Dateline DC: The Campaign to End AIDS 2005

by Jeff Graham, Senior Director of Advocacy & Communications

Nearly 500 people with HIV/AIDS and their supporters said tearful, triumphant goodbyes to one another in Washington, D.C., Tuesday, November 8, the last of four high-energy, high-profile “Days of Action” organized by the Campaign to End AIDS (www.c2ea.org), or C2EA, a new national group demanding that local, federal and world leaders do more to stop the HIV/AIDS epidemic in the U.S. and abroad.

While in Washington, C2EA participants attracted coverage from CNN, the Associated Press, The Washington Post, and countless other outlets as they protested the Bush administration’s funding of HIV prevention programs that ignore scientific evidence of the effectiveness of condoms and teach abstinence until marriage as the only means of avoiding the virus.

Activists also highlighted the immediate need for Congress to reauthorize and fully fund the Ryan White CARE Act, which provides treatment and care to more than a half-million uninsured Americans with HIV/AIDS, and to increase funding for other programs relied upon by people with AIDS worldwide, such as Medicaid and the UN Global Fund to Fight AIDS, TB and Malaria.

The summit laid the groundwork for deeper and broader mobilization in the months and years ahead, with many delegates pledging to strengthen C2EA networks in their individual states. “We’ve lighted a fire and we’re bent on keeping it burning bright,” declared C2EA co-chair Rev. Charles King, CEO of the New York City AIDS agency Housing Works, which played a major role organizing the D.C. events.

The national framework for C2EA has already been put in place by eight C2EA caravans that traveled more than 150 stops nationwide to highlight the need for increased AIDS funding and an end to stigma and discrimination against people with HIV/AIDS, especially in small towns in the South, where HIV/AIDS rates have risen in recent years. African-Americans, who account for nearly half of new HIV infections in the U.S., also made up roughly half of all C2EA travelers.

Once together in Washington on Saturday, participants marched boisterously through Anacostia, a part of D.C. hit hard by the epidemic, as residents waved, applauded and clamped for AIDS information and condoms. On Sunday, an interfaith prayer service was held at Metropolitan AME Church, where the body of civil rights hero Rosa Parks had lain the week before.

On Monday, roughly 40 participants were arrested for nonviolent civil disobedience in two protests against abstinence-only programs, one in the lobby bookstore of the conservative policy group Family Research Council (FRC), and the other at the front gates of the White House. The White House
Of Ft. Worth, Texas, who plunged into drug addiction after her HIV diagnosis but embraced activism in order to virtually every congressional office.

Just before participants regrouped into their own caravans, Judith Dillard called this morning, asking what they can do to help. We are setting up meetings with local officials about funding and prevention issues. And it looks as if this only the beginning.”

In Atlanta, two events marked the arrival of the caravan. First was a press conference at the Martin Luther King, Jr., National Historic Site, where local religious and civic leaders drew attention to the impact that HIV continues to have on the African-American community.

Summing up the thoughts of those gathered, National AIDS Education and Services for Minorities executive director Rudy Carn stated, “Ever since the epidemic began to disproportionately impact the African-American community, we have had a difficult time accepting our own responsibility for it. Rather than learning more about HIV/AIDS and how it could impact our community, we chose to be naive and claimed the disease was a white man’s burden. Instead of taking charge and preventing the disease from infecting our community, we stayed still and focused our attention on the negative consequences of the Tuskegee Experiment.”

“Instead of joining together to raise funds to help our brothers and sisters infected with the disease to live longer, we watched them die and asked God why. As a people, we must stop making excuses and start doing something about it,” he concluded.

Later that day, some 50 people gathered on the steps of the State Capitol to speak out on what ending AIDS means to them. Among the many people to take the opportunity to speak publicly for the first time was deaf AIDS activist Rochelle Williams.

“I am a single mother of two children,” she began.
From the Executive Director

**Strength through Diversity**

Diversity is a core value for AIDS Survival Project. Indeed, the diversity of our organization is one of our greatest strengths. Consider our mission statement: 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.

