

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.

The Campaign to End AIDS has begun

by Jeff Graham

It All Started with AIDSWatch

On Thursday, May 5, some 3,500 people living with HIV and their advocates from around the country asked our nation's leaders to walk a mile in the shoes of the AIDS community. The spirited demonstration made its way along Pennsylvania Avenue to deliver 8,500 pairs of shoes, representing the number of people who still die each and every day from AIDS, to the White House. Although many in the crowd were ACT UP veterans, it also was the rallying cry of a new generation of activists who are stepping up to claim their place in history through the launch of the Campaign to End AIDS.

The march and rally was the culmination of a week of events marking the largest AIDSWatch ever held in D.C. The annual event, sponsored by the National Association of People with AIDS, brought nearly 600 people from every state in the union to Washington for a series of workshops on current issues and how to speak with members of Congress. There was also a congressional prayer breakfast, organized in part by Bob Gibeling of the Atlanta Interfaith AIDS Network.

Five people from Georgia joined their colleagues from around the country to take the message directly to Congress that the AIDS crisis is far from over and in many places, is only getting worse.

The message delivered to Capitol Hill included the following points:

- **Fully fund the U.S. global AIDS efforts at \$4.6 billion.** Both the President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria are needed to address the pandemic. We have an obligation to support both of these efforts.
- **Fully fund and reauthorize the Ryan White CARE Act at \$2.6 billion.** The CARE Act is the most important discretionary funding mechanism for the comprehensive care and



CAMPAIGN TO END AIDS

treatment of HIV in this country. The AIDS Drug Assistance Program (ADAP) is one important part of the CARE Act, but it's the only portion that has had any increased funding over the past four years. Our system of care is beginning to weaken without the funds necessary to sustain it.

- **Fully fund the Housing Opportunities for People with AIDS Act (HOPWA) at \$385 million and don't allow funding to be raided.** HOPWA received a \$14 million cut this year, and this important program cannot survive any more cuts. Furthermore, proposals such as moving HOPWA funds to ADAP should be opposed because people living with HIV should never have to choose between housing and medicine.
- **Domestic HIV prevention funding must be increased by \$387 million to reduce new U.S. infections by one-half.** If we can increase our level of funding to a total of \$1.5 billion for the CDC's efforts to fight HIV/STDs and TB, we stand a real chance to reduce the number of new infections to less than 20,000 per year. We know that our prevention efforts work, but they cannot reach their goals with-

out adequate funding.

- **Fight any cuts to Medicaid spending.** Medicaid provides 55% of all publicly financed AIDS care and treatment and 90% of all AIDS care and treatment for children. Broad bipartisan support exists to protect Medicaid from budget cuts. We urge members of Congress to resist balancing the budget by cutting the essential safety net for hundreds of thousands of people living with AIDS.

While our message was well received, members of Congress will need to hear from more people before they begin to take action on these issues. In both Democratic and Republican offices, we were told that if they hear from their constituents, they will find ways of supporting these requests. You can always find the contact information for your member of Congress on the AIDS Survival Project web site.

We Will End AIDS

Of course, one successful lobbying event and one well-attended march will not end AIDS. That is where the Campaign to End AIDS (C2EA) begins.

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While there has been some talk about the campaign since the first of the year, the real power and promise of the campaign are only now coming to light. Perhaps the best way to understand what the campaign is, is to quote from the campaign training kit:

“There was once a time when we did not have the capacity to end AIDS. We did not know how it was transmitted, we did not have any idea how to treat it, and we had no inclination of the widespread pandemic it would become. But even when we had no capacity to end AIDS, we knew we had to fight AIDS.

“Back in 1983, before we even knew what HIV was, people gathered together in Denver and put together a statement of principles that still speaks to us today as we continue to fight AIDS. They gathered together and wrote, ‘We condemn attempts to label us as *victims*, a term which implies defeat, and we are only occasionally *patients*, a term which implies passivity, helplessness and dependence upon the care of others. We are *People with AIDS*.’

“The authors of the Denver Principles invented themselves as people with AIDS, and helped invent the movement that allowed many of us to be here today. This movement has forever changed the relationship between doctors and patients, between researchers and subjects, between governments and people facing a life-threatening illness the government would rather ignore... and is working to change the relationship between the wealthy world and the rest of the world where 95% of people with HIV today live, most without access to treatment or prevention tools.

“We can no longer say we do not have the capacity to end AIDS. We do not have a cure. We cannot prevent every single case of infection. But we have the capacity to end the epidemic that is raging out of control. We have the knowledge of how to treat HIV. We know how to bring effective prevention information and tools to people so they can protect themselves. We have the ability to house people so they can stay healthy and give them the support



Rep. Barbara Lee (left) was introduced by Atlanta Interfaith AIDS Network's Bob Gibeling (center) at the AIDSWatch prayer breakfast. PHOTO: TRACY BRUCE

in our communities so they can stay whole.

“What we are lacking is a vision. Because we know we can end the epidemic, we know that we will. If we develop a road map to end AIDS, and commit ourselves to taking it on the road until we reach our destination, we can find the vision. It is a journey that was started before Denver in 1983, and that will go far past Washington, D.C., in 2005. And together with a vision and capacity, *we will end AIDS.*”


Join the Campaign

Plans are already underway for a strong campaign in Georgia. A central component of the campaign will be the creation of nine caravans which will crisscross the country beginning in mid-September and culminating with five days of action and awareness in Washington, D.C., between October 8 and 12. Georgia will have two caravans passing through our state, stopping in the following cities: Columbus, Macon, Augusta, Savannah and Atlanta.

Graduates of the Positive Action Network are already working to raise the funds necessary for people living with HIV to participate in the caravans. You can donate directly to this scholarship fund

through AIDS Survival Project, or provide general support to the campaign on their web site: www.endaidsnow.org.

For those unable to make it to Washington for all or part of the week, the caravans themselves will offer an opportunity to create local events that raise awareness of the ongoing needs of people living with HIV and those at risk of contracting HIV in local communities.

If you would like to join these efforts, please sign up with the campaign by visiting their web site and then contact Georgia state coordinator **Jeff Graham** at JGraham@aidssurvivalproject.org 



AIDS Survival Project Executive Director Jeff Graham at AIDSWatch 2005. PHOTO: TRACY BRUCE

Survival News

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AIDSWatch 2005: A Perspective from a First-Timer

May 2 through May 5 was an experience to remember. I joined **Jeff Graham**, **Kendal Richardson** and **Maurice Bell** in Washington, D.C., for AIDSWatch, an annual week-long event in which activists visit their representatives and senators to lobby for AIDS issues. Our goal this year was to stress to our legislators the importance of the reauthorization of and increased funding for the Ryan White CARE Act, fully funding the Housing Opportunities for People with AIDS Act (HOPWA), a fulfilled promise of funds for the global fight against AIDS, more dollars for domestic prevention and protection from budget cuts to Medicaid.

Terje Andersen, Executive Director of NAPWA, and **Charles King**, CEO of Housing Works, started the first morning by stirring up the crowd and getting us excited about the days to come. After the morning pep session, we were broken into groups by geographical proximity. What followed was an intensive training that told us what we might expect: distractions, off-topic questions and opposition from tight-fisted, closed-minded legislators. Facts, dollar amounts and responses to negative questions were stressed. My aging brain felt like it was swimming with overload. A lunch break was a welcome reprieve. After lunch, additional training sessions and seminars kept everybody busy. The day ended with an enthusiastic pep rally that stirred the passions of activists gathered from every state and territory of the union.

Lobbying for AIDS Drug Assistance Program (ADAP) funds at the state capitol was never like this, but it certainly provided a good prep for visiting Capitol Hill and our legislators. Our first visit was to **Cynthia McKinney's** office, to speak with staff assistant **Adrienne Cole**. Jeff did what he does best: he spoke eloquently on each of the asking points, providing facts and figures while Ms. Cole took copious

notes. He then turned the floor over to each of us in turn, and we told our stories, emphasizing some of the asking points with personal stories. I spoke on how ADAP has helped me obtain medicine that I am unable to afford out of pocket and how important prevention efforts are to me as a mother of HIV-negative sons. Kendal and Maurice followed with their own experiences. Congresswoman McKinney's assistant was receptive and supportive.

We had four Hill visits scheduled for Wednesday, and we lost Maurice but gained **Bob Gibeling** from Atlanta Interfaith AIDS Network. The first visit, with Senator **Johnny Isakson's** legislative correspondent **Bradford Swann**, was much easier, having done this the day before. Mr. Swann was certainly knowledgeable of services available and some of the organizations in the state that provide those services.

However, he was not very receptive to requested increases in the budget. He implied that Isakson, as a junior senator, was unwilling to make waves and would sign whatever budget President Bush presented.

Our second visit was with **Todd M. Coons**, the legislative assistant for Rep. **Phil Gingrey**. Congressman Gingrey, my own representative, is a pro-life M.D. specializing in OB/GYN. I pushed a point home with young Mr. Coons when I told him that access to treatment and medications constituted a pro-life issue.

