

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

ASP's Annual Meeting: A Time to Participate, Honor

by Rob Nixon, Communications Manager

Central to AIDS Survival Project's mission—and to its success as a grassroots coalition of, by and for people living with and affected by HIV/AIDS—has been the commitment of our members, staff, board, volunteers and supporters to work together to improve the quality of life for everyone this epidemic has impacted. Nowhere is this commitment more evident than at ASP's Annual Membership Meeting.

This year's annual meeting will take place in the Bruce Almond Community Room at our offices at 139 Ralph McGill Boulevard in Atlanta on Monday, September 26. We will begin with a very sociable opening reception at 5:00 p.m. (food and beverage provided), with the annual meeting and board elections beginning about 6:00 and lasting until about 7:30.

The meeting portion will also be the time to introduce the nominees for the annual John Kappers AIDS Community Service Awards and make the presentation to the winner. This is the highest award granted by this agency. It is accompanied by a \$1,000 honorarium, provided every year by the Atlanta AIDS Partnership Fund of the Community Foundation for Greater Atlanta and United Way of Metropolitan Atlanta. The honorarium will be donated to the award recipient's AIDS service organization of choice. Nominees are those considered to be knowledgeable and vocal on vital HIV issues. Individuals who have contributed to the HIV/AIDS community a significant amount of time and/or money to support the self-empowerment of individuals infected with or affected by HIV are also considered. These nominated individuals must have utilized their energy and resources to ensure a better quality of life for those in the HIV community through advocacy, education, support services or treatment facilitation. The award is named for the late John Kappers, a founder and former board president of AIDS Survival Project, whose tireless work helped to shape the provision



of AIDS services in the early days of the epidemic. Profiles of the winner and the nominees will be published in the next issue of *Survival News*, along with a recap and photos of the meeting for those who could not attend.

But we hope you do! Not only is this a great way to gather with others committed to this cause, but it is also a chance to be an active participant in the governance of this organization. ASP is proud of the fact that we are unique in having our members (i.e., anyone who is HIV+) elect our board. ASP's bylaws state that the board of directors shall consist of no less than 50% individuals living with HIV. This

year, we have five board members up for reelection and three new people eager to serve the organization. Profiles of each of the candidates begin on page 2, and a mail-in ballot is available on the inside back cover. If you cannot attend the meeting, please fill out the ballot and return it to our office no later than Friday, September 23, so that your voice will be heard. Those planning to attend the meeting will be able to fill out a ballot in person at the event.

We thank you for your participation and support and look forward to seeing you at the meeting. For more information, please call our office at (404) 874-7926. 



Past winners of the John Kappers AIDS Community Service Award include Larry Lehman (2003, left) of AID Gwinnett and Dorothy Ziemer (2004, right) of the Grady IDP.



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2005-2006 Board Candidate Profiles

New Candidates for the Board

William J. (Bill) Golden

Bill is originally from Long Island, New York, but now considers himself a Southerner, having been in Atlanta for 26 years. He has been a realtor here for 18 years and has a bachelor's degree in Business and Psychology, which has proven to be a helpful combination in both his professional and non-work life through the years. "I've been dubbed 'The Gay Mayor of Atlanta' by some of my friends, as I can't go anywhere without seeing someone I know. That's one of the things I love most about Atlanta; although it's a relatively big city, it's small enough to feel like a community. I live with my partner Drew Plant, who has been a major inspiration for me in terms of community service, and our dog Sadie, and cat Zena. I have been HIV+ for almost 20 years now and have been in and around ASP since it was part of NAPWA in a little house on 12th Street. I originally came to a support group, and then became a peer counselor for a while. I've also done volunteer work for ARCA, Project Open Hand and several other nonprofits over the years. ASP, however, has always been the organization I feel most connected to. The level of commitment—of the agency as a whole and of its staff and top-flight volunteers—that I've witnessed over the years has always astounded me. At this point, I'm feeling the need to give back in a more structured way, and being of service at the board level seems like a great fit at this point in my life."

Philip Montgomery

Philip is a native of Alabama, has three brothers and comes from a family of teachers, lawyers and businessmen. He began his Georgia life as a student at the University of Georgia. School teacher, guidance counselor, administrator and educational consultant are the positions he has held over the years. He is a world traveler, avid reader and chocolate lover. "My major reason for desiring to serve as member of the ASP Board of Directors is for 'pay-back.' In 1996, it was my good fortune to begin a very beneficial relationship with ASP as a participant in a *THRIVE! Weekend*. By participating in *THRIVE!* and various other programs of ASP over the years, I have learned to deal with the many issues, problems and variety of choices an individual with HIV must confront. Through self-empowerment, I have taken control of my life and assumed responsibility for my own well-being and happiness. I am now ready to devote my time and energies to the mission of ASP: "... promoting self-empowerment and enhancing the quality of life for HIV affected individuals."

Dr. Barbara J. Rubin

Barbara received her doctoral degree from the

School of Psychology at the Florida Institute of Technology in Melbourne, Florida, in 1987, and is licensed as a psychologist in Georgia and Florida. She has served as the Fulton County Superior Court's Family Division psychologist and Vice President for Clinical Services at two Florida psychiatric hospitals. She is a member of both the Georgia and American Psychological Associations. Dr. Rubin also maintains a private practice in the King Plow section of midtown Atlanta, where she provides counseling, psychological and custody evaluations and forensic consultations. A particular area of specialization is consultation with pre- and post-operative transgendered individuals and their families. "When I first relocated to Atlanta in 1997, I attended *THRIVE! Weekend* at the suggestion of Jeff Graham to learn the breadth and depth of services available to those affected and infected by HIV. I was quite impressed with the menu of information sessions available to those in attendance, as well as the high caliber of medical and other health-related professionals who led talks on a variety of specialty areas. As a psychologist, I was also glad to see a peer counseling component that gave attendees the understanding that addressing the personal impact of HIV was a critically important variable in living and 'thriving' with this disease. You could say I became a fan of ASP from the get-go. Nearly a year ago, I was offered the opportunity to become the facilitator of the women's HIV support group. This has been an extremely gratifying experience and a chance to give back my time and talents in a more direct and personal manner. As I have told many friends and colleagues, stepping in as facilitator is an honor and without doubt the best part of my week. I see being a part of the ASP board as yet another means to give back to the HIV community."

Current Board Members Standing for Re-Election

Michael Baker

Michael was born and raised in upstate New York. Upon coming out publicly (by going to his senior prom with his boyfriend) at 16, he made the fight for GLBT equality one of his top passions. Since then, he has been involved in the political fight for equality by serving on several local political campaigns, including those for Mayor Shirley Franklin and State Senator Sam Zamarripa. Michael has served on the AIDS Survival Project board of directors for the past two and a half years. He lives in Decatur with his partner, Mark Parker. "Being on the board of AIDS Survival Project is one of my proudest experiences, and I dedicate my efforts to my Uncle Richard, who died of AIDS-related complications in 1987. I hope someday to have children and soon to learn to can pickles like Martha Stewart. In the

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SurvivalNews

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Georgia ADAP Update



During the 2005 state fiscal year, which ended on June 30 of this year, a total of \$41,342,355 was spent on Georgia's AIDS Drug Assistance Program (ADAP). Of this, approximately \$11.3 million came from the state of Georgia, with the remaining funds coming through our federal ADAP appropriation and contributions from both of Ryan White Title I and II grantees. A total of 6,049 people are enrolled in the program, with some 4,159 people requesting support each month. Without ADAP these people would have no other source to pay for their medications.

These numbers alone prove how important our ADAP program is in terms of protecting health and saving lives. By now, most people within the HIV community understand this. However, ADAP constantly teeters on the brink of financial crisis. It's very difficult to get decisionmakers to focus far enough in advance to avoid problems.

Take, for instance, the topic of Fuzeon® and ADAP. When Fuzeon was first approved in March of 2003, Georgia was not prepared for the added expense of this medication. Therefore, the state initiated a waiting list for it.

The board of Georgia's Department of Human Resources knew this was a problem, but decided not to ask the Governor to put additional funds for Fuzeon in his budget request. By the time the legislature met in January, that waiting list had grown to almost 40 people. It should be noted that Fuzeon is an important therapeutic option for those who have shown resistance to most other medications.

Thanks to the hard work of people around the state, an additional \$500,000 was allocated by the Legislature to eliminate the Fuzeon waiting list. Those funds were to cover 39 people and become available on July 1. By that point, the waiting list had grown to over 60 people. Even with these new funds, there will remain a waiting list of between 20-40 people for the next year when the next state budget starts.

In fact, we anticipate needing an additional \$2.6 million in the state ADAP budget for the 2007 state fiscal year to keep the program open without a

waiting list. This is the time of year that the board at DHR finalizes their requests and submits them to the Governor's office. If you'd like to lend your support for increased ADAP funding, please send a letter to the Governor at:

The Honorable Sonny Perdue
Office of the Governor
111 State Capitol SW
Atlanta GA 30334-0900

Medicare Update

Starting later this fall, individuals who are on Medicare will need to begin enrollment in the Medicare Prescription Drug benefit, also known as Medicare Part D. On page 5 of this issue, you'll find an article that describes some of these changes. What people don't know is that for an estimated 1,200 Georgians on ADAP, their out-of-pocket cost for medication will rise from nothing to between \$5,500-\$6,000 a year starting in 2006. AIDS Survival Project has begun educating people on this important change, but only you can educate members of Congress on how these changes will affect your life. For many people, the drug benefit will be of critical assistance. Unfortunately, for many others, the costs will be so high that they will struggle to make ends meet. Also, people who qualify for Medicare will have limited opportunities for financial assistance from other government programs.

It is important that everyone who has problems or concerns with the new Medicare Prescription Drug benefit share your stories and thoughts

with your member of Congress. If you remember, this legislation was passed in the fall of 2003 on the recommendation of the White House and Congressional leaders with very little input from Congress as a whole. Advocates have been urging Congress for months to pass new legislation to amend the Prescription Drug benefit to make it easier on middle-income folks earning between \$14,355 and \$30,000 a year. Individuals making less than this can qualify for the low-income subsidy.

However, Con-

gress has been reluctant to consider any new legislation until the program rolls out starting on January 1, 2006. This is why staying in contact with your representative and senators is so important. Ideally, Congress would act this fall to issue a temporary stop-gap measure that would allow individuals on Medicare who also receive benefits through either Medicaid or ADAP to keep their current coverage through the anticipated six-month transitional period, rather than losing coverage overnight. If Congress fails to enact such legislation this fall, then they must be prepared to act quickly after the first of the year if major service disruptions occur.

