse to pay for certain services related to a condition you may have had before starting new insurance. This is only true of individual plans, not group plans. These wait-periods are usually 3, 6, or 12 months long.

Premium – This is how much insurance costs each month. Premiums usually cost between \$200 and \$600 each month.

Co-pay – This is how much you have to pay for services like doctor visits and labs, or for prescriptions. Co-pays are usually either set at \$10 to \$20, or are a set percentage of the total cost of the service.

Certificate of Creditable Coverage – This is a letter from a previous insurance company verifying how long you had coverage with them, and when that coverage ended. This letter may be needed to avoid a pre-existing condition wait period when you start a new insurance plan.

Harmless Virus Associated with Longer Life for Some HIV-Positive Men

Article posted on the *NIAID* Website on Wednesday, March 3, 2004

Scientists have shown that an apparently harmless virus is associated with longer life for HIV+ men, but only when it infects them for many years.

Men infected with both HIV and GB virus type C (GBV-C), previously known as hepatitis G, for at least five years were three times less likely to die than HIV-positive men who did not have GBV-C. The study, funded by the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health, appears in the March 4 issue of *The New England Journal of Medicine*.

"We found strong evidence that HIV+ men who have persistent GBV-C infection survive longer than those who do not have GBV-C. The survival advantage is large and depends on how long the GBV-C infection persists," says senior investigator Jack Stapleton, M.D., of the University of Iowa and Iowa City Veterans Affairs Medical Center. Carolyn Williams, Ph.D., epidemiology branch chief in NIAID's Division of AIDS, was the lead investigator on this study.

GBV-C, a virus that infects white blood cells, does not cause any known disease. It is transmitted through blood and blood products, and many people carry the virus, some for up to 40 years. Earlier studies have reported improved survival for HIV-positive persons co-infected with GBV-C, but the idea has been controversial. While some investigators found a survival advantage for HIV+ men with GBV-C infection, others did not. This new study is the first to take into account the duration of GBV-C infection.

Dr. Williams and NIAID established a collaboration between the Multicenter AIDS Cohort Study (MACS) and Dr. Stapleton's laboratory in hopes of finding conclusive evidence on whether GBV-C infection prolonged the lives of HIV+ men. The MACS (<http://www.niaid.nih.gov/reposit/mac.htm>), a long-term ongoing study of men who have sex with men, allows researchers to examine various factors that affect the progression of HIV infection and AIDS.

Blood samples preserved by the MACS enabled Dr. Stapleton's group to determine whether there were differences in survival of HIV+ men based on whether and for how long they had GBV-C infection.

Their results show that men who had GBV-C infection in two blood samples taken at least five years apart lived the longest. Eleven years after contracting HIV, 75 percent of the men who had GBV-C in both these blood samples were alive. Of the men who did not have GBV-C in either blood sample, only 39 percent survived for 11 years. The men who had GBV-C in their first blood sample but not in the second had the greatest risk of dying. Only 16 percent of them were still living after 11 years.

The researchers studied 271 MACS participants who became HIV+ only after enrolling in MACS. MACS provided Dr. Stapleton's team with blood samples for each man in the study group. Early blood samples for all 271 participants were drawn within 18 months of when the participant contracted HIV. Later blood samples--for various reasons, available for only 138 of the 271 participants--were drawn five to six years later. The researchers used blood samples collected before January 1, 1996, to examine the interaction of the two viruses in this group of individuals before the widespread use of newer AIDS drugs in highly active antiretroviral therapy.

The researchers analyzed survival of the HIV+ men based on whether they did or did not have GBV-C infection in their early blood sample. Using only the early blood sample data, the researchers found that men who had GBV-C did not survive any longer than those who did not. This finding is consistent with previous studies that did not find a survival advantage in early GBV-C infection for HIV+ men co-infected with GBV-C.

Investigators then evaluated survival based on whether the men were still infected with GBV-C in their later blood sample. These MACS findings suggest that the survival advantage associated with GBV-C is evident only for HIV+- men who have long-term infection with GBV-C, and that the previous studies did not find this advantage because they did not consider the duration of the GBV-C infection.

Why men with persistent GBV-C infection survive longer is not known, the researchers say. Dr. Stapleton's studies on cells grown in the laboratory suggest that GBV-C inhibits HIV from growing in human cells. However, the researchers also acknowledge that other factors related to the individual or to HIV might also be responsible for the survival advantage. Previous studies of GBV-C and HIV have shown that people infected with both viruses had slower decline in the number of key immune system cells compared to HIV-positive individuals who didn't have GBV-C infection. The MACS study confirms these findings as well. Dr. Stapleton's team and the MACS study group are continuing this work to help understand why and how GBV-C gives HIV+ men a survival advantage.