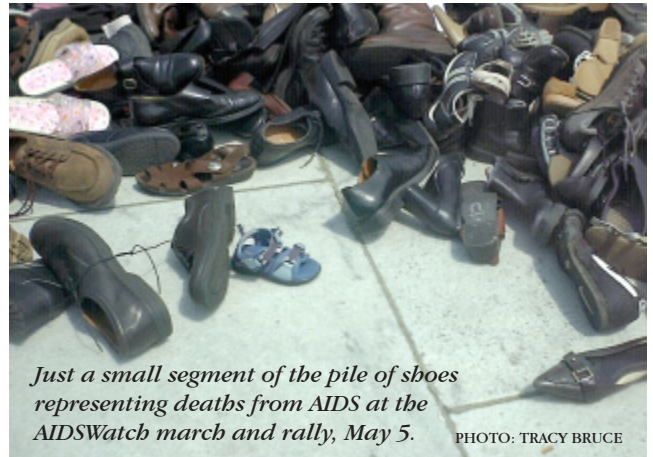
Our third visit was with the Honorable **John Lewis**. It was a breeze since he has always supported our causes. We all got a chance to share our stories with the congressman and received a warm response in return. It was an honor to be in the presence of someone who has helped change public perception and mold civil rights legislation.

The final visit on Capitol Hill was with **Sarah Jarrett Balog**, senior legislative assistant to Congressman **David Scott**. She was incredibly receptive and offered the moon and stars in support of our requests.

On the whole, the opportunity to speak with

these people provided an "I'm off my ass and doing something about this!" feeling. This was an experience I won't easily forget and one that I hope to repeat.

AIDSWatch week came to a climax on Thursday, May 5, with a nine-block march down Pennsylvania Avenue to the White House. I planned on picking up the march in the middle since I had an early



Just a small segment of the pile of shoes representing deaths from AIDS at the AIDSWatch march and rally, May 5.

PHOTO: TRACY BRUCE

flight and was marching with my luggage. The pickup point I chose turned out to be the same point where the **Campaign to End AIDS** folks were unloading 8,500 pairs of shoes, representing the number of deaths daily attributed to AIDS globally. With the marchers less than ten minutes away, I pitched in and helped unload the boxes upon boxes of slippers, boots, sneakers, sandals, high heels, low heels and everything in between. I found children's shoes especially poignant.

The marchers, numbering over a thousand, were escorted by a fire truck, ambulance and many police cars. As they reached the pile of shoes, they grabbed as many as possible, and then it was on to the White House. I had five or six pairs of shoes cradled in one arm while dragging my suitcase and satchel behind me.

The scene at the White House was spectacular. While the President sat in the Oval Office, activists laid out row after row of shoes, running the entire length of the building. Whistles blew, voices raised and the administration was challenged. President Bush didn't make an appearance, but he had to know we were there. It was at that point that I had to leave due to my aforementioned early flight. I missed the rally that followed the march, but I'm sure that it got people fired up for the Campaign to End AIDS, coming in October.

Tracy Bruce is a former board member and the newest staff member of AIDS Survival Project, now serving as ASP's Linkage to Care Associate. She is also a graduate of ASP's Positive Action Network. ♣



Atlanta Interfaith AIDS Network's Bob Gibeling, Rep. John Lewis, Tracy Bruce, Kendal Richardson and Jeff Graham at an AIDSWatch meeting with the Congressman.

PHOTO: TRACY BRUCE



A Fish Fry, A Visit to Haiti and Science of Mind

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.

We Did It in April and We're Doing It Again!

It's time again for us to show our volunteers that we appreciate all that you do. Mark your calendars for our next Volunteer Appreciation Fish Fry on Saturday, September 24, 2005, and join us for good food and a lot of fun! Please call Carmen at (404) 874-7926, ext. 20 for more details.

What's Going On with Volunteers, Members and Staff

- Thanks to all the volunteers and staff who helped with the [Atlanta Pride Festival](#) parade and booth.
- A special "thank you" to **Jim F.**, **Ron K.** and **Mark S.** for all their hard work and dedication to starting the Healthy Choice Meditation Group, which meets at ASP. Please e-mail HealMeditation@bellsouth.net if you are interested in this group.
- Welcome to **Treah Caldwell**, who joined the ASP staff in June as the Development Assistant.

- Thanks to **Greg Paulson**, who interned with us over his fall semester. Greg is a graduate student at the [Mercer University McAfee School of Theology](#). Greg has continued to volunteer with us and we are so lucky to have him around.
- Congratulations to Positive Action Network Leadership graduate **LaBron H.**, who was recently appointed to the board of the [National Association of People with AIDS](#).
- In June, volunteer **Richard A.** completed an [African-American HIV University](#) fellowship and **Danny S.** started his two-year fellowship.
- **Jan Hackney** recently went to Haiti for five days in conjunction with a project developed by Father John Porter to help rebuild a school. Jan says, "I didn't actually do any work on the school because that would take work away from a Haitian." The unemployment rate in Haiti is around 75%, making it the poorest country in the Western Hemisphere. Jan added that the school she visited didn't have any running water, restrooms, electricity or a place to prepare food, which was made outside in big metal pots over an open fire. Despite these depressing circumstances, she said, the children were amazing, with smiles and friendliness that surpassed any language barrier.

Volunteer Richard Anderson: An Appreciation

"Greetings." We've seen a roomful of anxious people relax when they hear **Richard Anderson** begin a program with his traditional salutation delivered in his deep, melodious voice. Whether he's addressing an individual or a group, Richard's appreciation for this life is contagious.

Richard credits his coastal South Carolina roots for his dedication to community activism. He took what he learned from church and community involvement as a young boy into the U.S. Air Force, where he served eight years of active duty. He received numerous awards and recognitions for his leadership skills and abilities.

After completing military service in 1987, Richard began a new and deeper quest for spirituality by getting in touch with his own sexuality and seeing where the two connected. This was accomplished through personalized therapy and his introduction to the "Science of Mind" philosophy in 1991.

Richard had been working for three years in the HIV community as part of his spiritual path by the time he was diagnosed HIV+ in 1998. He knew from his volunteer involvement where to go to take action on the management of HIV and he became a "resident" of AIDS Survival Project's Treatment Resource Center. He says he "lived with the binders" in the TRC, where he was tutored by **Gerry Hoyt** and **George Burgess**.

He was not content to merely use the information he gathered for himself. Instead, his volunteer activities began to evolve as he found new ways to be active in the fight against HIV/AIDS, sharing expanded ideas of sexuality and spirituality for self-healing. At ASP, he serves as a peer counselor and an educator for the Counseling Skills-Building Training. He is also a facilitator for Men of Color in Motion that meets at the BRAC Center, a fellow with the African-American HIV University in Los Angeles and a consultant with Bristol-Myers Squibb's Distinguished Faculty in HIV National Speakers Training.

Richard believes in practicing the presence of a new awareness within him that he calls God by applying the Science of Mind philosophy, "Thoughts are things, and we are the thinker of the thoughts that create the things in our lives. Change your thinking, change your life." As he changes his life, so does he effect a change in the lives of others.

A Warm ASP Welcome Goes Out to Our Newest Volunteers

Maria A.	Toi J.	Lee Ann C.
April M.	Arthur B.	Danny C.
James K.	Carl C.	Tim B.



Health Students Taking Action Together (HealthSTAT) board president Larissa Thomas (left) and HealthSTAT executive director Dana M. Lee (right) presented longtime ASP volunteer Mona Bennett with the First Annual Outstanding Provider Award for her work with the Atlanta Harm Reduction Center. ASP executive director Jeff Grabam was also presented with their Community Partner Award.

PHOTO COURTESY OF HEALTHSTAT

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Joining the 21st Century

TREATMENT

The Treatment Resource Center began as a file cabinet full of newspaper clippings plus any other material that could be found dealing with HIV/AIDS. As the newspaper clippings grew, we began to organize them by subject and divide the information into our famous blue binders. But somewhere in the 1990s, there were two changes that greatly affected treatment education. First, the amount of information on treatments and HIV itself began to increase exponentially. The main problem I find nowadays is not a lack of information on a subject, but sorting through the tidal wave of sources to find what is appropriate and helpful. Second, the Internet became a common way to gather information and connect people. In 1985, if you were going to buy a car, you would go to the closest branch of the public library and try to find a book or magazine with the information you needed, or you had to go to a dealership. Today, I can find a pretty close estimate of what a car costs online. Heck, I can see what the car would look like in green, blue or with a \$20,000 set of the best Spreewell spinning hubcaps, all while sitting here at my desk.

The ability of the Internet to provide information and connect people is amazing, and any approach to treatment education *should* include the Internet. We're doing that here at ASP by providing a new program, FOCUS. The goal is to help people who are living with HIV use the Internet to help



themselves. If you have never used the Internet, FOCUS will help you get started. We can show you how to do a basic search and give you tips on how to surf the 'net without wiping out. If you don't have a computer, we have Internet access here to find HIV-related information. For those who have

used the Internet, we can help you learn how to use it more efficiently and how to best meet your individual needs. The Internet can be like a big, not very well-arranged library, so finding the right web site or e-mail group can be tricky. And I know this may be a shock to some of you, but not everything you find on the Internet is true. Knowing how to evaluate the information you find is important, and we'll teach you that in FOCUS. Want to know what web sites are best matched to what you want to know? We can help you sort through the 10,900,000 sites that you find searching for "HIV medications." Want to get a treatment update e-mailed to you each week? We have a list of the best e-mail newsletters that condense the latest news for you. Thinking about treatment for lipodystrophy? We'll show you where people are talking about their experiences online and where they are looking for the latest in treatment information.