You can find contact information by visiting the AIDS Survival Project web site at www.aidssurvivalproject.org.

Final Campaign Update

After months of preparation, the Campaign to End AIDS is coming to a community near you! Over the summer, local host committees began meeting in Macon, Columbus, Augusta, Savannah and Atlanta to plan for activities to coincide with the stops of the two caravan routes running through Georgia on their way to Washington, D.C. Local events will take place Saturday to Monday, October 1-3. Schedules are still being finalized as this issue goes to print, so please be on the lookout for more information as the date gets closer.

For those of you wishing to join the caravan to travel from Georgia to D.C., you will need to contact me directly at JGraham@aidssurvivalproject.org. Please note that each individual traveling on the caravan will be responsible for raising \$500 towards the cost of the caravan. Donations may be secured through friends and local businesses. A limited number of scholarships will be available through AIDS Survival Project, with preference being given to those people who have actively worked to raise funds or organize local events.

For others wishing to participate in the D.C. days of action and awareness, you'll want to check the campaign web sites for the latest schedule updates. You do not have to join a caravan to participate in the D.C. days of action and awareness between October 8 and 12. The D.C. events will kick off around noon on Saturday, October 8, with a welcome celebration lasting most of the afternoon. Various events from prayer breakfasts to Congressional visits to affinity group demonstrations will then take place from the 9th through the 11th. Please note that if you are unable to travel with the caravan, you will need to make your own arrangements for travel and lodging. Low-cost community lodging should be available, but details have not yet been released. **X**





Frying Fish and Celebrating a "Hero"



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

Volunteer Appreciation Fish Fry, September 24!

Please come join us for good food and a lot of fun on Saturday, September 24, at 4:00 p.m. For location and more details, please call or e-mail me. RSVP required by Friday, September 16.

What's Going On with Volunteers, Members and Staff

Marcy Gullatte Owens is a "Hero"! On Friday, July 15, Marcy received the AIDS Foundation of St. Louis' Red Ribbon Award. For the last three years, the AIDS Foundation of St. Louis has honored a number of "Heroes" who have changed the face of AIDS. This year, 16 "Heroes" were honored during the Red Ribbon Awards event, held at the Contemporary Art Museum in St. Louis, Missouri.

Marcy has done so much in the fight against HIV/AIDS; it's great to see her contribution recognized. Marcy wanted everyone to know how grateful she is to have our support. She refers to the Red Ribbon Award as "a testimony, honor and tribute to all those who have showed me the ropes, caught me when I stumbled, loaned me their support and cheered with me as we saw exciting and positive change happen in our community (local, state, national and global)." With the help of others, Marcy

**Our "Hero":
Marcy Gullatte Owens**



continues to uphold her motto: "Working to effect change towards a healthier global community." Congratulations, Marcy!

Welcome Jasmine (Jazz) Konn, Our Newest Intern!

Here are a few words from **Jazz**:

Hi, everyone! First and foremost, I'd like to say how very excited I am to be here, and to extend a "thank you" to everyone for making my first few months at AIDS Survival Project welcoming and fun.

I am about to enter my senior year at Emory University, where I major in Biology and minor in Sociology. AIDS awareness and advocacy have always been causes I've tried to involve myself in, and as I hope to be a physician within the next few years, I greatly appreciate the amazing opportunities I have, the remarkable people I meet, and the vital information I learn through ASP. Currently, I also work for Emory's KHARMA (Keeping Health and Active Relationships with Medication Adherence) Research Project, and am a member of Health Students Taking Action Together.

It's been so rewarding to devote an entire summer to volunteering and learning! I can't wait to start the new year so that with the help of ASP and HSTAT (and armed with lots-o'-condoms,) I can help increase awareness and advocacy within the collegiate community.

If you haven't visited us lately, stop by and say hello! I love meeting new people!

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

In September:

- | | | |
|-----------|------------|------------|
| George B. | Tracy B. | Jeff G. |
| Scott H. | Bill H. | Bill L. |
| Roy H. | Sam L. | Jeffrey M. |
| Connie M. | Phillip S. | Peter S. |
| Mark T. | Charles W. | Van C. |
| Ricky P. | Daniel V. | Victor T. |

In October:

- | | | |
|------------|-------------|------------|
| Michael B. | Golden B. | Greg C. |
| Carmen G. | Ernie E. | Don H. |
| Doug M. | Phillip M. | Russell O. |
| Juan R. | LaShonda S. | Danny S. |
| Thomas S. | Eddie Y | Tim B. |
| Mimi D. | | |

Annual Membership Meeting and Board Elections

The ASP Annual Meeting, including board elections and the John Kappers award presentation, will

be held on Monday, September 26. This is your chance to play an important part as a member of the organization. Anyone who is HIV+ may vote for new board members, 50% of whom must also be HIV+. So join us for a fun evening and make your vote count. Please call the ASP office at (404) 874-7926 for more information.

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

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Medicare's New Prescription Drug Coverage

Medicare, the nation's health insurance program for people age 65 and over and some persons with disabilities, is changing. It is important for people with Medicare to understand these changes in order to make a more informed decision about their healthcare.

What is new in Medicare?

Medicare now offers more preventive benefits, prescription drug coverage beginning January 1, 2006, and new private health plan options.

The most important change in the new law is the benefit to help people with Medicare with their prescription drug costs.

The first step of this help is the Medicare-approved drug discount card. This is a temporary program to help people with Medicare until prescription drug coverage is available January 1, 2006.

People with Medicare can still obtain a drug discount card by working with community organizations, calling 1-800-MEDICARE or going to Medicare's www.medicare.gov web site to apply for a discount card.

If you have Medicare and have HIV/AIDS, you need to know:

- Starting January 1, 2006, Medicare prescription drug coverage becomes available to everyone with Medicare.
- You may qualify for extra help paying for your Medicare prescription drug costs.
- All Medicare prescription drug plans will cover all antiretroviral medications.
- Even if you don't qualify for extra help, you should join a Medicare prescription drug plan by May 15, 2006, to pay lower premiums.

What is a Medicare prescription drug plan?

Medicare prescription drug plans provide insurance coverage for prescription drugs. These plans will be offered by insurance companies and other private companies. Plans will cover both generic and brand-name prescription drugs. At least two Medicare prescription drug plans will serve people in your area. You can choose the plan that meets your needs.

There are two types of Medicare prescription drug plans. There will be prescription drug plans that add coverage to the original Medicare plan. There will also be prescription drug coverage that is part of Medicare Health Plans (like HMOs and PPOs). You would get all of your Medicare health care through these plans.

Key Point!

Everyone with Medicare is eligible for this coverage regardless of income level and resources, pre-existing conditions or current prescription expenses. Extra help is available for people with limited income. Call 1-800-MEDICARE or go to Medicare's www.medicare.gov web site for further information.

Haroun Habib is a MORE Summer Fellow intern with the Centers for Medicare & Medicaid Services, and presented at the ASP Healthy Choice = Healthy Lives forum on Medicare changes, July 19. He can be reached at haroun.habib@cms.hhs.gov.

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InfectedAffectedNegativePositiveLongTermSurvivorNewlyDiagnosedInfectedAffectedNegativePositive

AIDS SURVIVAL PROJECT

THRIVE!

W E E K E N D

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

2005 THRIVE! Weekend Dates
September 17-18 November 12-13

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

- Positive Beginnings
- Being Your Own Advocate
- Issues For Long Term Survivors
- Womens HIV Medical
- Safer Sex
- Antiretrovirals
- Family Friends Caregivers
- Clinical Trials
- Disclosure
- Social Security
- Dental Care
- Substance Use
- Safer Using
- Food Safety
- Legal
- HIV Overview
- Nutrition
- Opportunistic Infections
- From Survive To THRIVE!
- Complementary Therapies

InfectedAffectedNegativePositiveLongTermSurvivorNewlyDiagnosed

InfectedAffectedNegativePositiveLongTermSurvivorNewlyDiagnosed

InfectedAffectedNegativePositiveLongTermSurvivorNewlyDiagnosedInfectedAffectedNegativePositive



TREATMENT

What? Me Worry?

Or, Why Laughter Really May Be the Best Medicine

As the facilitator of ASP's Women's Support Group, I have been blessed to have been introduced to many courageous, spirited individuals who face adversity with such grace. What I've noticed even more is their ability to laugh about aspects of their lives despite some significant challenges that sometimes present themselves. It's reminded me how much humor has positively affected my own life. I think laughing at myself is probably one of the things I do best. Brings things into perspective. After all, you just can't maintain an intense outlook all the time.

I remember in my very serious, highfalutin job as a court psychologist, I was about to administer psychological testing to a rather defiant parent who resented the fact that she was ordered by the court to be evaluated. After our interview, I told her I wanted her to take the test I'd explained earlier and that I was now going to leave the room. I came back a while later to find a note on the table and the defiant parent nowhere to be found. The note read, "You told me to take the test. I did. I took it with me and left. And I'm not coming back to this place." That had to be one of the funniest experiences in my professional career. So much for me and my serious, highfalutin job. As you can tell, this hysterical incident didn't kill me. It actually made me do my job a lot better by explaining testing direc-

tions a bit more carefully.

Another humorous moment comes to mind. I remember the day I received my diagnosis of breast cancer a few years ago. I was sitting in the waiting room at the oncologist's office when suddenly, I heard my name called. You know the way they do it... with that question mark at the end of it. You know what I mean. "Barbara Rubin?" Like maybe they weren't sure it was really my name or something, and were going to make me to confirm it was really me.

I sat there, looking around at all the people in the massive waiting room. Again they called out, "Barbara Rubin?" The first thing that popped into my head was how ironic it was that there was another Barbara Rubin there, waiting to be called in to hear her "good news," too. Gosh, I just couldn't believe what a weird coincidence that was. Then I realized... my brain had not been able to wrap itself around the idea that it was my name, me they were calling out to. On my way down the creepy hallway to the examining room, along with the fear, I remembered the pure joy at being able to laugh out loud, even though I also knew I was just moments from a dreaded conversation with my doctor about things like "prognosis" and "recurrence rate." It's almost like the humor helped me "clear the deck" so I could pay attention to the next conversation.

Sure, it was breast cancer and all, but the diagnosis wasn't going to be any different if I let myself laugh just a bit before getting down to the "heart to heart" with my doctor.