Diverse, yet united, a key concept for successfully embracing diversity. This salient feature is one of the strength-based assets that attracted me to AIDS Survival Project. As the agency has grown, so has our diversity. We are not just diverse in race and ethnicity, but also in many other aspects: religion, regional demographics, sexual orientation, educational and cultural backgrounds. Our diversity incorporates staff, volunteers and members. It is our hope to have representation of the many faces of our community so that we are better able to serve our members and to attract volunteers and donors. Maintaining and supporting diversity is not always easy. It is a balance of accepting, or rather embracing, our differences, yet being able to unite in our common mission. It takes interest, education, compassion and understanding to support and expand a diverse environment. As we expand our work, we seek to include a wider range of supporters for our work.

The staff and board have been diligent in addressing diversity issues and making efforts to recruit and engage a team representative of the community we serve. We don’t take this for granted and have planned a staff and board retreat to understand how to support our workforce, both staff and volunteer, and make the most out of our diversity. In that light, I asked the president of our board of directors, Susan Cornutt, to share her column and provide her perspective on this important issue. The following is from Susan.

From the President

**Making Our Diversity Work for Us**

I’d like to share with you a couple of examples of why I’ve wanted to do a workshop that helps us appreciate each others’ differences and also allows us to move past them and work better as a team.

We’ve been working on board diversity for as long as I can remember. It’s always ongoing since members rotate on and off the board. It’s just going to be that way. But, as we’ve gotten closer to where we want to be—not with racial diversity, but with diversity of age, gender, HIV status, sexual orientation and socioeconomic status—I started noticing that what we had put together was a room full of people who were just that: diverse, different from each other. Then, how do you get this group of different people to work to their greatest capacity as a team? That’s been on my mind for months and I’ve asked others in our community, never really getting an answer that felt practical and applicable to ASP until recently.

Let me step back a few years—OK, almost a decade—and share something from my own experience. When I joined the board in 1996, I believe there were three or four other women on the board then. We didn’t always attend the same meetings, so most of the time, there was a large majority of men and maybe two of us women. I remember trying to meet everyone then. I was new to the board and knew only a few folks. And I remember sitting with two of the younger gay men at my first board retreat, trying to get a conversation going. It felt like they never quite “got” me, didn’t get my sense of humor and often looked at me with blank stares, like I had just spoken in a foreign and unknown language. In short, there were times when I felt like I didn’t belong. And I’ve always wondered if maybe hanging out with a straight woman was out of their “comfort zone” at the time.

Now, obviously, I stayed on the board. And as time went by, I did get to know other board members better, and I do still keep in touch with one of those young men to whom I just referred. He’s a great, great person, and we have a mutual respect and fondness for one another now. But it took time. It took many awkward conversations, in my case. And it took working on projects together, finding our commonalities and learning to appreciate our differences.

But going back to examples from our current board that have kept this issue on my mind, several months ago, we were in a board meeting, just talking amongst ourselves before getting down to business, and one board member shared with a few of us sitting near each other something pretty amazing, inspiring and personal. But no one said anything back to this person except me. And the silence felt awkward. Were people not listening? Did they not care (which, knowing the folks there, I didn’t believe)? And then, one of the others said something to me about the strength and character of the person who had just shared. But he said it to me, not that individual. Why? Well, I think it’s because it would have been “out of his comfort zone.” So often, we sit with the people we know, the people most like us, the ones we can relate to and who we believe can relate best to us. We may make assumptions about one another. And too often, we miss the amazing person just one table down, the person we don’t know very well, whose background might intimidate us a little bit, whose life experiences have been very different from ours.

Another experience came more recently when a board member expressed at a meeting that often they felt alone in that room full of other board members. Again, no one said a thing. Sometimes, honesty and open vulnerability have the effect of leaving us speechless. So rarely are people so open about their feelings in public that sometimes, we just don’t know what to say. But I’ve never forgotten those words and the hurt expressed.