If you are interested in the FOCUS program or want more information, you can call us at (404) 874-7926. And of course, you can e-mail me directly at CEmery@aidssurvivalproject.org.

Infected Affected Negative Positive Long Term Survivor Newly Diagnosed Infected Affected Negative Positive



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
 July 16-17
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To register, call: TTY Toll-Free
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- 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

Infected Affected Negative Positive Long Term Survivor Newly Diagnosed

Infected Affected Negative Positive Long Term Survivor Newly Diagnosed

Infected Affected Negative Positive Long Term Survivor Newly Diagnosed Infected Affected Negative Positive



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What's "The T"?

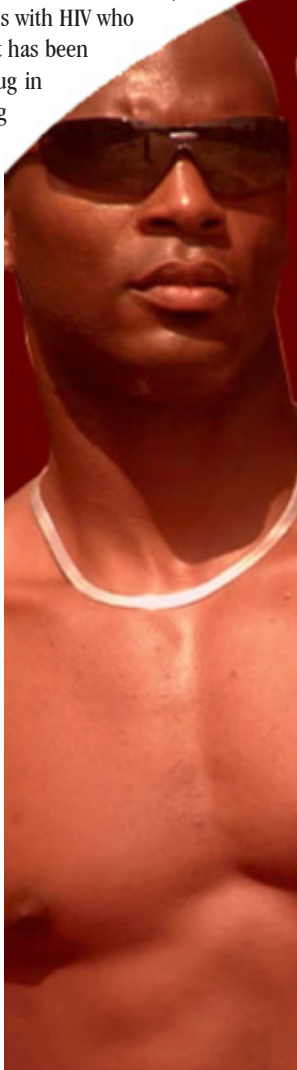
When I first heard about the tenofovir study, I really did not "listen." What I heard was Dr. **Melanie Thompson** of the **AIDS Research Consortium of Atlanta (ARCA)**, who was visiting my congregation, saying something in the church foyer about a pill that would ruin all the prevention efforts many of us have given our lives to promote. That's what I heard. That was NOT what Dr. Thompson was saying, but it felt like that to this burned-out AIDS educator and artist. So, what was she saying, and what am I saying now, about ARCA's tenofovir study, called "The T"?

First, what I am clearly saying is, although many would like to have the "Prevention Pill," we don't have it yet. What we do have is some information based on studies with primates that says tenofovir has at least some preventive effect on infection of a simian (or monkey) version of HIV. We hope that there is some good news for humans in this, but we don't know.

Second, what we do know is tenofovir (or Viread®) has been well-tolerated by most of the persons with HIV who take it. We know it has been a very effective drug in stopping or slowing the virus from making copies of itself.

What we want to know is, what will tenofovir do to people who are not infected with HIV? So, Step One on this road to the preventive pill must be a study to prove it is safe for folks who are HIV-negative. That's "The T."

Tenofovir is a drug approved by the FDA. When it was studied before FDA approval, it was primarily studied in persons with HIV. We will study the safety of tenofovir in 400 men in our study.



ARCA will enroll 200 of these men and, in keeping with where the epidemic is in Atlanta, we hope that half of these will be African-American. We are committed to including enough African-Americans to learn whether race affects the safety of this drug. The time is long overdue for African-Americans to have an important place at the table in the HIV research. ARCA is committed to this goal. (Women, also a critically important population, are being studied in overseas trials.)

We believe tenofovir will be safer to administer as a daily dose than many of the other drugs currently used to fight the virus. For most people who take tenofovir, it appears to cause minimal or no side effects. In some HIV+ persons, there have been incidences of kidney effects and the possible loss of bone mass. The participants in the study will be closely

monitored, especially for potential kidney problems, which will help determine if this side effect is present in people without HIV and whether it will limit tenofovir's usefulness as the possible prevention tool we need.

The San Francisco Department of Public Health will enroll an additional 200 men and will be doing very expensive tests to monitor bone density. It is the intent of the study to make sure we have chosen the right drug to help with prevention. As with any pharmaceutical, we have to know if it is safe to take.

Oh, I said it. We need a new prevention tool! Despite 20 years of advocating, educating and doing all manner of condom shows, displays and how-to's, many people around the world, for all sorts of reasons, have found that as a prevention option, condoms—whether colored, flavored, ribbed, lubed, easy-to-open, large, small, tight, loose, latex or polyurethane—are less than favorable to unacceptable. We are still challenging cultural biases, religious teaching and personal dislike of anything that is perceived to disrupt the intimacy of sex between two people. So condoms alone aren't doing it, mainly because people are not using them.

Pardon me, perhaps I should have said we need another prevention tool in addition to abstinence (having no sex at all, ever) and having monogamous sex with an uninfected individual. The last two methods are very effective regardless of their limited appeal. And let's be clear that the use of the word *monogamous* is in its strictest meaning: a long-term relationship with one other person. There are many different personal definitions that do not quite match with this.

"The T" was developed with intensive community involvement. Our Atlanta community supports "The T," and I think it is because we are all very tired of HIV/AIDS. We thought this disease would be well over by now. Certainly, we thought that the conversation would be about the word *cure* after 20



WHAT'S THE T?

a study of men who have sex with men.

years, not about testing new prevention tools. Therefore, we still have the need not only worldwide but also in our own neighborhoods to have something that will help, even if it is down the road a bit, with preventing new infections.

So, if you are a man who has sex with men (or know one), who is single or not tied down in a monogamous relationship with another HIV-negative man, consider being part of the study. We will monitor all the participants closely to safeguard their health. We will offer free testing and counseling anytime you would like, and there is a small compensation available for attending visits. And as always, we encourage you to practice sex safely.

I am convinced that our communities would love to know if "The T" is going to help us get another tool to prevent the further spread of HIV. For more information regarding the study and to see if you can be a participant, please call ARCA at (404) 876-2317 or e-mail us at WhatsTheT@aidresearchatlanta.org.

Duncan Teague is the Recruitment Coordinator for the AIDS Research Consortium of Atlanta. ♂

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Battle of the Bugs

It is a tale of good versus evil. While good prevails over evil in the world of superheroes, such is not the case in the bacterial community of the human gut. In this dynamic environment, resident bacteria (good) frequently have to battle invading microbes (bad). The “winner” is the bacteria population that secures territory and nutritional resources within the gastrointestinal tract. When bad bacteria (for example, *Salmonella* or *E. coli*) win, a person can experience a number of gastrointestinal ailments that can last days, weeks or even months. However, improving the balance of friendly bacteria in your gut is one way you can help protect yourself from these disease-causing microorganisms.

By definition, probiotics are foods or supplements that contain microorganisms in sufficient numbers to enhance the health of an individual by improving the balance of microflora (friendly bacteria) in the gastrointestinal tract¹. Thus, probiotics such as *Lactobacillus acidophilus* and *Bifidobacterium* can be used to promote intestinal health,

thereby enhancing the immune system and supporting overall health and well-being.

There are several ways in which probiotics help prevent disease. Some of these mechanisms of action are as follows: probiotics produce substances that inhibit the growth of harmful bacteria; they block adhesion sites so that pathogens cannot stick to intestinal cells; they compete for nutrients and starve the harmful bacteria to death; and they prohibit toxins from having an ill effect on gastrointestinal cells.

You can get probiotics from foods or supplements. However, to produce therapeutic benefits, supplements are usually needed to supply adequate amounts of live, active cultures. You can find these supplements in capsules, powders and liquids almost anywhere nutritional supplements are sold (in-



Examples of probiotic bacteria

PHOTO: UNIVERSITY OF BIRMINGHAM (UK)

cluding AIDS Treatment Initiatives). Check labels for the number of live cells and aim for at least one billion per day. Because live cultures decrease with time, try to get a product that is far away from the expiration date. Also, some products need constant refrigeration, so always store supplements according to the manufacturer’s recommendations.

With regard to food sources, most brands of yogurt contain live, active cultures, but read labels to make sure. Also, culture-containing dairy drinks, such as kefir, acidophilus milk, and DanActive™, are also healthy options. Finally, fermented vegetables (such as sauerkraut) and fermented soy products (including miso and tempeh) also supply probiotics, but little is known with regard to the type or amount of bacteria present.

The digestive tract is the first line of defense in protecting the body from harmful foreign bugs. Because disease-causing bacteria take advantage of the impaired immune system, people with HIV/AIDS may benefit from maintaining healthy gut flora through the consumption of probiotics.

Additionally, individuals taking antibiotics to prevent or treat an infection may benefit from probiotics. Because antibiotics kill all forms of bacteria (the good *and* the bad), these medications disrupt the healthy balance of organisms in the intestines, which can lead to diarrhea and other gastrointestinal symptoms. But, probiotics can replenish the good bugs and help control the growth of unwanted bacteria as well as decrease the likelihood of antibiotic-associated diarrhea.