It is absolutely true that in the face of adversity and with the variety of challenges each of us manages each day, there is always room for humor. Will you be negating the actual challenge before you if you turn on a Lucy rerun and laugh your head off before your next doctor's appointment? No. Not one bit.

I always thought doctors' waiting rooms should toss out the US News and World Report and have only joke books, or video loops of old Abbott and Costello shows running nonstop (especially the "Who's On First?" routine). Don't you agree? We could turn the entire medical community on its head if we made that happen. I guarantee we'd bolster our immune systems, have a more positive outlook and make better healthcare decisions if we managed our anxiety with a healthy dose of humor. Taking yourself so seriously is not all it's cracked up to be.

Go in peace and laughter.

Barbara Rubin is a psychologist in private practice in the King Plow section of Atlanta. She can be reached at DrBRubin@aol.com. ♂

2005-2006 BOARD CANDIDATE PROFILES, CONTINUED FROM PAGE 2

meantime, I will continue to serve AIDS Survival Project as long as the membership allows me to."

Craig Eister

Craig has lived in Atlanta for 11 years and works with the InterContinental Hotels Group in Pricing and Revenue Management. He is a graduate of Duke University and the University of North Carolina at Chapel Hill, where he began getting involved with AIDS prevention through volunteer work at the Duke Infectious Disease Clinic. While in Atlanta, Craig has served for five years on the board of the Atlanta Team Tennis Association, which raises money every year for many charities (including ASP) through tournaments and fundraisers such as the fabulous annual Variety Show. Craig has volunteered regularly with Project Open Hand and holds an annual Academy Awards fundraiser which in the past has benefited POH and ASP. For the past two years, Craig has also served as a Community Affairs Ambassador for the InterContinental Hotels Group, serving as Chair for the company's AIDS Walk and Pet Parade Teams. His hobbies include tennis, writing fiction, his dogs, independent films and travel. "While I

enjoy my career, I am passionate about volunteering and serving the community, feeling that the most important thing you can accomplish in life is giving back to others. I've been a longtime fan of ASP and its mission, and it is an honor to be considered for a position on the AIDS Survival Project board. I am indeed grateful for the opportunity."

James Powell

James is originally from California and moved to Atlanta five years ago with his job as audit senior manager with KMPG, a large accounting firm. Away from work, he enjoys traveling, hiking, reading, working out, rollerblading and spending time with his dog, Roxy. He enjoys living in Atlanta, but he also likes getting back to California as often as possible to see his parents, two sisters and six nieces and nephews who adore their Uncle James. "I came to my first ASP meeting at the request of a current board member. I recently rolled off the board of directors of another not-for-profit organization and I wanted to find an organization that I could contribute my time and energy. While I did not know much about

CONTINUED ON NEXT PAGE

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

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 Phone: (404) 659-AIDS
 Toll-Free: (888) 874-4845

Are Your Hands Clean?

September is National Food Safety Education Month®, an annual campaign designed to heighten consumer awareness about the importance of food safety education. Developed by the National Restaurant Association Educational Foundation's (NRAEF) International Food Safety Council, a new theme is presented each year that reinforces proper food safety practices. This year's theme is "Keep Hands Clean with Good Hygiene." While this advice may seem elementary, some people obviously need reminding, because unwashed hands are a primary cause of foodborne illness.

While some causes of food-related diseases are beyond our control, we can control our personal hygiene and handwashing is the single most effective way to prevent foodborne illness. Motivation to perform this simple task may be heightened if you consider that disease-causing microorganisms (*E. coli*, hepatitis A, infectious diarrhea) can be found on almost any frequently touched surface (door-knobs, telephones, keyboards, grocery carts, etc.). A situation as simple as touching a contaminated surface and then preparing a sandwich could result in illness. Therefore, always wash your hands before preparing or eating a meal or snack. Conversely, germs can be transmitted from foods to your hands or other foods, so always wash your hands before, during and after handling raw meat, chicken, seafood or eggs.



If you think handwashing does not warrant instruction, think again. Because you cannot see the germs that can make you sick, thorough handwashing is the only way to assure that your hands are clean. So, the next time you step up to the sink, consider the following simple steps.

- Wet hands with warm water and apply liquid or clean bar soap.
- Rub hands vigorously together and scrub all surfaces. Remember to wash the backs of hands and fingers, in between the fingers, tips of fingers and the palms.

- Continue for 20-30 seconds or about the length of a little tune (for example, the "Happy Birthday" song).
- Rinse well.
- Dry hands with a clean paper towel.
- Turn off faucet with towel.

Sadly, it is estimated that one out of three people do not wash their hands after using the restroom¹. If you are one of the diligent handwashers, keep up the good work! But, if you typically bypass the soap and water because your hands don't "look dirty," let me remind you that some pretty serious diseases may be averted simply by washing your hands. Remember, people with compromised immune systems are at the greatest risk for obtaining a foodborne illness. So, for individuals living with HIV/AIDS, handwashing is the easiest and most important thing you can do to prevent getting sick.

I encourage you to check out any of the numerous Internet resources that provide food safety education, or simply call ATI for more information at (404) 659-2437. Take matters into your own hands and learn how to protect yourself from foodborne illnesses. 

¹ Centers for Disease Control and Prevention. National Center for Infectious Diseases. "An Ounce of Prevention: Keeps the Germs Away." Available at www.cdc.gov/ncidod/op/handwashing.htm. Accessed July 14, 2005.

2005-2006 BOARD CANDIDATE PROFILES, CONTINUED FROM PREVIOUS PAGE

the mission of ASP, after meeting with other board members and the executive director, I knew this was an organization with which I wanted to and should get involved. The board was looking for a new treasurer, so my financial background was something that could be put to good use at ASP. It all seemed to be a perfect fit and before I knew it, I said yes to serving on the board."

Jill Royer

Jill has worked in a variety of medical and community sectors across the globe over the last 20 years, from the clinics and homes in the bush of South Africa to the City of Atlanta's public school system, local churches, clinics and community organizations. Today, she continues to foster her work done in South Africa, including several ongoing projects, while also participating in a variety of arenas as a motivational and educational speaker, where she shares her knowledge, experience, revelations and inspirations of life, living and a disease called HIV/AIDS. Jill is a graduate of the University of Alabama, Birmingham. "I love AIDS Survival Project for its outstanding long-term commitment and tireless advocacy efforts, as

well its individual support for all people living with HIV disease."

Barron Segar

Barron is the executive director for the Southeast Chapter of the U.S. Fund for UNICEF, which supports child survival, protection and development in 158 countries worldwide through advocacy, education and fundraising in nine states. Prior to joining UNICEF, Barron served as the Director for Development for Georgia Public Broadcasting, where he had management responsibilities for \$8.5 million in development activities. He and his team set an organizational fundraising record there. Before joining public broadcasting, he worked at Bank of America for ten years and was a regional vice president with management responsibilities for 26 banking centers. Outside of UNICEF, he is a founding board member of the Elton John AIDS Foundation, where he serves on an executive team that has distributed more than \$50 million in America and internationally. He also currently oversees the Foundation's top revenue-producing affinity product. Barron also serves on the advisory board of Project Open Hand and AIDS

Survival Project. He is a lifetime member of the Metro Atlanta Chamber of Commerce and serves on the CDC Foundation's Board of Visitors. He is a past board member of the Women's Economic Development and AID Atlanta, and fund advisory member for the Community Foundation for Greater Atlanta. Barron was in the Leadership Atlanta Class of 2000. 

MEDICARE, CONTINUED FROM PAGE 5

AIDS Survival Project, with the support of an educational grant from Pfizer Pharmaceuticals, will be sponsoring a forum on finding the right Medicare Prescription Drug benefit for you. The date has not been set, but will take place in late October or early November. We also have information at our office and on our web site at www.aidsurvivalproject.org to help explain the changes to Medicare and how they will impact you. Please contact us at (404) 874-7926 for information on the upcoming program or if you have questions about Medicare. 





If You Don't Like *This* Fundraiser...

To paraphrase what Mark Twain once said about the weather in New England: If you don't like *this* fundraiser, just wait a minute!

Pride in the Park

Thanks to Share (that's *Share*, not *Cher*), ASP benefited from important activities during the Atlanta Pride Celebration in Piedmont Park, June 25-26. Under the direction of AIDS researcher Dr. Seth Kalichman, Project Director Chauncey Cherry and Project Manager Howard "Dino" Pope, Share Project conducted a survey on AIDS prevention behaviors at our booth in the Pride Market, and in the process raised an astounding \$4,350 for ASP! Our heartfelt thanks go out to the Share Project staff for making this Pride such a successful fundraiser.

STIR IT UP!

By the time you read this, "STIR IT UP! A Tribute to Jeff Graham and Benefit to Support AIDS Survival Project's Advocacy Efforts," will have taken place on Sunday, August 14, at the Trolley Barn. Look in the next issue of *Survival News* for photos and a review of this tribute to our illustrious leader!

Coming Soon! The 15th Annual AIDS Walk

Let's clear up any confusion right now: every penny you raise for AIDS Survival Project's AIDS Walk team goes directly to ASP. Plus, as a benefiting organization, we are eligible to receive a portion of the general proceeds raised by the event as a whole (after expenses, of course). From a fundraiser's point of view, this is an incredibly easy way to raise much-needed funds for the agency to cover those expenses that must be incurred but that foundations and government entities won't give us a dime for—such as *Survival News*! This publication costs us roughly \$45,000 a year to publish and distribute, yet we only receive less than \$7,500 in direct support.

Please consider joining our AIDS Walk team—it's easy. Just go to ASP's web site at www.aidssurvivalproject.org or to the AIDS Walk Atlanta web site at walk.aidatlanta.org and sign up for our team. Or if the web is not your thing, let us know you want to be on our team and we'll be happy to sign you up.

Think of it—if every one of you reading this publication raised just \$5 for our team, we'd have over \$15,000. If you raised another \$5 from your

closest friend or family member, we'd have \$30,000—every penny of which would go di-

rectly to this important and informative publication. Final note: make all checks payable to "AIDS Walk Atlanta," but BE SURE to label all donations with our team name, AIDS Survival Project, and team number, 1006.