Questions remain as to why some of the men cleared the GBV-C virus from their systems and why this was associated with an earlier death. Additional studies could answer these questions and offer new insights on how to control the progression of AIDS.

Researchers at Johns Hopkins University, Northwestern University, University of Pittsburgh, University of California, Los Angeles and Roche Diagnostics are co-authors on the new paper. NIAID is a component of the National Institutes of Health, an agency of the U.S. Department of Health and Human Services. NIAID supports basic and applied research to prevent, diagnose and treat infectious diseases such as HIV/AIDS and other sexually transmitted infections, influenza, tuberculosis, malaria and illness from potential agents of bioterrorism. NIAID also supports research on transplantation and immune-related illnesses, including autoimmune disorders, asthma and allergies.

Reference: JT Stapleton *et al.* Persistent GB virus type C infection and survival in HIV-infected men. *The New England Journal of Medicine* 350(10): 981-90 (2004).

Press releases, fact sheets and other NIAID-related materials are available on the NIAID Web site at <http://www.niaid.nih.gov>.

New Clinical Trial at ACTU

Study: Bone Loss in People with HIV

The study is a Phase II, randomized, double-blinded, placebo-controlled study of once-weekly Alendronate in HIV-infected subjects with decreased bone mineral density receiving calcium and vitamin D. (Alendronate is an FDA-approved drug to treat osteoporosis. Its use in this study is experimental.)

Eligibility:

Men and women 25 years or older (This study is almost full for male subjects, and the ACTU is focusing on screening women for this study.)

DEXA scan (a special X-ray to measure body composition) showing decreased bone mineral density

CD count of 100 or higher

Viral load of 5000 or less

No hepatitis C infection

Currently taking stable HIV medications for at least 12 weeks

Must not have had any bone fractures in the past 6 months

Treatment: The study will provide the following combinations:

Group 1. Alendronate plus a calcium/vitamin D supplement

Group 2. Alendronate placebo (no active drug) plus a calcium/vitamin D supplement. The use of alendronate in the study is investigational

Compensation: Exams, lab tests, and study medications at no cost. \$20 per study visit and \$25 for each DEXA scan while on study. Contact the ACTU (206) 731-3184 and ask for the screening nurse on call.

To see a complete list of clinical trials at the ACTU visit our website at <http://depts.washington.edu/actu> or call (206) 731-3497 and ask for the Outreach Coordinator, Joaquin Perez or Alyssa Spingola RN at (206) 731-8876

Herpes Study at the University of Washington

THE LINK STUDY

Have you heard about The Link Study?

This is a new study being conducted by the University of Washington and the HIV Prevention Trials Unit. These are the people who did past studies such as: Project Explore, Vaxgen, Vision, Be a Hero, and more.

We are currently looking for HIV-negative men who have sex with men and have HSV-2, the virus that causes genital herpes. Many people don't know they have herpes because in a lot of cases people don't develop symptoms, or they don't know how to recognize them. You can come to our office and get tested for HIV and genital herpes free of charge with no obligation to participate in the study. Just give us a call at (206) 520-3800 to set up an appointment.

Recent studies have shown that genital herpes can increase a person's risk for HIV infection by 2 times. This study is looking at how treating genital herpes impacts a person's ability to get HIV. If treating herpes decreases a person's chance of getting HIV, it could have a significant impact on reducing HIV transmissions globally.

Participants are compensated for their time, but more importantly it is a great way to volunteer your time in the fight against HIV.

Please give us a call to set up an appointment or for more information, thank you.

George Froehle, Community Educator. HPTU Seattle

University of Washington, call (206) 520-3800 or Email: froehle@u.washington.edu

For more information on studies in NY and SF call our national toll free number 1-800-464-9063

Do you know that Seattle Treatment Education Program gets over 40,000 hits a month on our Website link to *thebody.com*?

Curious?

Visit us online at www.thebody.com/step/steppage.html

ACKNOWLEDGEMENTS

- Please note that this is not a complete list of all HIV-related treatment information. STEP strives to provide the very latest in HIV/AIDS treatment information, research and drug development information. The most current research directions and antiretroviral drug data are provided throughout the Ezine publications. You will find highlight reports as well as extensive follow-up reports from many of the AIDS research and science conferences on the Ezine. In addition, all STEP quarterly treatment journals are available on our Web site at <http://www.thebody.com/step/steppage.html> or by calling our National Talkline at 1-888-399-STEP (7837). STEP works hard to give unbiased treatment information to all interested parties. If you have comments, questions, suggestions or grievances, please contact step@lifelongaidsalliance.org.

The Ezine producer is Roberto González

Special thanks to the following for contributing written material or editing this publication

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