If you would like more information on probiotic supplementation or any other nutritional supplement, please contact AIDS Treatment Initiatives at (404) 659-2437. [A](#)

Save the Date! Friday October 21, 2005

9:00 p.m. - Midnight
at
Le Moulin Rouge Room
of
Paris on Ponce

Open Bar
Music & Dancing
Hors d'oeuvres Buffet
Costume Contest Prizes

plus
Decadent Tricks & Treats
from
Award-Winning Entertainers





Check our website
www.aidssurvivalproject.org
in coming months
for more details

¹ Schrezenmeir J, de Vrese M. Probiotics, prebiotics, and synbiotics—approaching a definition. *Am J Clin Nutr.* 2001;73: 361S-364S.



Support from Many Sources

This spring, AIDS Survival Project was honored and grateful to receive grants awarded by philanthropic supporters from here to Canada.

The **M•A•C AIDS Fund** awarded ASP \$10,000 in support of **THRIVE! Weekend**. M•A•C created the **VIVA Glam** lipstick program specifically to raise money for the fund, which in its 11-year history has donated over \$44 million to help men, women and children affected by HIV and AIDS across the U.S. and Canada. Through the generosity of M•A•C and its many retail partners, the M•A•C AIDS Fund is in a class of its own among corporate-sponsored programs addressing communities in need.

Back in Georgia, the **Healthcare Georgia Foundation** awarded ASP a \$50,000 organizational capacity-building grant to strengthen the agency's development programs. The Foundation's mission is to advance the health of all Georgians and to expand access to affordable, quality health care for underserved individuals and communities. ASP particularly commends the Foundation for recognizing the importance of capacity building by including organization improvement among its top three priorities. Support for this kind of critical, albeit unglamorous, work is hard to come by in the world of nonprofit funding, and the Georgia health care service community is fortunate to have the Foundation working on its behalf.

And just up the road from our office, the **Atlanta Girls' School** overwhelmed the agency with its generosity in awarding not one but two grants of \$4,000 each in support of **THRIVE! Weekend**. Tenth-graders of the private girls' school, along with key faculty and board members, have created a unique curriculum called "Philanthropy: Time, Talent and Treasure." Each year, two classes of students conduct a grant-making program from A to Z (RFPs, screenings, site visits, final award selections). This year, both classes chose ASP as a grant recipient and, along with the other winners, hosted the organization at an inspiring award ceremony on Wednesday, May 4. The spirit of giving among the students and their depth of understanding of the indispensable role of nonprofits in our community were truly remarkable, and ASP is deeply honored to have been a part of this program.

Help Us Help Others—Host a House Party

Is supporting ASP by traipsing across town to mix and mingle with the crowds not your thing? Just can't bring yourself to sit down bold as brass and write out that check for \$500 or—*gulp!*—\$1,000? Not chums with a foundation director or the CEO of a *Fortune* 500 company? There's still a way you can do your part to help AIDS Survival Project help our many communities facing the challenge of HIV and AIDS.

Throw a party! Any kind of party. It's your party—you have total control over the what, when, how and why. It can be as simple or as elaborate as your heart desires; we ask only that you collect donations for ASP in the way that's most comfortable for you.

Have an idea for a fundraising party you'd like to run by someone? Give us a call and let's come up with a plan. Just call Greg at (404) 874-7926, ext. 18, or Treh at ext. 16, and we'll help you get started. Or check our web site at www.aidssurvivalproject.org/donate/houseparty.html for suggestions to get you started.


End of an Era

As many of you have discovered, Kroger discontinued its long-running Kroger Commitment Card

program on Saturday, June 11. Over the years, your trips to the grocery store translated into thousands of dollars—money we were able to apply to expenses not covered by grants and other restricted contributions. To everyone who faithfully used their cards on AIDS Survival Project's behalf, thank you so much!

Delightful Diva

Big thanks also go out to Broadway in Atlanta/Clear Channel and legendary stage diva **Patti LuPone** (of *Evita* fame) for several efforts to support ASP. Despite the busy touring schedule of her show *Matters of the Heart*, Ms. LuPone took the time to create an autographed bowl for our Art of Dining auction in April. She also made a special post-show appearance at Burkhart's on Thursday, May 12 as a benefit for our organization, giving away signed show posters and CDs as well as tickets to the performance at the Fox Theatre to the many generous donors who came out to see her. As always, we appreciate the generosity and helpfulness of Burkhart's and *Southern Voice* for making this happen.

We also extend our gratitude to the staff of Broadway in Atlanta, especially **Jennie Coakley, Jennifer Dooley** and **Thomas Pinkney**, for putting together a plan to give ASP \$5.00 from every ticket to *Matters of the Heart* sold through a special Internet offer. 

THRIVE! Weekend Program Manager Sarab Biel-Cunningham (far left), Development Director Greg Carraway and ASP Volunteer Eva Hansen (far right) with students of the Atlanta Girls' School's "Philanthropy: Time, Talent and Treasure" program.

PHOTO: JEAN HILYARD



ASP's Art of Dining Fundraiser



Clockwise from left:
1. ASP's annual Art of Dining fundraiser, held April 15 at the Lowe Gallery, was the most successful in the event's three-year history, raising more than \$22,000.

2. Contributing artist **Tony Quinton** looks over the many original art works.

3. **Jay Mathbeney** of Brink/Mathbeney Marketing (left) and Art of Dining Chair **Drew Plant** (right) with Pablo Aspe's art piece "Dunk n Dine," an entry in the live auction at The Art of Dining.



4. Contributing artist **Robert Sberer** (left) and **Linda Hightower**, chair of the Department of Visual Arts at Kennesaw State University. Several KSU students contributed original works of art for the benefit auction for AIDS Survival Project.

5. Dave FM deejay **Mara Davis** (left) and actor **Mitchell Anderson**, proprietor of MetroFresh, conduct the live auction with the record-setting sale of Rhonda Stewart's creation "Let's Not Say 'Au Revoir,' Let's Just Say 'Hors D'Oeuvres.'"



6. An AIDS-themed plate created by physician and artist **E. Cole Wolford**.

7. Art of Dining graphic designer **Margaret Johns** (left), proprietor of Sage Design, and **Deb Ryburn**.

8. Salon owner and photographer **Richie Arpino** holds "Floating Plate," by Patrick Angers.

ALL PHOTOS THIS PAGE:
 JENNIFER HAYES



U.S. Backs Off Stipulation on AIDS Funds. On Tuesday, May 17, the Bush administration pulled back from a plan that would have required grassroots AIDS organizations overseas partly funded with U.S. money to declare their opposition to prostitution and sex trafficking. AIDS organizations that are directly funded by the U.S. government or a federally funded charity are currently required to make the declaration. A CDC document issued in mid-May said grassroots HIV/AIDS groups receiving money through the Global Fund to Fight AIDS, Tuberculosis and Malaria must make the declaration. The Global Fund itself is exempt from the requirement. The policy would have required 3,000 groups in 128 countries to make the pledge, which AIDS activists warned could engender fear and resentment in some nations and make it harder to reach sex workers. Department of Health and Human Services spokesperson Kevin W. Keane said Tuesday night that the posting of the CDC document, which appeared in two "requests for applications" for contracts for AIDS activities in Africa, was "a misunderstanding." The language "hadn't been fully reviewed and cleared," Keane said. "We are removing that language." Randall L. Tobias, director of the President's Emergency Plan for AIDS Relief (PEPFAR), learned of the CDC posting a week before a visit to Africa. The policy "is not one I have seen and considered," he noted. "It is something that I would want to sign off on one way or another." Keane said Tobias has rescinded the policy. The antiprostitution clause has been a part of PEPFAR since its 2003 inception, though it exempted multilateral organizations such as the Global Fund and the World Health Organization. U.S. charities working overseas were initially exempt; they are now being asked to comply. PEPFAR regulations state that nothing in the antiprostitution clause should be construed to preclude services to sex workers. But Maurice I. Middleburg, acting president of Engender Health, a charity working in 16 countries, said the declaration "risks further stigmatization of a population [prostitutes] that is already very difficult to reach."

Community Planning, HIV Prevention and a Needs Assessment for Men Who Have Sex with Men: The South Beach Health Survey. This study was designed to plan for a series of culturally competent and sexually appropriate public health interventions for a highly mobile population of men who have sex with men (MSM). The authors conducted a cross-sectional survey with a multistage probability sample of unmarried adult MSM living in households with the goal of conducting a comprehensive needs assessment. The investigators screened 918 residential units and enrolled 140 mostly white (56%) and Hispanic (34%) MSM with a median age of 33.5. Almost half (47%) reported having unprotected anal intercourse during the previous 12 months. Drug use was common. Nearly one third (31%) tested positive for the HIV antibody. Estimated annual incidence of HIV infection was 10%. The researchers concluded, "Population-based HIV antibody testing revealed a remark-

ably high annual incidence of HIV infection. A community-based organization was transformed to implement a social marketing campaign and provide other disease prevention services for MSM." (This study was published in *Sexually Transmitted Diseases*, Volume. 32; No. 5, pages 321-327, May 2005.)