Second Annual Halloween Affair: Circus Circus

On Friday, October 21, \$50 will get you into a fundraiser unlike any other AIDS Survival Project has ever produced. For sure, there will be fabulous munchies and cocktails. And of course, a silent auction full of fun and some hard-to-get items (let's just say Tammy Faye Bakker and Bono are involved). But the centerpiece will be live performances by Atlanta's premier burlesque troupe, the Dames Aflame, accompanied by the stellar music of live band Kingsized, all wrapped up in the incomparable and one-of-a-kind (in Atlanta, at least) venue, The Moulin Rouge at Paris on Ponce. Burlesque dance, bawdy jokes, feats of daring-do, fire juggling, fortunetelling and costumery befitting Mardi Gras, Las Vegas and the real Moulin Rouge will all be called into service as we present a burlesque circus unlike any other Atlanta has ever seen. For details, just see the ad elsewhere in this publication, or go to our web site at www.aidssurvivalproject.org/donate/specialevents.html for info on how to buy tickets. 

EMORY UNIVERSITY SCHOOL OF MEDICINE

For people newly infected with HIV

The Emory AIDS Clinical Trials Unit needs volunteers for a 96-week clinical research trial to study whether it is better to immediately start anti-HIV medicines after a person has been newly infected with HIV (within the last 6 months) OR if it is better to defer treating HIV. It currently is not known if starting HIV medicines early is of any benefit. One group of people will receive anti-HIV drugs that are FDA-approved for 9 months and another group will not receive the anti-HIV drugs unless it is found to be medically necessary. The anti-HIV drugs will be provided free of charge for 9 months.

ARE YOU?

- HIV-POSITIVE AND 18 YEARS OF AGE OR OLDER
- INFECTED WITH HIV WITHIN THE LAST 6 MONTHS
- HAVE HAD A NEGATIVE OR INDETERMINATE HIV TEST WITHIN THE LAST 6 MONTHS
- CD4 COUNT > 350 AND AN HIV VIRAL LOAD > 500 COPIES
- HAVE NEVER TAKEN ANTI-HIV DRUGS

The FDA-approved drugs Kaletra, Emtriva and Viread will be provided by the study free of charge.

For more information, call

Dale P. Maddox, LCSW at (404) 616-6333

Ponce IDP Center, 341 Ponce de Leon Avenue 3rd Floor
Atlanta GA 30308



Hi! My name is Trea Caldwell, and I am thrilled to be the new Development Assistant at AIDS Survival Project. The Development Department is responsible for all fundraising activities at ASP. I have been in the field of development for four years, and my commitment to social justice work really motivates my fundraising capabilities. After volunteering with the Development Department at Agnes Scott College, where I got my BA, I moved to Seattle, Washington, and started my career with Atlantic Street Center, a community-based social service agency that helps families and communities raise healthy and successful children and youth through mental health counseling services, family support and youth development programming. In February 2005, I moved back to Atlanta to be closer to my family. I live in Virginia Highlands with my three cats. I am honored to be a part of such a stellar organization, and I look forward to using my professional gifts to support ASP's programs. My introduction here to all you Survival News readers is brief—I'm busy with a lot of great fundraising projects and special events (see adjacent article), and I hope to meet you all at many of them.



Advocacy Takes a Spin on the Dance Floor

On Friday, June 17, the Dance to End AIDS benefit at the Little Five Points Community Center raised about \$1,000 for scholarships to help individuals participate in the large-scale national action, the Campaign to End AIDS (C2EA).

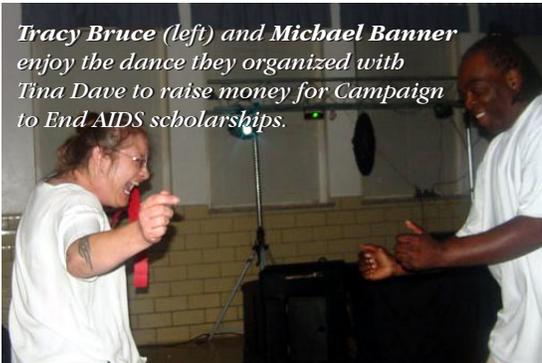
C2EA is a broadbased grassroots coalition mobilizing people infected with and affected by HIV/AIDS in communities throughout the U.S. to push for an increase in the level of governmental action and individual participation in civic action to end AIDS as a pandemic in this country and around the world. We have the tools necessary now to end the spread of HIV: proven prevention methods, including condom use; widespread testing so that everybody might know their status; excellent medical care with medicines to keep viral levels low and CD4 counts high. We can even, with proper medical supervision, bear a child that is HIV-negative. C2EA's

to bring this fun event together, which was attended by nearly 35 people. DJ services were provided by Century Entertainment and what a wonderful job they did! The place was hopping with great dance



Dancing to End AIDS at the Little Five Points Community Center, June 17.

Tracy Bruce (left) and Michael Banner enjoy the dance they organized with Tina Dave to raise money for Campaign to End AIDS scholarships.



music all night. We wish to thank Boehringer Ingelheim and Roche Pharmaceuticals for their generous donation of food for the event. We also wish to recognize the following businesses in the L5P district who donated cash for the cause, or gift certificates or merchandise for raffle: Best Buy, Kim Coggins of Tease, Houseworks, Soul Kiss, Justin Adams from Best Buy, Savage Pizza and Crystal Blue. Without their generous contributions, it might just have been another junior high sock hop.

To learn more about C2EA and find out how you can become a part of this historic campaign, visit their web site at www.endAIDSnow. Also, please see **Jeff Graham's** article on page 3.

mission is to be sure the government uses all the resources at its command to make the end of AIDS a reality.

Starting in late September, riders from around the country will kick off the national campaign, boarding buses, cars and vans. Caravans start at nine different points around the country, stopping along the way for media events and to pick up more riders. They will all converge on Washington, D.C., on Saturday, October 8, for "Five Days of Action to End AIDS." Rallies, demonstrations, marches and legislative visits are planned for those five days. This convergence will be the basis for a multi-year campaign to actually end AIDS as a social crisis, and speed the day of conquering it biologically, as well. With the help of the scholarship money raised by the Dance to End AIDS, ASP will be able to assist people to join the caravan who do not otherwise have the financial means to do so.

Tina Dave of Grady IDP, **Michael Banner** of Our Common Welfare and I worked



ASP board president Susan Cornutt and her husband Drew.

The LiveWell Fund

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

Platinum LiveWell Sponsors

(\$10,000 - \$20,000)

The Mitchell Foundation

Gold LiveWell Sponsors

(\$5,000 - \$9,999)

Pride Medical

Silver LiveWell Sponsors

(\$2,500 - \$4,999)

Lee Anisman, M.D.

Maureen Kelly

Fundacion Hernandez Velez

Bronze LiveWell Sponsors

(\$1,000 - \$2,499)

Brent Adams

Russell Beets

Tammy Belcher & Angela Vick

Kenneth Britt

Dr. & Mrs. Bunnan/The Lubo Fund

Joan F. Campitelli

Susan & Drew Cornutt

Stuart Fowler/Stam Topol & Assoc.

Richard Glass

Jeff Graham & Peter Stinner

Bill Harris

Roy Hill

Susan Levy

David Morris, M.D.

Roger Park

Judy Rosenquist, M.D.

Barron Segar & Charles Potts

Larry Sheldon & Len Greenough

Thomas Sparkman, D.D.S.

Spencer Waddell

Edward Young

U.S. Food and Drug Administration OKs Generic AIDS Combo Drug for Overseas. On Friday, July 8, the U.S. Food and Drug Administration tentatively approved the Indian drug firm Aurobindo Pharma's lamivudine-zidovudine combination pill, a generic copy of GlaxoSmithKline's Combivir®, for use in President George W. Bush's five-year, \$15 billion Emergency Plan for AIDS Relief (PEPFAR). "This product is a critical part of the arsenal in the global fight against HIV/AIDS," said Health and Human Services Secretary Mike Leavitt, who noted that the drug is the first generic combination AIDS pill approved for PEPFAR. Tentative approval means the drug meets the FDA's safety and efficacy standards, but cannot be sold in the United States due to patent or exclusivity constraints. Aurobindo Pharma has had several other AIDS drugs approved for PEPFAR.

Review Substantiates Concerns at U.S. AIDS Research Agency. On Friday, July 1, the National Institutes of Health formally fired Dr. Jonathan Fishbein, a private sector safety expert hired in 2003 to improve the safety of its AIDS research. Fishbein had raised concerns about the AIDS research division and its senior managers. NIH terminated Fishbein despite an internal review that substantiated many of his concerns and over objections by Sens. Charles Grassley (R-Iowa) and Max Baucus (D-Mont.)—the top members of the Senate Finance Committee—that the firing represented NIH retaliation against a whistleblower. Fishbein alleges that he was let go because he raised questions about several studies and filed a formal complaint against a division manager claiming sexual harassment and a hostile workplace. The Associated Press has previously reported:

- One of NIH's AIDS studies in Africa violated federal safety regulations
- Senior NIH managers engaged in sexually explicit pranks and sent expletive-filled e-mails to subordinates
- NIH-funded researchers used foster children to test AIDS drugs since the late 1980s

NIH cited personnel privacy in refusing to comment both on the senators' letter and Fishbein's termination. Previously, NIH officials said they were terminating Fishbein for poor performance. An August 9, 2004, internal report by a special adviser to NIH chief Elias A. Zerhouni, obtained by the Associated Press, raised concerns that efforts to fire Fishbein had the "appearance of reprisal." The report said no documentation of poor performance was made until Fishbein complained about a sensitive AIDS study and filed a complaint that the division's deputy director, Dr. Jonathan Kagan, was acting unprofessionally with subordinates. After filing that complaint, Fishbein was forced to begin reporting to Kagan, who proceeded with efforts to fire Fishbein. The report said Kagan and the division's director, Dr. Edmund Tramont, admitted that Kagan "uses sexually explicit

and colorful language, saying that no one ever complained until" Fishbein did. The report also faulted Fishbein for failing to orient himself to the "culture" of the division before making sweeping changes to improve its research safety. "It seems apparent that both sides behaved badly, that a new senior employee did not orient himself about the division and that the most senior people engaged in inappropriate behavior," said the report, which called NIH's Division of AIDS "a troubled organization." The report recommended that NIH conduct sensitivity training for senior managers and provide instruction about "inappropriate personnel procedures."