I am in the unique position of knowing every board member, having worked on the Human Resources and Board Development Committee for a few years now. I know how wonderful and gifted, passionate and inspiring each one of our board members is. I have a level of respect for them all. And I know that no one is uncaring. No one lacks humanity or compassion. But many of us stay within the groups with whom we feel most comfortable. It’s “safe” and it’s probably normal. But it keeps us from maximizing our potential, I believe, and being the best board, the best team, we can be.

And I imagine there could be similar examples on a staff level. I’ve never seen it myself, but I’ve heard it expressed by staff before. And I know that I’m not the most politically correct in my speech. It’s not a lack of respect, but a lack of knowledge. Sometimes, these topics are too touchy to bring up comfortably. Will it offend someone if I ask a ques-

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As we start 2006, I’m haunted by a strange sense of déjà vu. Although 2005 was to have been the year of both a reauthorization of the Ryan White CARE Act and a focus on increased federal appropriations, neither happened by the end of the year. Congress, splintered by controversial nominees to the Supreme Court and the largest natural disasters to have ever hit our country, did not even blink when the CARE Act expired on September 30. While funding levels had yet to be finalized as this issue went to press, there were no new funds earmarked for HIV/AIDS efforts in either the House or Senate versions of the budget.

Have we really forgotten the importance of fighting AIDS? As the Campaign to End AIDS so clearly articulated, there is still much work to be done. Funding levels have dipped, leaving thousands on waiting lists. Prevention efforts have been politicized to the point that the infection rate is beginning to rise after more than a decade of constant levels. The AIDS community, which has always been so good at rallying together in a time of crisis, has begun to splinter into factions that aim to pit rural communities against urban communities and government offices against community-based organizations.

While we’ve never had enough money, while our prevention efforts have always been dictated by politics and while our coalitions have always been fragile at best, to start a year with so much optimism against the Ryan White community, which has always been so good at rallying together in a time of crisis, has begun to splinter into factions that aim to pit rural communities against urban communities and government offices against community-based organizations.

We’ve never had enough money, while our prevention efforts have always been dictated by politics and while our coalitions have always been fragile at best, to start a year with so much optimism against the Ryan White CARE Act. As organizations representing people living with HIV/AIDS, their families and communities, we are committed to strengthening and expanding those programs to reflect changes in the HIV/AIDS epidemic and to serve the unmet needs in communities nationwide.

As organizations representing people living with HIV and AIDS and those providing frontline services, we see everyday the tremendous value of CARE Act services in the lives of people living with HIV/AIDS, their families and communities. We are committed to strengthening and expanding those programs to reflect changes in the epidemic and to serve the unmet needs in communities nationwide.

Our organizations look forward to working with the Administration, Members of Congress, and our allies in the HIV/AIDS community to secure, as swiftly as possible, reauthorization of the Ryan White CARE Act with sound legislative changes.

Hopefully, this group will find ways to work with other coalitions, such as the Ryan White ACTION Campaign (www.ryanwhiteaction.org). This coalition was founded by the AIDS Institute, National Alliance of State and Territorial AIDS Directors, the HIV Medical Association and The American Academy of HIV Medicine to promote public education and awareness of the Ryan White CARE Act. Too many lives depend upon us all working together.

Georgia Legislative Update

The Georgia Legislature begins its session in early January. ADAP funding continues to be our top priority, with an anticipated shortfall of at least $2.6 million in next year’s budget. This year, however, we are also very concerned about the Governor’s proposed changes to the Medicaid program. If these changes are enacted, it could cause severe disruptions in services throughout the state.

We are again working with the Georgia Coalition for a Responsible Budget (GA-CURB) to monitor this proposal and fight against changes that would hurt low-income people living with HIV/AIDS.

These and other issues will be covered in depth at our annual AIDS Policy Briefing on February 1 at the Powell Goldstein law firm in Midtown Atlanta.