Many HIV+ Gay Men Unaware They're Infected. A new study found that of approximately 5,600 gay and bisexual men ages 15-29, more than three-quarters of those testing HIV+ were unaware they were infected. In fact, before testing, a majority of the infected men believed they were at low HIV risk, even though half reported having unprotected sex with another man in the previous six months. Such findings suggest the epidemic "continues unabated" among gay and bisexual men, partly because many are unaware of their infection, said authors. The high rates of unknown HIV infection, in turn, reflect that many gay and bisexual men were not testing regularly for the virus, said lead author Duncan A. MacKellar of the CDC. While some of the men did test, few did so regularly, and only a minority of the newly diagnosed men had tested within the previous year. The reasons why are unclear, but may reflect the men's perception that they were at low risk for HIV, he said. Limited health care access and fear of testing positive might also be contributing factors, MacKellar said study findings suggested. Current guidelines recommend that people at risk of HIV be tested for it and other STDs at least once a year. The men were from six U.S. cities, recruited for the survey through various venues, including bars, parks, cafes and shops. A total of 10% tested HIV+, of whom 77% were unaware they were infected. Due to the recruitment method, the figures are probably unrepresentative of U.S. gay and bisexual men. Prior household-based research found lower rates of unrecognized infection. Nonetheless, the fact that so many of the men did not know they had HIV "underscores the urgency" of increasing HIV testing among young men who have sex with men, said MacKellar. Study authors recommended expanding rapid HIV testing at venues such as bars and clubs to reach men with undiagnosed HIV infection. In addition, it is key that individual doctors routinely recommend HIV testing to at-risk patients, said MacKellar. "The CDC is working with providers to make HIV testing a more routine part of health care," he said. The full report, "Unrecognized HIV Infection, Risk Behaviors and Perceptions of Risk Among Young Men Who Have Sex with Men," was published in the *Journal of Acquired Immune Deficiency Syndromes* (2005;38(5):603-614).

Congressional Panel Opens Inquiry into Use of Foster Kids in AIDS Drug Trials. On Wednesday, May 12, the House Ways and Means Committee's subcommittee on human resources heard testimony as to "whether adequate protections are in place" to protect foster children used in federal research. The Associated Press recently detailed the use of foster children, mostly poor or minority, in federally funded

AIDS drug studies since the late 1980s. Often, this occurred without assigning an independent advocate, a protection provided in federal law and required by certain states. While receiving cutting-edge treatment at government expense, in some cases extending their lives, the children were also exposed to risks without the benefit of an advocate to protect their interests. "This hearing will explore issues surrounding the placement of foster children in clinical drug trials, including under what conditions participation is permitted," said subcommittee Chairperson Rep. Wally Herger (R-Calif.). "We are concerned about recent allegations involving the enrollment of foster children in such trials," Herger added. "This hearing will help us assess whether there is any substance to these allegations and if so, what response is appropriate."

Serono Sets Aside Big Sum as U.S. Inquiries Continue. The European drug maker Serono has set aside \$725 million to settle investigations surrounding its AIDS drug Serostim. The size of the set-aside suggests the company is preparing to pay one of the largest settlements ever in a government inquiry of a pharmaceutical company. Serostim is used to prevent AIDS wasting. Previously, Serono said it had complied with subpoenas for information on the drug's pricing and marketing, and it said the subpoenas were similar to requests received by other drug companies. In early April, however, the federal government indicted four former sales executives of Serono, Inc., the company's U.S. branch, for allegedly offering doctors expense-paid trips to a conference in Cannes, France, in exchange for writing 30 twelve-week courses of Serostim at \$21,000 each. An additional executive has already pleaded guilty to similar charges. There is no indication any current executives took part in the alleged 1999 scheme. A company spokesperson said the \$725 million would also be used to pay anticipated costs associated with various state investigations. However, Geoffrey C. Porges, an analyst with Sanford C. Bernstein, said, "Bribing a handful of doctors is not enough to justify a \$725 million fine." The size of the set-aside, he said, suggests behavior "considerably more egregious" than Medicaid price miscalculations or incentives to doctors. The size of the anticipated penalty could indicate that the charge is proceeding under the False Claims Act, which allows treble damages, speculated Evan Slavitt, a former federal prosecutor who is representing one of the former executives. The alleged scheme, which sought to sell \$6 million worth of Serostim in six days, focused on doctors in Florida, New York and New Jersey. At least one doctor in Florida declined to take the trip, but about ten accepted, according to the indictments, which do not name the doctors.

Doctors Without Borders Criticizes Brazil for Not Breaking AIDS Drug Patents. On Tuesday, May 10, Doctors Without Borders said Brazil's government has failed to keep its pledge to break patents on expensive foreign HIV/AIDS drugs. In March, the gov-

CONTINUED ON NEXT PAGE

ernment threatened to break patents on four medications if manufacturers did not agree to let Brazil produce generic equivalents or buy the drugs at discounted prices by Monday, April 4. That deadline passed without agreement, and the government did nothing. "The lack of action on the part of Brazilian authorities is incomprehensible. On the international level, Brazil has publicly defended using the flexibilities included in the World Trade Organization's TRIPS agreement," said a Doctors Without Borders statement signed by 107 other nongovernmental organizations. "But when it comes to transforming this bold posture into acts that benefit the Brazilian population, the government resembles a toothless tiger," the statement said. TRIPS, the WTO's intellectual property agreement, lets governments grant licenses allowing them to manufacture generic versions of patented drugs. The Brazilian government, which provides free HIV/AIDS drugs to anyone who needs them, said the cost of newer drugs is driving expenses up and endangering the program. The drugs in question—Abbott's combination pill of lopinavir and ritonavir, Merck's efavirenz, and Gilead Science's tenofovir—will cost Brazil \$169 million this year, 67% of the government's budget for imported AIDS medications, said the Health Ministry. In recent years, Brazil has obtained price reductions from pharmaceutical manufacturers by threatening to break patents. Merck has lowered the price for efavirenz four times, but the government says that is not enough. A press officer at the Health Ministry's AIDS program said breaking patents is a delicate procedure and Brazil does not want pharmaceutical companies to stop supplying the drugs before generic equivalents can be manufactured.

Brazil to Give Caribbean Islands Antiretroviral Drugs in Support of Their Fight Against HIV/AIDS.

The Caribbean Community announced on Monday, April 25, that Brazil has pledged to give antiretroviral drugs (ARVs) to patients in nine eastern Caribbean nations. ARVs will be provided for 500 AIDS patients in Anguilla, Antigua & Barbuda, the British Virgin Islands, Dominica, Grenada, Montserrat, Saint Kitts & Nevis, Saint Lucia, and Saint Vincent & The Grenadines. The countries are all members of the subregional Organization of Eastern Caribbean States. Brazil made the pledge following a meeting in April between Caribbean officials and Brazilian President Luis Inacio Lula da Silva and the nation's Health Minister Humberto Costa. Officials were unable to specify when the ARVs would be supplied. However, Brazil and the community are meeting in May to sign an HIV/AIDS technical assistance agreement. In the Caribbean, 2.4% of the population, or some 500,000 people, have HIV, a rate surpassed only by sub-Saharan Africa. The Caribbean figure excludes Cuba, where testing and prevention programs have kept rates of infection relatively low.

Late HIV Diagnosis a Problem. A new study found that one third of nearly 1,000 patients learned they had HIV only when their CD4 cell count was low. The study reported that 168 patients in the United Kingdom and Ireland had been to a hospital with HIV symp-

toms a year before being diagnosed. Late diagnosis, the study said, meant patients were missing out on drug therapy. Investigators who surveyed more than 100 HIV centers in the United Kingdom and Ireland found that of 977 patients diagnosed with HIV, 301 had CD4 counts below the threshold for starting drug therapy. Black Africans and the elderly were more likely to have late diagnoses, they found. Lead author Ann Sullivan said people at risk of HIV should be encouraged to be tested and that health care professionals need to be more proactive. "To improve this situation, the proportion of people diagnosed as having HIV as part of routine screening needs to increase, with people at risk being encouraged to have an HIV test," Sullivan wrote. "Health care professionals' awareness of factors associated with late presentation of HIV infection and conditions likely to be related to HIV also needs to increase." Socioeconomic issues were cited by a spokesperson for the Terence Higgins Trust: "HIV is well-understood by the gay community. HIV is stigmatized within the black African population; it is not really talked about. And when you think about the more disadvantaged groups and asylum seekers that may be having trouble with social care, housing or immigration, HIV may not be such a priority." A Department of Health spokesperson said attempts are underway to encourage early diagnosis. The study, "Newly Diagnosed HIV Infections: Review in UK and Ireland" appeared in the *British Medical Journal*.

African AIDS Crisis Pushes Christian Leaders to Debate New Outlooks for Faith.