HIV Screening Urged for All Pregnant Women. On Tuesday, July 5, in the *Annals of Internal Medicine*, the U.S. Preventive Services Task Force recommended that all pregnant women, not just those considered at high risk, be screened for HIV. In 1996, the panel of medical experts had declared there was insufficient evidence that screening all pregnant women had any benefit. The new recommendation reflects the fact that testing has helped prevent many potential mother-to-baby HIV transmissions. HIV-infected pregnant women can take combination drug therapy, have Caesarean sections and avoid breastfeeding to reduce to as low as 1% their risk of transmitting HIV to their babies. Without intervention, there is a one-in-four chance an HIV+ mother's infant will become infected. The new recommendation follows a 2001 CDC directive that emphasized HIV testing "as a routine part of prenatal care and strengthened the recommendation that all pregnant women be tested for HIV," said agency spokesperson Jessica Frickey. Women account for about 27% of the estimated 40,000 Americans who become HIV-infected each year. Already, many pregnant women are offered the test, but decline to take it. Dr. Diana Petitti, vice chairperson of the task force and a scientific adviser for health policy and medicine at Kaiser Permanente Southern California, said women need to understand that new HIV tests are nearly 100% accurate, and there is no shame in admitting that one might be at risk. As testing becomes more universal, the stigma associated with testing will decline, said Sharon Hillier, professor of obstetrics, gynecology and reproductive sciences at the University of Pittsburgh School of Medicine. The task force reiterated its recommendation that adolescents and adults at increased risk be tested, and it expanded its definition of "high risk" to include persons getting care at homeless shelters or STD clinics. The full report, "Screening for HIV: Recommendation Statement," was published in *Annals of Internal Medicine* (2005;143(1):32-37).

Black Churches Work to Increase HIV/AIDS Awareness. As part of National HIV Testing Day on Monday, June 27, The Balm in Gilead, a New York City-based organization that mobilizes black churches to help combat HIV/AIDS, gave churches information on how to encourage black people to get

tested. The CDC says that more than a million people in the United States are living with HIV, and it estimates that 25% do not know they are infected. The latest CDC estimates show blacks accounting for 47% of HIV cases, and gay and bisexual men making up 45%. Theresa Holmes, spokesperson for The Balm in Gilead, said that when the disease first emerged, many black church leaders thought it was a problem mainly for gay white men. Since HIV/AIDS has moved into the black community, churches have begun to address the issue, with levels of involvement differing from church to church. The Rev. Carey G. Anderson, senior pastor of the First African Methodist Episcopal Church in Seattle, said compassion is key. His church has an AIDS Care Team Program, a wing of the city's nonprofit Multi-faith Works, which partners HIV+ community members with volunteers who provide support. Anderson believes in advocating abstinence and safe sex as part of educating the public. Dr. DeMaurice Moses, health care coordinator at Mount Zion Baptist Church in Seattle, said it is necessary to acknowledge that black people are disproportionately affected by HIV/AIDS, but he is concerned about stereotyping. He said people too often associate HIV/AIDS with black Americans and Africans, much as they once associated it with gay men. He said AIDS is a problem for the whole world.

Brazil and U.S. Maker Reach Deal on AIDS Drug. On Friday, July 8, the Brazilian government reached an agreement with U.S.-based Abbott Laboratories that will lower the price it pays for the firm's AIDS drug Kaletra®. The agreement means the government will not break Abbott's patent to produce a generic version of the drug. Brazil, which gives free treatment to all HIV/AIDS patients, spends about \$107 million a year on Kaletra, nearly a third of its antiretroviral budget. The agreement will save the government at least \$18 million next year and \$259 million over the next six years. According to the agreement, Brazil's annual expenses for Kaletra will not increase over the next six years, even though the number of people needing the drug is estimated to rise to 60,000 from the current 23,400. It guarantees Brazil will gain access to a new version of Kaletra, Meltrex™, once it gains U.S. Food and Drug Administration approval. When Abbott's patent for the drug expires in 2015, it will transfer its technology to the Brazilian government so that a state-run laboratory in Rio de Janeiro can produce a generic version of Kaletra. Abbott said the agreement will help "Brazil expand patient access to Kaletra while preserving the company's intellectual property rights, which Abbott was not willing to negotiate." Brazil has clashed with pharmaceutical companies in the past and successfully forced them to lower prices on HIV/AIDS drugs several times in recent years. Brazil is currently in negotiations with pharmaceutical manufacturers Gilead Sciences and Merck, aimed at reducing prices on their HIV/AIDS medicines tenofovir

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and efavirenz, respectively.

Italian AIDS Vaccine Passes First Phase of Tests.

On Tuesday, July 5, researchers at Italy's National Health Institute issued a statement saying recently completed Phase I trials of an AIDS vaccine found it was safe and capable of stimulating the immune systems of the people tested. The vaccine targets TAT, a protein that allows HIV to multiply, which constitutes a different approach from other AIDS vaccines. Other vaccines have targeted proteins external to HIV in an effort to produce antibodies to block the virus from entering the cells, according to the research team's statement. The tests were carried out in clinics in Rome and Milan from November 2003 to November 2004, and involved 27 HIV+ volunteers and 20 HIV- people. Each volunteer received five vaccinations over five months. The Institute said it is looking for 50 million euros (US\$59.41 million) to fund the second round of trials. The trials would be conducted in Italy and Africa on a much larger group of people. Barbara Ensoli, leader of the research team, said they hoped to have final results by 2010.

Russia to Allocate Additional \$20 Million to Global Fund Against AIDS.

The Russian government recently approved the Finance Ministry's proposal to allocate an extra \$20 million to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Finance Minister Alexei Kudrin told a government meeting that the allocation was very important for Russia, as the diseases pose a major threat to the country. The contributed funds allow Russia to take \$310 million from the fund to implement disease-fighting programs. Health and Social Development Minister Mikhail Zurabov said that federal budget funds were enough to treat only 1,000 AIDS patients a year.

Russia Using Show Biz Stars in Anti-AIDS Campaign.

Russian health officials said youths are taking more responsible attitudes toward HIV/AIDS after the broadcast of three film clips produced by the Elton John AIDS Foundation. The clips feature John and English soccer star David Beckham and have aired on TV since summer 2003. The message was to use condoms and practice other safe sex techniques. The clips' success led Russian pop group Chai Vdvoem to join the campaign. The campaign, "Life Is Wonderful, When Protected," was first launched as a pilot project by the Russian nongovernmental organization Focus-Media and the international AIDS Foundation East-West (AFEW). The ads rolled out on public transport and billboards, posters and leaflets. A survey by Focus-Media and AFEW showed that Russian women are more interested in safe sex information than men, and that 74% were familiar with the campaign. "Russia is passing through an AIDS epidemic, and our aim is to stop the spread of the deadly disease among the youth," said AFEW senior program advisor Tanja Grechukina. She believes the campaign will help people understand the Russian federation has one of the fastest-growing HIV epidemics, with the World Health Organization estimating close to one million HIV/AIDS patients in the nation. The majority of HIV patients

are under 30, and the number of cases of sexual transmission is growing fast. "Preventive programs, and especially information campaigns, can be seen as vaccine against the disease," Grechukina said. Focus-Media information coordinator Oksana Barkalova said the percentage of people using condoms rose from 20% in 1997 to 45% in 2005, but there is much work to be done. A study among young Muscovites showed a significant proportion think condoms are necessary only when their partner is known to be infected, and many felt able to judge which people were safe.

G8 Gets Plaudits in Push to Help Africa's AIDS Crisis.

Leaders of the Group of Eight nations declared Friday, July 8, they will work toward the goal of an "AIDS-free generation" in Africa. Working with UN health agencies and African governments, G8 leaders pledged to "develop and implement a package for HIV prevention, treatment and care, with the aim of as close as possible to universal access to treatment for all in need of it by 2010." They promised to work "to ensure that all children left orphaned or vulnerable by AIDS and other pandemics are given proper support" and to "work to meet the financing needs for HIV/AIDS, including through the replenishment this year of the Global Fund to Fight AIDS, Tuberculosis and Malaria." Of the 25.4 million HIV/AIDS patients in sub-Saharan Africa, only 500,000 needy patients are receiving treatments, according to World Health Organization figures released on Wednesday, June 29. AIDS activists cautiously praised the summit's pledge. The group Make Poverty History said G8 leaders "have started to restore hope to the 40 million people currently living—and dying—with HIV." However, it said it will closely monitor donors to see whether they replenish the Global Fund's money at a conference in London in September. Simon Wright of the British nongovernmental organization Action AID said he is "quite pleased" with the promise of helping to get universal access to treatment. "The question is delivering on the promise," Wright said. In southern African countries with rampant HIV/AIDS, the life expectancy of someone born between 1995-2000 is 49. Without HIV/AIDS, it would have been 62. Last year, 2.3 million Africans died of HIV/AIDS.

Laura Bush Calls Attention to AIDS Battle.

As part of a three-nation African tour to raise AIDS awareness, First Lady Laura Bush was in Cape Town, South Africa, on Tuesday, July 12, to visit a U.S.-assisted program for expectant HIV+ mothers. The Khayelitsha Maternity Obstetrics Unit, part of the Mothers to Mothers-to-Be Program, enlists mothers who have avoided transmitting HIV to their infants to mentor newly pregnant women. About one-quarter of South African babies are born to an HIV+ mother. Located in a depressed part of the city, the project also aids mothers and mothers-to-be in generating extra income. Mrs. Bush was to observe the women crafting lanyards, cell phone cases and other products that will be sold abroad. Mrs. Bush was later scheduled to hold a discussion about domestic violence. Her goal is to highlight how fighting domestic

violence is an integral part of combating the HIV epidemic in South Africa and across the continent. Many African women become infected after their husbands have unprotected sex with others and then force sex on them. Mrs. Bush will also deliver a speech promoting an initiative unveiled earlier in July by President Bush seeking \$55 million over three years to provide legal protections for African women who are victims of violence and sexual abuse. For the second event, Mrs. Bush—a former public school librarian and a high-profile advocate of reading—selected the Center for the Book as the backdrop. Part of the National Library of South Africa, the center helps develop a culture of reading among South Africans, especially children, and promotes indigenous writing. On Wednesday, July 13, Mrs. Bush traveled to Tanzania and returned to Washington on Friday, July 15, after a visit to Rwanda.

Malawi Hopes to Make AIDS Drugs.

Malawi is considering domestic production of HIV/AIDS drugs in response to growing concerns about affordable, sustainable supplies. Hetherwick Ntobe, Malawi's health minister, said tightened patent legislation in India threatened supplies of antiretrovirals (ARVs). Malawi's plan reflects initiatives being considered by other African countries as they attempt to roll out HIV/AIDS treatment to millions of patients. Last year, Malawi began offering free ARVs to patients with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria. Most of the drugs came from Indian companies Ranbaxy and Cipla. Ntobe said Malawi had to wait up to three months to order drugs from Ranbaxy last year after Cipla de-registered its ARVs when the World Health Organization raised concerns over the company's procedures. "People were dying because of the delays," Ntobe said.