While further details on the Policy Briefing and ADAP Lobby Day were not finalized at press time, please visit our web site and join our announcement list for the latest information on how you can support our efforts.
A s longtime attendees and coordinators of the most recent empowerment activity, ASP Treatment Education Manager Cara Emery and I decided that it might be interesting and insightful to get a perspective from both a first-time attendee and someone who has attended the forum for a majority of the past nine years. Tammy is an ASP volunteer who works primarily in Prevention Services. Tammy, along with a number of other first-timers, was a participant in my support group. I was amazed at how well and how closely these women bonded with each other. Although their backgrounds were quite diverse, you would have thought they’d known each other for a lifetime and, in fact, several of the group members have remained in touch via e-mail. Here is what Tammy had to say about her first-time experience:

“My name is Tammy and I am a long-term survivor of 18 years of living with the virus that causes AIDS. I live a productive and joyful life. But I never knew the true meaning of the word ‘empowerment’ until I attended the Women’s Empowerment Workshop. As a first-time attendee, I was amazed that so many women who are infected and affected by the virus that causes AIDS could come together, knowing that life is worth living in spite of this disease. Throughout the day, the topics ranged from safe sex to ‘Who do you blame?’ to ‘When do you disclose?’ to information about resources. But the most important part of the day was when all of the women broke into support groups and shared their pain, joy, peace and their gratitude for the productive lives they were able to lead. Today, I know what ‘empowerment’ really means to me: women coming together as one and making a difference so that our voices can be heard!”

Tammy represents the passion and excitement that a first-time attendee feels when they come into a space that is set aside for one day to celebrate the lives of women infected and affected by HIV/AIDS and to pamper them and help them to understand how truly special they are. Susan epitomizes the type of woman who has benefited from attending the empowerment forum and used it as a catalyst to achieve greater levels of involvement. In the early years, Susan first attended the forum activity, then increased her involvement by volunteering in different areas. As a stellar example of how volunteering helps an individual to grow, Susan’s level of commitment has increased to where she is currently president of the board of directors of AIDS Survival Project. And yet, she still finds the time to continue her involvement with the Empowerment Forum. Here is what Susan had to say:

“I think the women’s forum is a great event and a great service for the community. The time allotment and format, with some breakout sessions and some group sessions, too, seems to work well. And the addition of small groups facilitated by peer facilitators, starting in the second year, was a wonderful addition. I think that since we seem to have a high percentage of the women returning from year to year, we need to make a concerted effort to vary our topics from one forum to the next. But it’s also important to have some basic information offered since it seems many of these women have not attended THRIVE! Weekend, and this may well be their first HIV educational workshop... and maybe even their last. I think offering info on Women and HIV (pregnancy, cervical dysplasia, other manifestations specific to women) and information on antivirals is very important and should always be included. Then, vary the topics in the other breakout groups. Disclosure always seems to be a popular subject for joint (or large group) discussions.

“It seemed that in some years, there was a sub-group of women who were more interested in the freebies—the giveaways and breakfast, lunch, snacks and sodas—than participating in the work...
At AIDS Survival Project’s THRIVE! Weekend workshop, one of the topics that generates the most discussion is disclosure, or telling others about your HIV status. For those of us who are HIV+, disclosure is a daily issue that we must wrestle with every time we meet someone new. Who deserves to know this personal information about our health? Who in our lives really needs to know? Isn’t it our right to decide not to tell anyone? Why would we want to share this with anyone? And when is the right time to approach those people we do decide to tell? There are no definitive right or wrong answers for these questions; each person has to decide these things for him or herself. In this article, we will share some of the ideas that have come up during our Disclosure presentation, in order to help you make your own decisions on when to disclose and when not to disclose.

Upon finding out that they are HIV+, many people choose not to disclose to anyone at first; others feel the need to disclose to loved ones right away. Some people get tested anonymously and do not feel the need to tell anyone else about their status in the beginning. For some, they are in a period of shock or denial after discovering this news and may not be ready to deal with it. For others, a conscious decision is made that telling others would not be in their best interest. And some folks just don’t feel there is anyone in their lives who would be able to handle such upsetting news.