At a recent global conference in Greece on Christian mission, participants discussed how the ravages of HIV/AIDS in Africa could reshape religious views and practices there. The pandemic has forced many churches to grapple with the sensitive subjects of sexuality and death, and it has put some Roman Catholics at odds with church hierarchy over the Vatican's opposition to condoms. Some pastors and scholars believe the coming decades may push African churches to reorder basic theology, placing social assistance and health care above traditional preaching and evangelism. This could, in turn, promote cooperation between Catholic and Protestant denominations and stir a new movement in the faith, some leaders say. "We have pastors who are spending more time burying members of their congregation than ministering to them," said Jacinta Maingi, who runs an HIV/AIDS program and conducts seminars around Africa with religious leaders. A March UN study predicted that more than 80 million Africans could die of AIDS by 2025 and HIV infection could soar to 90 million, more than 10% of the continent's population, without expanded prevention programs and better access to drugs. Maingi urged an "AIDS theology" that allows patients to remain within their faiths. "Messages like 'AIDS is God's punishment for sin' are still very much present," said the Rev. Johannes Petrus Heath, a South Africa-based Anglican who operates a confidential network for African religious leaders with HIV. "Our Gospel and the teachings of Jesus are teachings of holistic inclusion. But [the faith] has had 2,000 years of perfecting the doctrine of exclusion. We hope to use AIDS and HIV

to bring back that core of inclusion to Christianity."

Bush, Mandela Discuss Fighting AIDS, Debt Relief for Poor Countries. On Tuesday, May 17, in Washington, President George W. Bush met with former South African President and Nobel Peace Prize laureate Nelson Mandela to discuss AIDS in Africa and debt relief for poor countries. According to spokesperson Scott McClellan, Bush welcomed Mandela back to the White House for a 20-minute talk. Bush told Mandela the United States is committed to debt relief and said the issue will be addressed at July's Group of Eight summit. At a brief speech Monday, May 16, at the Brookings Institution, a Washington-based think tank, Mandela said democracy is spreading in Africa, but "true democracy cannot be imposed. It must be homegrown and the product of consensus," said Mandela, who is in the United States to seek support for the Nelson Mandela Legacy Trust, which supports his Africa-based charities.

Survey: South African Mid-Sized Firms Ignore HIV/

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AIDS. Just 26% of medium-sized South African businesses expect HIV/AIDS to critically impact economic growth over the next five years, according to the Grant Thornton 2005 Business Owners Survey released Thursday, April 21. Around half of owners said they had a formal HIV/AIDS strategy in place, and of those, over a third did not have anyone overseeing that policy. The study involved 300 medium-sized companies that employ between 50 and 250 people. "Given the acknowledged impact that HIV/AIDS is having, it is disappointing that over the last three years, the survey has recorded very little change in the attitude of business owners in providing direct assistance to their employees," said Lee-Anne Bac, head of strategic solutions at Grant Thornton. While some blue chip South African firms have instituted HIV/AIDS policies for their employees—including free testing, awareness education, health care and condom distribution—the survey found that smaller businesses are doing even less for their staff than in previous years. "For businesses of this size, it doesn't seem like the owners are going to make a concerted effort to tackle the problem until it really starts having a major impact on the workforce, by which time it could be too late," noted Bac.

Ugandan President Applauds Regional Leaders for Courage in Fight Against AIDS. On Tuesday, April 26, state-owned Radio Uganda reported that President Yoweri Museveni opened a two-day meeting of the Council of Ministers for the Great Lakes Initiative on HIV/AIDS with a speech delivered for him by Beatrice Wabudeya, minister in charge of the presidency. Health ministers, health experts and donors attended the meeting, which was held in Entebbe. In his speech, Museveni called on the region's leaders to strengthen the fight against the epidemic. At the meeting, the Uganda AIDS commission announced a \$20 million grant from the World Bank to be shared among Burundi, Democratic Republic of the Congo, Kenya, Rwanda, Tanzania and Uganda.

Annan's Wife Urges Indian Police to Treat HIV/AIDS Sufferers with Dignity. On Wednesday, April 27, at a police station in New Delhi, India, the wife of UN Secretary-General Kofi Annan called on officers to treat HIV-infected people with dignity. "They're human beings and they need to be treated as humans," Nane Annan told officers trained to deal with HIV/AIDS patients through an effort sponsored by the UN Development Program (UNDP) and India's National AIDS Control Organization (NACO). "The police work closely with high-risk groups like sex workers and drug addicts and hence the idea is that the force embrace

an overarching framework of preventive policing," said UNDP spokesperson Kumar Tiku. AIDS activists frequently complain that Indian police harass people with HIV as well as social workers seeking to help sex workers. About 12,000 of New Delhi's 60,000 police officers are taking part in the "New Dawn" AIDS awareness program that UNDP launched in October 2004. "With the right knowledge you have gained about HIV/AIDS, you will be able to deal with those affected in a more humane manner and also create awareness in society," Nane Annan told a group of male and female detectives. New Delhi, a city of 14 million, has 3,000 registered sex workers who undergo regular health checks. However, the city is home to thousands more unregistered sex workers and an uncounted population of drug users. "I am here because I have a very strong commitment to fight HIV," Nane Annan said. "I'm very encouraged by you and since the police are the torchbearers of the society, I hope you help fight this disease." NACO has rejected the assertion of the Global Fund to Fight AIDS, TB and Malaria that India has overtaken South Africa as the nation with the most HIV/AIDS cases.

Myanmar Launches UN-Sponsored Program to Prevent Mother-to-Child HIV/AIDS Transmission. On Tuesday, May 17, UNICEF announced that the UN and the government of Myanmar have launched a program to prevent mother-to-child HIV/AIDS transmission. The program started at the country's 10 largest hospitals and will gradually be extended throughout the nation, where HIV infections continue to rise. HIV+ women give birth to at least 3,000-4,000 HIV+ children in the country every year, UNICEF representative Carroll Long said in a statement. While Myanmar's government says more than 300,000 of the country's 54 million people have HIV/AIDS, UNAIDS estimates that more than 600,000 people ages 15-49 in the country have HIV. UNICEF spends an average of \$2 million annually to support HIV/AIDS prevention and care programs in Myanmar.

HIV Infections Pick Up Alarmingly in the Philippines. On Thursday, May 12, Health Secretary Manuel Dayrit reported that new HIV/AIDS infections in the Philippines have risen to twice the rate of the 1990s. Since 2000, on average, 20 people have contracted HIV each month, up from roughly 10 cases per month in the 1990s, the minister announced. The world's 12th most populous state, the Philippines has more than 87 million people. This year through March, the health department documented 2,250 HIV infections, about 30% of which are AIDS cases. 69% of newly infected patients are ages 20-39; 63% are

males. Of the total, 33% had worked abroad, as roughly 10% of the country's people do through temporary job contracts.

Singapore Activists Distribute Condoms at Indonesian Ferry Points to Curb HIV. On weekends, Singaporean HIV/AIDS activists hand out condoms at the ferry terminals where local men depart for Indonesia in search of prostitutes, according to AIDS Singapore Executive Director Paul Toh. Toh said his group distributes up to 500 condoms each weekend to men heading toward the islands of Batam or Bintari, 45-minute ferry rides from Singapore. Toh said the condoms protect the men as well as the sex workers. Citing a 2003 Indonesian survey, the *Straits Times* newspaper said that on any weekend, roughly 600 Singapore men head to Batam for sex. New HIV infections in Singapore rose by 28% last year, to 311.

Action Movie Star Jackie Chan on AIDS Mission in Vietnam. On Saturday, April 23, action film star Jackie Chan began his first mission in Vietnam as a goodwill ambassador of UNICEF and UNAIDS. Chan visited community programs for HIV-infected children and their families in the Quang Ninh province, said UNICEF spokesperson Trinh Anh Tuan. "He observed antenatal care, checkup of women and visited some empathy clubs for the care of relatives of HIV patients as well as some households," said Tuan. The next day, Chan met Buddhist monks and nuns in Hanoi who care for and support HIV/AIDS patients. On Friday, April 22, in Phnom Penh, Chan said he planned to make a film in Cambodia to raise awareness about HIV and land mines.

AIDS Agency Admits Fault. Lax fiscal policies that began in early 2003 contributed to the current embezzlement scandal at AIDS Project Florida (APF), according to final results from an internal audit the agency released to Broward County late Friday afternoon, April 22. "The system of internal controls that existed in fiscal year 2004 was inadequate to protect the assets of the organization," wrote independent auditor Laurence Brown. Weakened oversight allowed William Diamond, the agency's chief financial officer at the time, to write approximately \$59,000 in checks to himself from September 2003 through March 2005. The audit revealed that Diamond covered up the checks—ranging from \$325 to \$650—by entering them as vendor payments in the agency's ledger. A policy mandating two signatures for checks above \$500 was frequently ignored, the audit found. The breakdown in policies coincided with the tenure of Norm Kent,

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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.

who served as APF's executive director from January 2003 to September 2004. Diamond and Kent were roommates more than a decade ago, and Kent brought Diamond to APF in February 2003. Kent was succeeded by Will Spencer, who has been put on paid administrative leave by APF's board for mismanaging the agency's response to the scandal. Diamond did not show up for work on Tuesday, March 29—the day state contract monitors were reviewing records related to a CDC grant. A few days later, Kent informed APF and two Broward County commissioners that Diamond had admitted, through attorney Bruce Lyons, to embezzling money. Lyons has confirmed the embezzlement, but did not discuss the amount of money or the methods used. Earlier in the month, the county froze \$1.5 million in funding pending its own review of the audit and APF's books, management and leadership. APF employs more than 70 people and provides medical and mental health services to 3,500 clients. APF has had to redirect money from its \$5.2 million budget to ensure that services are not interrupted.