South African Health Department Sharply Hikes AIDS Estimate.

Extrapolating from a 2004 study of pregnant women attending antenatal clinics, South Africa's Department of Health said that more than 6.5 million South Africans now have HIV, up from 5.6 million people infected at the end of 2003. The new figures are in sharp contrast to the governmental statistics study released in May that estimated 4.5 million South Africans had the virus. Extrapolations from antenatal clinic data form the basis for most estimates of HIV prevalence in Africa. However, the method has been criticized in some African countries for exaggerating the HIV/AIDS threat in Africa. In the Department of Health study, 29.5% of pregnant women surveyed nationwide had HIV, up from 27.9% in 2003. In KwaZulu-Natal, HIV prevalence was more than 40% among pregnant women. The department acknowledged that the new estimate assumes HIV prevalence is the same for all pregnant women as for those who visited the antenatal clinics, and that HIV prevalence is the same for women ages 15-49 as for the antenatal clinic testers. Professor Rob Dorrington, head of the Center for Actuarial Science at the University of Cape Town, called the department's new estimate "undoubtedly too high." "Is it any wonder the public is confused

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when the same government offers estimates that differ by between 2 million and 2.5 million?" he asked.

Mandela Urges: Use Condoms, Don't Have Sex Too Young. On Monday, July 11, in Johannesburg, former South African President Nelson Mandela urged people to adopt safe sex practices to stem the spread of HIV/AIDS. "AIDS has spread because people have so many partners. People should use condoms and try to resist being with a partner until about 18 or 19 years old," Mandela was quoted as saying by the South African Press Association. Mandela was speaking at his foundation, where he introduced four new ambassadors for his 46664 HIV awareness campaign, which is named after his prison number under apartheid because he believes the pandemic is reducing people to statistics. The new ambassadors are local musicians Vusi Mahlasela and Dozi, actress Kim Engelbrecht and radio personality Leanne Manas.

United Nations: Asian Tsunami Has Raised AIDS Risk. The December 26, 2004, Indian Ocean tsunami has increased the risk of HIV/AIDS in an area already vulnerable to the disease, UNAIDS officials said Monday, July 4, at the 7th International Congress on AIDS in Asia and the Pacific in Kobe, Japan. One in four new HIV infections occurs in Asia—home to over half the world's population—while 1,500 people in the region die each day from AIDS-related diseases. The tsunami that left 232,000 dead or missing and millions homeless has created conditions ripe for spreading HIV/AIDS. "We're extremely concerned about the disaster and the increased risk of HIV and AIDS," UNAIDS official Jan Leno said. Though HIV rates have not yet risen in any of the worst-hit areas, recent surveys show an increase in STDs and pregnancies. According to officials, the tsunami-affected areas are at an increased risk of HIV due to the breakdown in basic services and health care and the lack of access to condoms. The region has had a massive influx of military personnel and aid workers, and crowded living conditions have led many men to seek out sex workers. "Our men all want sex. But how can I have sex when I have lost two children?" one Sri Lankan woman told UN Regional Adviser Kiran Bhatia. J. V. R. Prasada Rao, head of the UNAIDS Regional Support Team in Bangkok, said it is unfortunate though inevitable that many of the funds earmarked for fighting HIV/AIDS in Asia had been diverted for relief efforts. "It is still difficult for all involved in relief efforts to see why such a long-term issue as AIDS must be dealt with immediately. But there is increased understanding

in those areas devastated by the tsunami that any relief effort must also include AIDS," he said.

Women Becoming New Face of AIDS in Asia. The number of women infected with HIV in Asia has risen 20% since 2003 to 2.3 million, compared with a 17% increase for the region's total population, UNAIDS said at the recent 7th International Congress on AIDS in Asia and the Pacific. In India, two million of the country's 5.1 million HIV/AIDS cases are female, said Periasamy Kousalya, head of the Positive Women Network, an activist group of about 5,000 HIV-infected Indian women. Experts at the conference, held in Kobe, Japan, said the status of women in Asia's male-dominated culture makes them especially vulnerable to HIV. "Economically, culturally, socially, women are disadvantaged," said Kousalya. "They lack access to support systems for HIV." Frika Chia Iskandar, an Indonesian representative of the Seven Sisters nonprofit for people living with HIV/AIDS, reported that she has occasionally been denied medical care because of her HIV+ status. Iskandar said she feared further stigmatization at home because of her outspokenness about the disease abroad. "I am the new face of HIV in Asia," she said. In Japan, HIV discrimination is more subtle, said an HIV+ woman who would only identify herself as "Nancy." "Social welfare is available for Japanese patients with HIV. But I live deep in the countryside, and if I apply for benefits, everybody in the community will know about my infection." "Japan has good treatments available, good welfare systems," said Nancy. "But those systems are made by someone at the government, without input from people with HIV. We want to make our voices heard so that our thoughts and requests will be reflected in the decisions of policymakers."

Men Who Have Sex with Men Vulnerable to HIV/AIDS in Asia, but Widely Ignored. In Kobe, Japan, at the recent 7th International Congress on AIDS in Asia and the Pacific, officials said that discrimination against men who have sex with men (MSM) in the region is increasing their vulnerability to HIV. Steve Wignall of Family Health International said that while there is a dearth of accurate statistics on the issue, some surveys have found that the rate of HIV infections among MSM was nearly 20% in Thailand, 14% in Cambodia and 8% in Vietnam. Reaching this population is difficult due to social stigma and also because it includes men who sell sex to other men but do not self-identify as gay or bisexual. Most Asian HIV prevention programs focus on heterosexuals, such as female sex workers. It is time for gov-

ernments to begin education and treatment programs targeting MSM, Wignall said, and to distribute condoms in the MSM community. Yet many challenges confront such an effort. The government of Vietnam does not formally recognize that MSM communities exist and depicts homosexuality as a "social evil," said Le Cao Dung of the Ho Chi Minh City provincial AIDS committee. Similar problems exist in China, while civil strife in Nepal puts public health workers at risk. In Japan, MSM account for the majority of the nation's 12,000 HIV cases, but MSM and lesbians are largely ignored and find speaking out difficult, said Hiromi Hatogai of the Japanese outreach group OCCUR.

Asian Officials Turn to Armed Forces for Help in Battling AIDS. Enlisting the aid of armed forces and police in HIV/AIDS prevention could help countries in the Asian Pacific region more effectively fight the disease, said military officials meeting Saturday, July 2, at the 7th International Congress on AIDS in Asia and the Pacific in Kobe, Japan. The region has the world's second highest infection rate behind sub-Saharan Africa, and armed forces are considered a high-risk group due to their mobility, officials said. Controlling HIV's spread among their ranks and training them on prevention could be a two-pronged solution in a region where poverty, low awareness and stigma have allowed HIV/AIDS to proliferate. According to Bangladesh Army Maj. Farhana Yasmin, her country has sent 54,000 military personnel on UN peacekeeping missions since 1998, and incorporating HIV/AIDS education into their training is integral to preventing the disease's spread at home and away. "Soldiers may also become important in reversing the spread of HIV within the military and beyond," said Yasmin. "They constitute a captive audience that is disciplined and used to carrying out instructions" and could be trained to help change attitudes and behaviors toward HIV/AIDS, she said. The U.S. Army and the Royal Thai Army are participating in the world's largest community-based HIV vaccine trial underway in two Thai provinces. The trial, costing up to \$13 million a year since 2003, is administering vaccines to 16,000 Thais ages 16-30. Outcomes are expected by March 2009, said Lt. Col. Jerome H. Kim, a U.S. Army medical officer based at the Armed Forces Research Institute of Medical Sciences in Bangkok. Paula Stevens from the Pacific Islands Chiefs of Police said police, as figures of authority, can also play an important role in addressing HIV/AIDS in the region. Police forces from 21 Pacific nations are planning to launch a new HIV

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Support for AIDS Survival Project is provided by Titles I and II of the Ryan White CARE Act, the Centers for Disease Control and Prevention's HIV Prevention Projects for Community-Based Organizations and Linkage to Care, the Atlanta AIDS Partnership Fund, the Healthcare Georgia Foundation, Fulton County Human Services, the LiveWell Fund, the Elton John AIDS Foundation, the M•A•C AIDS Fund, the Atlanta Girls School's "Philanthropy: Time, Talent and Treasure" Program, Broadway Cares/Equity Fights AIDS, Georgia Shares, IBM, the DeKalb County and Clayton County School Employees Funds, Concerned Brothers & Sisters of Atlanta, Until There's A Cure, Roche Laboratories, Boehringer Ingelheim Pharmaceuticals, Auxilium Pharmaceuticals, the BroadView Foundation, the Schiffman Family Foundation, and hundreds of organizations, businesses and individuals who share our vision and commitment to the education, empowerment and support of all people affected by HIV and AIDS.

prevention program to educate all recruits and officers before overseas deployments.

U.S. Diplomat Urges Indian Businesses to Remove AIDS Stigma in Workplace. On Friday, July 8, in Bombay, U.S. Charge d'Affaires Robert Blake urged the leaders of some 40 businesses to fight AIDS stigma in the workplace and introduce counseling and training. "You can take the lead in HIV/AIDS. A strong commitment and response from the private and public sector can prove critical in containing and reversing the epidemic," Blake told attendees of Friday's meeting, titled "Workplace Intervention on HIV/AIDS." While some leading businesses have introduced HIV awareness policies, aid workers have been urging small- and medium-sized companies to educate their workforces. Bombay Chamber of Commerce and Industry President Ashok Wadhwa said a commitment from chief executives is key in implementing such policies. "Timely workplace intervention and proactive steps are needed to limit the spread of AIDS," said Wadhwa.

Chinese Company Develops New Drug to Fight HIV/AIDS. A Chinese pharmaceutical maker has developed a new HIV drug that aims to block the virus from entering cells, the *China Daily* reported Tuesday, July 12. FusoGen Pharmaceuticals is currently testing the drug, a fusion inhibitor, in clinical trials. Zhou Genfa, FusoGen's chairperson, said the drug is modeled after the U.S.-developed Fuzeon—the first drug in a new class of fusion inhibitors—but employs a different molecular modeling. The drug, which has been registered as a new medicine with China's State Food and Drug Administration, will likely hit the market at the end of next year and will be priced "significantly" lower than Fuzeon, which can cost \$20,000 per patient per year, said Zhou.