When people are ready to disclose, the first person they share the news with is often their doctor or health care provider. It is important once you have been diagnosed to get blood tests such as a CD4 count or a viral load to determine how far the virus has progressed in your system. Having a care provider on your side will help give you an objective view of not only what the virus is doing to your personal health, but also how you can prevent passing it on to others. Having a doctor help you sort out fact from fiction can give you the foundation of knowledge you need to help explain HIV to those loved ones in your life who don’t really understand what’s going on with you.

Don’t forget that you also have many other resources, such as ASP’s Treatment Resource Center, or some of the more reliable Internet sites, like the CDC web site (www.cdc.gov) or The Body (www.thebody.com), where you can do your own research about HIV, so you will be ready to answer any questions that people may ask you. Knowledge is power, and disclosing to others is always easier if you more fully understand the subject you are bringing up with them. They will also be less inclined to panic about HIV if they can see that you are informed about the subject and are taking the first steps to take care of yourself.

After your care provider, there are many people in your life you may choose to tell (or not tell) about the HIV. Some people decide to “come out” and tell everyone. Some pick and choose who needs to know and who doesn’t. Does the cashier at Kroger really need to know? How about your dental hygienist? The roommate you can’t stand? Remember that only people who come in contact with your blood, semen, vaginal fluid or breast milk can have even a remote chance of being infected by you. There is no medical or health reason for telling anyone else. Your dentist and his hygienist, for example, might come in contact with your blood, and HIV might impact the health of your teeth and gums, so informing them might be a good idea, although they should be taking universal precautions (wearing a mask and gloves) with all their patients, anyway. The cashier, however, has no good reason to know your business, unless you decide she does. And your roommate? Well, he can’t get HIV from eating off your plates or using the toilet after you, so unless you think he will “freak out” if he finds out from some other source, there really is no need to tell him.

However, while there may not be a need to tell everyone from a health standpoint, there may be good reasons why you would want to disclose to the important people in your life. These disclosure decisions can be put into one of three main categories: 1) your family and friends, 2) people you work with, and 3) potential sexual partners. Let’s examine these three groups.

Why tell your family and friends at all? Most people will simply say “for support.” Dealing with a major illness like HIV in your life will usually be easier if you have someone who you know will be there for you if you get sick or need a shoulder to cry on. You may think you can handle it all by yourself, or that no one in your family would understand, but this is one time when you need to sit down and really examine what the people you are telling are the truth.

Do you really want your parents to find out from some strange doctor in the hospital emergency room that you have known about your HIV for several years and have said nothing to them about it? How do you think this would make them feel? Don’t you want your family and friends on your side helping you through this difficult phase of your life? If you had cancer instead of HIV, would you tell them? Why is HIV different? Is there shame or guilt attached to having HIV? Will bringing up the subject of HIV also bring up the subject of sexuality or being gay? Is the stress of keeping all this trauma away from your family worth it, or would it be a relief to get it all off your chest? Again, there are no right or wrong answers here; only you can decide what will work for you.

Sometimes, it’s best to start with just one family member or a best friend. You might want to tell someone you trust to keep it quiet. Often, though, telling your friend news of this magnitude may be difficult for them to handle, and they may feel like they just have to tell someone else for their own support. If you tell one person in your family, you have to consider that your sister might confide in your brother, who will tell your mom, and before you know it, your whole family is giving you “that look.”

And picking the best time and place is very important. Telling your family at the family reunion or in the middle of Thanksgiving dinner or at church in front of the congregation will certainly be dramatic, but will it be in your best interest? Pulling your family members aside for a private talk will not only help to give them a “safe space” to hear the news and ask you questions, but will also help keep unnecessary drama to a minimum. Again, having some information you copied at ASP or something you downloaded from the CDC web site in hand wouldn’t hurt here, either.