AIDS Is a Disease—It's Not a Sin: Leaders of Black Churches Support Effort to Fight HIV. On Friday, May 13, black clergy members and AIDS activists encouraged black pastors throughout California to use their churches in the fight against HIV/AIDS. The Rev. Russell Thornhill of Unity Fellowship of Christ Church in Los Angeles told the daylong assembly of more than 80 participants, "You need to get over your issues and address [sex] from the pulpit. You cannot be afraid to give out a condom." Conference delegates supported legislation drafted by Assembly member Mervyn Dymally (D-Compton, Los Angeles County) that would declare HIV/AIDS a public health emergency in the black community. Attendees signed a covenant outlining their commitment to outreach and education programs at their churches. In 2001, AIDS was the nation's leading cause of death for African-American women ages 25-34 and African-American men ages 35-44. In California, African-Americans—7% of the population—represent 18% of HIV/AIDS cases. "Without a doubt, this is the worst public health crisis that has ever affected African-Americans in this country," said McArthur Flournoy, African-American HIV/AIDS specialist with the state Department of Health Services Office of AIDS. Though many churches still consider AIDS sinful, delegates urged their fellow clergy not to turn their backs on people with HIV and to help others learn how to avoid it. "We have to look at this as a marathon," said Dr. Clyde Oden, Jr., of Bryant Temple African Methodist Episcopal Church in Los Angeles. "AIDS is a disease—it's not a sin." Participants planned aggressive outreach to inform congregations about how to join the effort. Melanie Andrews of California State University/Long Beach said young people are especially at risk because parents do not speak frankly to them about sex.

HIV Prevention Program Gets Black Women Talking. The Sisters Informing Sisters about Topics on AIDS (SISTA) Project is a peer-led prevention intervention that engages young black women nationwide,

including in Richmond, Virginia, where for five once-weekly two-hour sessions, five young women sat and talked about relationships, self-worth and HIV/AIDS. Of Virginia's 1,290 new HIV/AIDS cases in 2004, 383 were females, of whom 304 were black. Among the program's aims are to give women the information and skills needed to be an equal partner in healthy relationships, avoid HIV risk behaviors and increase condom use. Participants talked about what they have done to hold on to a man, things they would not do to keep men in their lives, and how to have positive self-esteem while living without a partner. Sessions are outlined but can be freely adapted by facilitators. A talk on self-esteem might include discussion about black women artists and entrepreneurs. Role-playing participants might ask a partner about using condoms. After the five sessions, participants return for two- and four-month follow-up "booster sessions." Group leaders, who can be HIV-positive or -negative, are recruited from community-based programs that include an HIV prevention component. "You are giving them tools to use," said YuVonda Garrett, a program administration specialist at the Virginia Department of Health who trains SISTA group leaders. "So they are prepared if they are in a situation, they know what they are going to say, what they are going to do," said Garrett. "You talk about the difference between aggressive, assertive and passive. You talk about alcohol and drugs. You talk about what it means to be a black woman, how to be proud of who you are," she said. "It's a healing process—spiritually, emotionally, physically."

New AIDS Chief Stresses Prevention. On Thursday, March 3, Dr. Scott Kellerman became the New York City Department of Health and Mental Hygiene's new assistant commissioner for HIV/AIDS Services, heading a bureau with a \$220 million annual budget and some 230 staff members. The bureau oversees funds to many city AIDS service organizations, the city's HIV prevention efforts, AIDS policy, surveillance and epidemiology. Kellerman earned his medical degree from the University of South Florida and his master's in public health from Emory University. Prior to joining the city department, he worked for 10 years at the CDC, the last five on AIDS issues in Africa and India. "Over the years, it became obvious to me that if I was really going to make an impact on [HIV] transmission rates that I'd have to get back to work at the local level," said Kellerman. Kellerman's bureau is developing measures to assess the performance of its contractors to see if spending is translating into results. "We're creating an outcomes evaluation team within the bureau to really start thinking about if we spend \$10 million on X after a year or two or three, what did we get out of it?" he said. "Did it really go to the goal of decreasing transmission?" Kellerman said that maybe the time has come to consider "nontraditional" AIDS strategies. "I don't know what that means yet, but I'm really going to be thinking about what that means over the next six months or so," he said. "We're 20 years into this thing. We've spent hundreds of millions of dollars in this town alone on traditional prevention efforts and we're still dealing with 4,000 new diagnoses in this town alone." 

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President Bush's War on... Prostitution?

As the old saying goes, two things are certain: death and taxes. We could just as easily add two more certainties to the list: prostitution and terrorism. Arguably, the threat of terrorism has always been around. And prostitution—well, why do you think they call it the world's oldest profession? Americans are often surprised to learn that countries as diverse as Canada, France, Germany, Sweden, Mexico, Netherlands, England, Wales, Australia, New Zealand and Israel—*yes, Israel*—have legalized or decriminalized some forms of prostitution.

Our president, Curious George, and his administration have already taken on terrorism. Last September, W vowed, "The United States is determined to stay on the offensive and to pursue the terrorists wherever they train or sleep or attempt to set down roots." That terrorism thing should be under control any day now, so W and all the neoconservative powers that be in Washington have time to take on the world's prostitutes—wherever they train or sleep or solicit.

In Brazil—South America's largest country and leading economic power—prostitution is legal for consenting adults over the age of 18. Brazil has adopted open, accepting policies about commercial sex workers. Direct educational outreach to prostitutes and free condom distribution is believed to have curbed the spread of HIV and other sexually transmitted diseases. Simultaneously cutting-edge and practical, Brazil's approach to prostitution has been praised by many AIDS advocates and international health organizations. No one is saying prostitution is good for women—degradation and exploitation remain commonplace. But Brazil was smart enough to acknowledge that punitive laws and public moralizing don't stop commercial sex work or HIV.

Back in 2003, the U.S. Congress passed legislation called The Leadership Against AIDS, Tuberculosis and Malaria Act of 2003 (also known as PEPFAR—The President's Emergency Plan for AIDS Relief). The legislation contains references to "eradicating prostitution" and helping women who are victims of "sex trade." Not so much about malaria and tuberculosis. And an amendment to the legislation prohibits funds from going to any group or organization that does not have a policy explicitly opposing prostitution and sex trafficking. The legislation authorizes spending \$15 billion over five years in African and Caribbean countries. Somehow—and this remains unclear—Vietnam and Brazil got thrown into the mix, too.

That \$15 billion is doled out by an independent federal government operation known as the U.S. Agency for International Development—USAID. Since 2003, USAID has awarded Brazil about \$8

million of a promised \$48 million grant. This past May, two years later, the Bush administration told Brazil it would get the remaining \$40 million when the Brazilian government and any HIV/AIDS organization providing services in the country sign a written pledge condemning prostitution. Speaking on behalf of Brazil's National HIV/AIDS Commission, Dr. Pedro Chequer rejected both the money and the manipulation. "We can't control (HIV) with principles that are Manichean, theological, fundamentalist and Shiite," Chequer said, adding that the national commission—which includes cabinet ministers, scientists and AIDS advocates—viewed the Bush administration's demand as "interference that harms the Brazilian policy regarding diversity, ethical principles and human rights." Chequer said some other stuff, too, but no one in the Bush administration was listening after that Manichean reference.

Bravo, Dr. Chequer! Brazil's national AIDS policies are among the most progressive and successful in the world. The International Center for Equal Healthcare Access (ICEHA), a nonprofit organization that brings the infectious disease expertise of Western physicians and nurses to clinics in resource-poor settings, has said that more countries should follow Brazil's example. In 1992, experts predicted that there would be 1.2 million HIV+ people living in Brazil by 2002. Brazil mounted an unprecedented HIV prevention campaign and built up its public healthcare system. The results? Brazil was able to halve its HIV prevalence rate from 1.2% in 1997 to 0.6% by 2002. There are 660,000 people living with HIV in Brazil today—not 1.2 million, as predicted.

And that's not all. Brazil's Ministry of Health distributes millions of free condoms each month—fairly amazing when you consider that 80% of the population is Roman Catholic. Further, Brazil recognizes a constitutionally based right of each citizen to receive HIV medications regardless of ability to pay. Over the years, the Brazilian government has aggressively and successfully negotiated drug price cuts with major pharmaceutical companies—*something the U.S. government has never even attempted*—as well as funding domestic national laboratories that produce generic versions of other drugs. Earlier this year, Brazil even pledged to give anti-retroviral drugs to nine eastern Caribbean nations.

In Brazil, sex workers play a part in HIV prevention and implementation of the nation's AIDS policies. The United States wanted Brazil—and every other country that advocates for sex workers or treats them like human beings—to condemn prostitution. While Brazil can afford to reject the Bush administration's ideological restrictions and money, many countries that need the U.S. grants cannot.