Route of AIDS in China Is Traced. On Monday, July 4, in Kobe, Japan, researchers from the National Institute of Infectious Diseases told the 7th International Congress on AIDS in Asia and the Pacific that China's HIV/AIDS epidemic appears to be spreading along drug trafficking routes connecting the Yunnan province to Southeast Asia. By 1989, HIV had been diagnosed among IV drug users in western Yunnan, and the disease quickly spread to the Xinjiang Uighur and Guang Xizhuan autonomous regions in northwest and southeast China, respectively. By investigating HIV strains in Yunnan, researchers estimated their relationship with strains in India and neighboring countries. They discovered two strains of HIV—one found in Thailand in 1988 and another that was a hybrid of strains found in Thailand and India. Two new subtypes, both derived from the Indian-Thai hybrid, were also found in the Xinjiang Uighur and Guang Xizhuan regions. According to the researchers, the strains found in China have traveled from the Golden Triangle, the world's largest heroin-producing region comprising Laos, Myanmar and Thailand.

China Boosts Fight Against HIV/AIDS Among Women. On Monday, July 11, at a Beijing AIDS con-

ference, China's Health Minister Gao Qiang said the proportion of HIV/AIDS patients who are women jumped from 19.4% in 2000 to 27.8% last year. "In March this year," the minister said, "the proportion of women rose to 28.1%." Gao said the rising numbers reflect women's lack of knowledge about HIV/AIDS, especially women in poor rural areas, of whom fewer than 40% know how to prevent HIV/AIDS. Gao said health workers are distributing posters at schools in the countryside and talking to women and youths to raise awareness of prevention. Although the virus has spread in China mainly through prostitution and intravenous drug use, Gao said sexual transmission was catching up rapidly as a source of infection for Chinese women. The minister said 55% of the HIV/AIDS patients infected through sexual transmission are now women, up from 44% in 2001. If more aggressive prevention measures are not taken, UNAIDS has warned that more than 10 million Chinese could have HIV/AIDS by 2010. Government figures put HIV cases in China at 840,000 and AIDS cases at 80,000. UNAIDS said the true numbers are likely higher.

Miss Universe Takes HIV Test to Boost Awareness. On Tuesday, July 5, at a Johannesburg, South Africa, hospital, Miss Universe Natalie Glebova took an HIV test, saying she hoped her fame would persuade others to do the same. "I think the fact that I had a public test will speak volumes," said the 23-year-old Russian-born Canadian. "It will encourage a lot of young women to get out and get tested." Glebova said she was willing to make her status public, but hospital staff said they could not legally release her results. South Africa is Glebova's first stop on a global tour as an AIDS ambassador. Glebova, who said she knew little about HIV/AIDS until she was crowned in May, will also visit Swaziland, where almost 40% of adults have HIV.

Grant Preserves HIV Center at University of South Florida. On Wednesday, July 6, the U.S. Department of Health and Human Services awarded a \$14 million, five-year grant to the University of South Florida's Center for HIV Education and Research to expand a program that trains health workers in Florida, Puerto Rico and the Virgin Islands in treating HIV patients. The grant, the largest in the center's 17-year history, will also train health professionals in HIV/AIDS prevention. Since 2002, the program has trained more than 100,000 health care providers. Michael Knox, the center's founder and director, said workers have difficulty keeping pace with rapidly changing HIV treatment procedures. Knox said federal guidelines have changed 49 times in the past eight years. The USF program is the only federally funded AIDS education and training center in Florida, he said.

AIDS Prevention Program Searching for More Funds. AIDS Foundation of Chicago's year-old Faith in Prevention program is trying to raise \$500,000 over the next year not only to sustain but also expand its outreach into African-American communities. Twelve churches and faith-based groups fighting HIV/AIDS in Chicago's black neighborhoods initially received

\$10,000 each from AFC under a one-year, \$120,000 federal grant, but that funding soon expires. AFC Executive Director Mark Ishaug said his organization will provide an additional \$5,000 to each of the twelve groups and raise money from public and private sources to keep the program going. The Rev. Doris Green, AFC's community affairs director and coordinator of Faith in Prevention, said she believes the funds will be raised. She plans on enlisting eight more groups, many from the suburbs, to bring the program's total to 20. According to Green, the groups now involved "are demystifying the epidemic and providing messages of prevention and hope." "They're talking not only about abstinence, but about comprehensive AIDS prevention and testing," said Green, adding that some churches are now conducting HIV testing. Another AFC initiative is the South Side Women's Collaborative, which has received \$60,000 to stem the increase of HIV/AIDS among women. SSWC partners visit beauty salons and other shops that cater to women, referring patrons who might benefit from HIV testing and care. In the fiscal year that ended June 30, AFC awarded more than \$1.4 million in grants, the highest amount in the organization's 20-year history.

AIDS Task Force Marks Milestone. The Pittsburgh AIDS Task Force is one of Pennsylvania's oldest providers of HIV education, support and prevention. About 3,600 people in southwestern Pennsylvania are infected with HIV, Allegheny County Health Department statistics show. Now in its 20th year, PATF is determined to remain relevant, said Kathi Boyle, the group's first female executive director. "We must sound the alarm again about this disease whether as a result of complacency or the need for educating a broader range of people," said Boyle, who took the helm of PATF a year ago. "Our purpose for fighting is to prevent the increasing rate of infection and to help ease the challenges of those living with HIV/AIDS." As a result, Boyle has diversified the services offered by PATF, which was once criticized for its lack of outreach to minorities. On Thursday, July 7, the group rolled out rapid testing using OraSure, which tests for HIV via a mouth swab. PATF is also enhancing its Consumer Advisory Council, which just recently completed a confidential survey of its clients. "We wanted to listen to clients and make the changes [to programs] they're actually requesting," said PATF spokesperson Gina Focareta.

Ads About HIV Target Latinos. In early July, the Spanish-language Univision television network began airing the first public service announcements to specifically encourage Latinos to get tested for HIV. The Kaiser Family Foundation, in partnership with Univision, commissioned the San Antonio ad agency Creative Civilization to produce the spots. Gisela Girard, president and chief operating officer of Creative Civilization, said the ads are a response to the rising rate of HIV infection in Latino women. The goal of the ads is to reduce HIV's stigma and to encourage young people "to feel the same ease going to get an HIV test as they would going to get any

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other routine checkup," Girard said. "We tried not to make them preachy. The point is to show people that there doesn't have to be a stigma to getting tested." Univision will run the three 30-second ads for a year as part of its national ¡Entérate! public health campaign. The ads depict young Latino men

and women engaging in everyday activities from necking to jogging to changing the oil in a car, and show people being tested for HIV. Half the people with AIDS in San Antonio are Latino, and the CDC reported that Latinos accounted for 20% of U.S. AIDS cases diagnosed in 2003. "The recent HIV/AIDS

statistics are alarming, and it is critical that young Latino men and women are aware of the risk and understand that HIV tests are easy, affordable and that confidentiality is always guaranteed," said Al Aguilar, Creative Civilization chairperson and chief executive officer.



The Truth About Trojan

OPINION

If you've listened to a progressive rock radio station in the last ten years, you might be familiar with "Trojan Man," the baritone-voiced superhero that humorously interrupts horned-up lovers and supplies them with condoms. But "Trojan Man" hasn't been welcome on television. Even though no formal government or industry restrictions prevent condom commercials from being shown on prime-time television, they were deliberately banished to late-night hours or cable networks with fewer viewers. The usual logic prevailed—*let's not air them when children might be watching.*

Of course, networks can hardly purport to care about what children might see when the airwaves are now filled with ads for erectile dysfunction drugs and female contraceptive patches. Do Jack and Jill wonder if Viagra® is some kind of adult candy or if the Ortho Evra® birth control patch denotes membership in a special club? Surely one thing is obvious to kids: the shiny, happy inhabitants of these ads are thrilled about their patches and pills. And the pharmaceutical companies behind these ads are delighted to see them airing around the clock on practically every channel in the cable universe except Nickelodeon.

Last May, Church & Dwight Co., Inc., manufacturer of Trojan® brand condoms, announced that they were seeking to advertise their prophylactics during primetime network TV broadcasts. They promised their TV spots would differ substantially from the comical radio ads by concentrating on sexual health statistics and disease prevention.

"Our drive really is not necessarily to get on primetime, but to get an important public health message out," said Jim Daniels, Trojan's vice president of marketing. Sure, Pinocchio. You want us to believe your company suddenly decided—25 years into the AIDS epidemic—that *now* is the time to spend millions of dollars on public service messages in primetime?

That particular spin lacks all credibility. What Mr. Daniels or someone at Church & Dwight should have said is this: *Hey look, people, if sitcom characters can get laughs from condom jokes and big pharmaceutical companies can advertise their boner pills and genital herpes drugs, then you better start thinking up some mighty compelling reasons to keep us off the air.* In fact, a Kaiser Family Foundation survey released back in 2001 found that Americans are more open to condom ads than networks want to acknowledge. In a sample of 1,142 adults, 71% of participants supported condom ads on network television.

Church & Dwight's pseudo-public service strategy worked in a sense. Last June, NBC and the WB agreed to run a new Trojan commercial in prime-

time. ABC, CBS, FOX and UPN have been "in discussions" about airing them. However, the rubber-makers over at Church & Dwight must have believed they had a pretty good shot at exposure since they hired The Kaplan Thaler Group, a New York advertising agency, to develop the "Make a Difference" campaign—a series of four Trojan commercials, "all with a poignant and sobering message."

And so the first commercial airs. Folksy rock music... simple white type on a stark black background... then a model-gorgeous young heterosexual couple in zombie-like lust shares an iPod on a subway platform. Wait. Let's back up to the white type on the black background. "*40 percent of people who are HIV positive don't tell their partners...*" and "*...other than abstinence, there is only one way to protect yourself. Use a condom every time.*" There's your "poignant, sobering message."

"In creating this campaign for Trojan, we knew we had to break new ground, be provocative and reach people at the right time," said Linda Kaplan Thaler, CEO and chief creative officer of The Kaplan Thaler Group. "We believe the combination of a breakthrough, message-driven campaign with first-ever primetime exposure will make a huge difference." Actually, Linda, this campaign sucks out loud. The abstinence reference is obviously designed to pander to all those raving religious crazies who think no one should have sex outside the marriage bed—and you needn't have bothered, because those people are going to hate your ad anyway, sight unseen, and mount massive self-righteous e-mail campaigns in protest since they think condoms are evil and promote promiscuity. Also, you would have to have been in a persistent vegetative state the past twenty years in order to believe a phrase like "*the only way to protect yourself is to use a condom every time*" breaks new ground. It's been around longer than the Olsen twins.

Creative vision and originality are missing from the Trojan ad; scare tactics are not. "*40 percent of people who are HIV positive don't tell their partners...*" Church & Dwight chief executive officer James Craigie said it's all about changing people's perceptions around unprotected sex. "We're trying to shock them and shake their confidence," he declared. What's shocking is that there is, in fact, no evidence that 40% of people with HIV don't disclose to partners. There are plenty of studies about disclosure, conducted by everybody from the National Institute of Mental Health and Centers for Disease Control to Emory University and the Center for AIDS Prevention Studies. The 40% figure isn't there. Not even close. *Hey, you Church & Dwight rubberfreaks! You made it up! Busted!*

Apparently, no one at NBC, the WB or any cable

network that agreed to air the ad questioned the statistic before airing it. NBC spokesperson Shannon Jacobs said her network reviewed the Trojan spot and decided to air it "given the health-oriented nature of this particular campaign." Suppose the Trojan ad said something like, "*40 percent of women get pregnant on purpose to trap men into marrying them.*" Bet *that* would have made Jacobs pause from swilling her latte long enough to make some calls.

Equally appalling is the fact that not a single mainstream American media outlet questioned the statistic, either. For them, the story was all about condom ads coming to primetime and what all those—*sigh*—family values groups thought about it. It's as if reporters viewed the ad, shrugged, and said, "40%? Sounds about right," and then returned to wringing their hands over Lindsey Lohan's weight loss and slobbering over the remains of Michael Jackson's career. That no one bothered to contact the CDC or even a local AIDS service organization for verification or comment is a significant indicator of the wretched state of journalism in this country.

The lone organized objection to the content of the Trojan ad came from the National Association of People with AIDS (NAPWA). In a letter to the chairman of Church & Dwight, NAPWA executive director Terje Anderson called for immediate withdrawal of the Trojan ad, declaring it to be "deeply disturbing and irresponsible" and correctly observing that it "only serves to heighten the stigma and discrimination against people living with HIV and AIDS." Ultimately, Church & Dwight did pull the Trojan ad, but not before it had aired on multiple networks, viewed by millions of Americans who will never know the 40% figure is spurious fiction created by cynical, creatively compromised hacks at New York's Kaplan Thaler advertising agency.

With due respect to NAPWA's Terje Anderson, *disturbing* and *irresponsible* don't begin to describe this fiasco. Church & Dwight and Kaplan Thaler Group have wasted a momentous opportunity to bring respectful, relevant condom advertising to television. Rather than offer Americans a fresh concept and some positive, truthful information—like the fact that Trojans now come in 29 varieties—they chose a trite, loathsome and fear-based approach that further stigmatizes a vulnerable population.

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

Classified Advertisements

CLASSIFIED AD POLICIES: All classified ads are printed free of charge and will run in two consecutive issues per submission [1/2, 2/2]. Ads may be renewed by resubmitting. To place an ad, use the form at right and send to Classified Ads, c/o ASP, 139 Ralph McGill Blvd #201, Atlanta GA 30308-3339 or e-mail TrekBearGA@aol.com. E-mailed ads *must* include a daytime phone number for verification. Do not call the ASP office to place an ad. Deadline for all ads is the first workday of the previous month. ASP reserves the right to edit ads as necessary and is not responsible for the content or credibility of any ad.

POSITIVELY PERSONAL

MALE SEEKING MALE

GWM, 40, HIV+, 5' 9", 160 lbs., excellent shape mentally and physically. Seeking older penpal for friendship and understanding. Mark Partain, #166286, LCF Dorm 7, 28779 Nick Davis Rd, Harvest AL 35749-7009. [2/2]

MALE SEEKING ANY/ALL

GWM, 50, HIV+, looking for a phone friend to talk to. No sex involved, just chat together. Hal, (770) 484-4822. [3/2]

I'm looking for a wonderful friend or more to know. To have in a loving, beautiful and honest, friendly relationship. I'm 39 years old, 5' 11", 200 lbs. Brian Campbell, #17127-074; USP PO Box 12015; Terre Haute IN 47801. [3/2]

AIDS Survival Project presents the 9th Annual Women's HIV Empowerment Forum

8:30 a.m. - 5:00 p.m., Saturday, October 1, 2005
Ponce de Leon Center, Grady IDP
341 Ponce de Leon Ave, Atlanta

The forum provides a nourishing and relaxing environment for women to enhance their personal power and gain new insights into maintaining health while making new connections with others. Childcare will be provided with advance notice. This one-day workshop is free and meals are included. To register, please call (404) 874-7926.

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

Name _____ Address _____	Ad should say (35 words or less): _____ _____ _____
City/State/ZIP _____ Daytime Phone # (____) _____	_____
I am: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> TV/TG/TS	_____
Seeking: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> TV/TG/TS <input type="checkbox"/> Any/All	_____
Mail to: Classified Ads, c/o ASP, 139 Ralph McGill Blvd #201, Atlanta GA 30308-3339	

BOARD OF DIRECTORS BALLOT

AIDS Survival Project bylaws state that anyone may be a member, but only those who are HIV+ may vote in board elections. This ensures the agency maintains the perspective of those living with HIV.

The Board of Directors has had an opportunity to interact with, and recommends a "Yes" vote for, the following candidates. If you feel that you do not know a candidate well enough to vote for him or her, please do not vote for or against that person; simply leave it blank instead.

New Candidates for the Board:

William J. (Bill) Golden	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Philip Montgomery	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dr. Barbara J. Rubin	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Returning Members Standing for Election:

Michael Baker	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Your Initials: 
Craig Eister	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
James Powell	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Jill Royer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Barron Segar	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Note: You must be present at the annual meeting to vote on any nominations submitted from the floor.

Returning Board Members Not Up for Election

Susan Cornutt	Eddie Young	Joan Campitelli
Charles Willis	David Salyer	Russell Beets
Jacque Muther	Michael Banner	Jonathan Hammond

Mail your ballot to AIDS Survival Project, Attn: Board Secretary, 139 Ralph McGill Boulevard, Suite 201; Atlanta GA 30308-3339.
Ballots must be received on or before September 26, 2005.

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

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

- I am a person living with HIV/AIDS and want to be a member of AIDS Survival Project.
- Enclosed is \$30.00 for a one-year subscription.
- I cannot afford to pay for a subscription. Please enter my free subscription.
- Please send me information on how I can include AIDS Survival Project in my will or planned giving.

Name: _____
Address: _____
City/State/ZIP: _____
Phone: Day _____ Evenings _____
E-Mail: _____

Please contact me about volunteering for the following:

- Survival News Committee
- THRIVE! Weekend
- Peer Counseling
- Treatment Advisory Committee
- Advocacy Committee
- Special Events Committee
- I have other special skills I would like to offer:

I would like to make a donation in memory of:

I would like to make a donation in honor of:

Please acknowledge this donation to:

Name: _____
Address: _____
City/State/ZIP: _____

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

SEPTEMBER 2005

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				7:00 - 8:00 pm Positively No Speeding (open Crystal Meth Anonymous group)	2	7:00 - 8:30 pm Narcotics Anonymous 12-Step Group 3
4	5	11:00 am - 12:00 pm Volunteer Orientation 6:00 pm Women's Support Group (closed)	5:30 pm - 7:30 pm MACAI (closed)	7:00 - 8:00 pm Positively No Speeding (open Crystal Meth Anonymous group)	9	7:00 - 8:30 pm Narcotics Anonymous 12-Step Group 10
11	12	6:00 pm Women's Support Group (closed)	14	5:30 pm - 6:30 pm Volunteer Orientation 7:00 - 8:00 pm Positively No Speeding (open Crystal Meth Anonymous group)	16	<i>THRIVE! Weekend</i> (details pg. 5) 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group 17
<i>THRIVE! Weekend</i> (details pg. 5) 18	19	6:00 pm Women's Support Group (closed)	12:00 pm - 2:00 pm Ryan White Consumer Caucus (closed, but in- quire re: membership at (404) 874-7926 ext. 15)	5:00 pm - 10:00 pm Human Rights Campaign (closed) 7:00 - 8:00 pm Positively No Speeding (open Crystal Meth group)	23	7:00 - 8:30 pm Narcotics Anonymous 12-Step Group 24
25	5:00 - 7:30 pm ASP Annual Meeting 26	6:00 pm Women's Support Group (closed)	28	7:00 - 8:00 pm Positively No Speeding (open Crystal Meth Anonymous group)	30	8:30 am - 5:30 pm Annual Women's Empow- erment Forum, Grady IDP 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group
2	3	11:00 am - 12:00 pm Volunteer Orientation 6:00 pm Women's Support Group (closed)	5:30 pm - 7:30 pm MACAI (closed)	7:00 - 8:00 pm Positively No Speeding (open Crystal Meth Anonymous group)	7	7:00 - 8:30 pm Narcotics Anonymous 12-Step Group 8
9	10	6:00 pm Women's Support Group (closed)	12	7:00 - 8:00 pm Positively No Speeding (open Crystal Meth Anonymous group)	14	7:00 - 8:30 pm Narcotics Anonymous 12-Step Group 15
12:00 pm AIDS Walk Atlanta, Piedmont Park 16	17	6:00 pm Women's Support Group (closed)	12:00 pm - 2:00 pm Ryan White Consumer Caucus (closed, but in- quire re: membership at (404) 874-7926 ext. 15)	5:30 pm - 6:30 pm Volunteer Orientation 7:00 - 8:00 pm Positively No Speeding (open Crystal Meth Anonymous group)	9:00 pm - 1:00 am Second Annual Halloween Affair, Paris on Ponce (details pp. 9, 14) 21	7:00 - 8:30 pm Narcotics Anonymous 12-Step Group 22
23	24	6:00 pm Women's Support Group (closed)	26	5:00 pm - 10:00 pm Human Rights Campaign (closed) 7:00 - 8:00 pm Positively No Speeding (open Crystal Meth group)	28	7:00 - 8:30 pm Narcotics Anonymous 12-Step Group 29
30	31					

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

OCTOBER 2005

TIMES AND DATES SUBJECT TO CHANGE. ADDITIONAL EVENTS MAY BE ADDED AFTER PUBLICATION DATE. FOR MORE INFORMATION ON THESE AND OTHER EVENTS AT ASP, VISIT www.aidssurvivalproject.org/events.html OR CALL (404) 874-7926.