The Leadership Against AIDS, Tuberculosis and Malaria Act of 2003 was well-intentioned legislation. Unfortunately, it's riddled with absurdly prohibitive language that ultimately undermines its original humanitarian goal by coercing developing countries into publicly condemning some of the very people who need HIV/AIDS services the most.

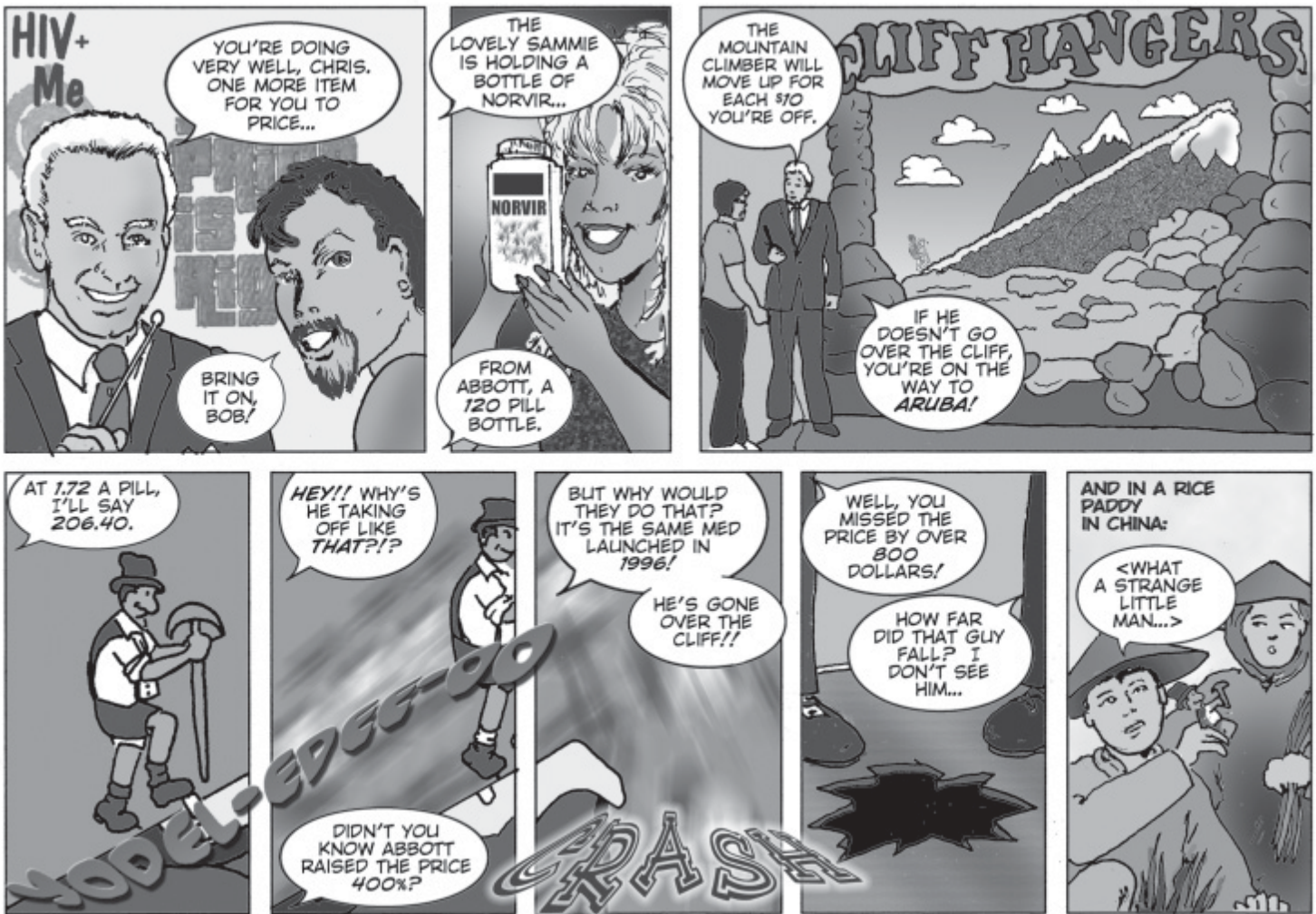
The Bush administration would have you believe they care about women. But you can't pretend to care about them while forcing governments and organizations all over the world to advocate official stigmatization of the ones who were forced into a life of prostitution or chose it as a means of survival. And apparently no one in the Bush administration can grasp the obvious, most problematic detail about this policy: *it goes against the entire grain of sound public health principles to judge the people you are trying to reach.*

Would it absolutely kill W and his disturbingly smug, misanthropic cabal of flying monkeys in Congress to admit, just occasionally, that some other country on the planet might be doing something worthwhile... might have a better plan... might even be more successful than us at addressing HIV? When developing nations have a sound plan, but no funds for implementation, doesn't it undermine the spirit of humanitarian aid when we wave millions of dollars at them—*money that will save lives*—but threaten to withhold it unless they condemn prostitution and reverse compassionate policies about commercial sex work?

Who says the United States ought to have the last word on prostitution, anyway? Prostitution is legal in counties throughout the state of Nevada. Why is the Bush administration picking on Brazil when legal brothels flourish in Nevada? You don't see Congress denying Nevada highway funds until the governor condemns prostitution. And what about that cornball Julia Roberts movie, *Pretty Woman*? She plays a prostitute who ends up with Richard Gere and an Academy Award nomination. People love that movie. Maybe Congress could come up with some kind of worldwide matching strategy for prostitutes that would place them all in traditional, monogamous heterosexual marriages with guys who look like movie stars.

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. ♂

Editor's Note: See also "U.S. Backs Off Stipulation on AIDS Funds," *The Chronicles*, pg 10, col. 1.



THE CHRONICLES, CONTINUED FROM PAGE 4


Congratulations to Volunteers and Staff Members Who Will Be Celebrating Birthdays

In July:

- | | | |
|-------------|------------|------------|
| Martin D. | Bentley P. | Richard C. |
| Dwayne H. | Tim C. | Jan H. |
| Lawrence P. | Timothy S. | Alfredo B. |

In August:

- | | | |
|---------------|------------|-------------|
| Antionette S. | Jesse S. | Lola H. |
| Mona B. | Arleen C. | Jim F. |
| Ken R. | Amandi H. | Leland B. |
| Trevor W. | Roy M. | Marshall H. |
| David S. | Tammy K.R. | Jonathan J. |
| Kelly S. | Miki C. | Toi J. |

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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Wish List**

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

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

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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. [1/2]

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. [2/2]

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. [2/2]

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Please contact me about volunteering for the following:

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- Peer Counseling Treatment Advisory Committee
- Advocacy Committee Special Events Committee
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Please acknowledge this donation to:

Name: _____
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City/State/ZIP: _____

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

JULY 2005

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1	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)	6 5:30 pm - 7:30 pm MACAI (closed)	7 7:00 - 8:00 pm Positively No Speeding (open Crystal Meth Anonymous group)	8	9 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group
10	11	12 6:00 pm Women's Support Group (closed)	13	14 7:00 - 8:00 pm Positively No Speeding (open Crystal Meth Anonymous group)	15	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 6:00 - 7:30 pm A. W. E. (Youth Group) Meeting	19 6:00 pm Women's Support Group (closed)	20 12:00 pm - 2:00 pm Ryan White Consumer Caucus (closed, but in- quire re: membership at (404) 874-7926 ext. 15)	21 5:30 pm - 6:30 pm Volunteer Orientation 7:00 - 8:00 pm Positively No Speeding (open Crystal Meth Anonymous group)	22	23 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group
24	25	26 6:00 pm Women's Support Group (closed)	27	28 5:00 pm - 10:00 pm Human Rights Campaign (closed) 7:00 - 8:00 pm Positively No Speeding (open Crystal Meth group)	29	30 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group
31	1	2 11:00 am - 12:00 pm Volunteer Orientation 6:00 pm Women's Support Group (closed)	3 5:30 pm - 7:30 pm MACAI (closed)	4 7:00 - 8:00 pm Positively No Speeding (Crystal Meth group)	5	6 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group
7	8	9 6:00 pm Women's Support Group (closed)	10	11 7:00 - 8:00 pm Positively No Speeding (open Crystal Meth Anonymous group)	12	13 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group
14	15	16 6:00 pm Women's Support Group (closed)	17 12:00 pm - 2:00 pm Ryan White Consumer Caucus (closed, but in- quire re: membership at (404) 874-7926 ext. 15)	18 5:30 pm - 6:30 pm Volunteer Orientation 7:00 - 8:00 pm Positively No Speeding (open Crystal Meth Anonymous group)	19	20 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group
21	22	23 6:00 pm Women's Support Group (closed)	24	25 5:00 pm - 10:00 pm Human Rights Campaign (closed) 7:00 - 8:00 pm Positively No Speeding (open Crystal Meth group)	26	27 7:00 - 8:30 pm Narcotics Anonymous 12-Step Group
28	29 6:00 - 7:30 pm A. W. E. (Youth Group) Meeting	30 6:00 pm Women's Support Group (closed)	31			

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

AUGUST 2005

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