Be especially careful when disclosing to young children. They may not be ready to understand HIV or the details about how you got the disease. Are you prepared to answer all their questions? Maybe you could do it with a counselor or doctor attending, so they can help you explain what the kids don’t understand and help you decide what they can or cannot handle.

The second group you might need to disclose to is the people at work. Why would you want to tell your employer about your HIV? It is unlikely that you can infect the people you work with, unless they come into contact with your bodily fluids. Some people believe that a waiter at a restaurant or a nurse at a hospital would need to disclose, but these employees do not put people at risk for getting HIV just by doing their jobs, so there is no actual health reason that makes disclosure necessary. And in the state of Georgia, an employee can be fired from their job for pretty much any reason that isn’t blatantly discrimination. Most employers can be pretty sneaky if they want to get rid of you; they can just claim there’s a personality issue or that you aren’t doing your work, and you will be out on the street. So why would you want to tell them?

Well, HIV is considered a disability, and the Americans with Disabilities Act protects people with HIV who become too disabled to work. To receive the protection it affords employees at the workplace, that employee would have to inform someone he works for—most likely either his supervisor or someone in his personnel department—that he has HIV. It would probably be a good idea to consult
In the period October 1980-May 1981, five young men, all active homosexuals, were treated for biopsy-confirmed Pneumocystis carinii pneumonia at three different hospitals in Los Angeles, California. Two of the patients died. (Morbidity & Mortality Weekly Report, 6/5/1981.)

With that statement, the CDC’s MMWR published the first clinical reports of what would become known as Acquired Immune Deficiency Syndrome, or AIDS. The report documented five cases of young homosexual men who had developed Pneumocystis carinii pneumonia, a type of pneumonia that at that time was “almost exclusively limited to severely immunosuppressed patients,” such as older patients or those receiving cancer chemotherapy. Although the report noted that the “patients did not know each other and had no known common contacts or knowledge of sexual partners who had had similar illnesses,” it stated, “The fact that these patients were all homosexuals suggests an association between some aspect of a homosexual lifestyle or disease acquired through sexual contact and Pneumocystis pneumonia in this population” (MMWR, 6/5/1981).

Because of this early belief that somehow this new disease was connected to homosexual activity, the CDC first named the disease GRID, an acronym for Gay Related Immune Deficiency. Although this name was used only for a short period of time, being replaced by the name AIDS by August of 1982, this early stigma of a new disease fueled by the rampant homophobia of the early 1980s defined the early years of the epidemic. One early quote in The New York Times on July 3, 1981, by then-CDC spokesperson James Curran summed up the public perception at the time. “The best evidence against contagion,” he said, “is that no cases have been reported to date outside the homosexual community or in women.”

Although within five months of the first report by the CDC, cases of AIDS were being reported in other risk groups such as injection drug users and Haitian immigrants, it was the gay and lesbian community that first took action to provide care and treatment to those living with the disease. Among the first to respond was New York playwright Larry Kramer. On the web site of the American Foundation for AIDS Research (AmFAR), he reminisces on the efforts that led to the creation of the first AIDS service organization, GMHC.

“We arranged for [Dr. Alvin Friedman-Kien of New York University] to come and talk—here in my apartment—to about 80 people who were able to round up. If you were willing to listen to him, what he had to say was pretty scary. It seemed like the sensible thing to do was to spread the word that something was about, and that it might be wise for us to consider being more careful sexually—Alvin said at that very first meeting that he thought the disease might very well be spread sexually. Over the next six months we had some totally unsuccessful fund-raisers and we distributed material that Larry Mass wrote. Laying out in a very straightforward fashion the little that was known and suggesting that caution was something you might consider. But already there were a lot of people up in arms, accusing us of being alarmists.

“By January of 1982, things were obviously getting much worse, and I decided that we should become a more official organization and escalate our activity. So I called a meeting with six of us: Larry Mass; Paul Popham, who had already lost several close friends; Paul Rapoport, a rich real estate man who had lost his lover; Nathan Fain, who was a journalist and a friend of mine; and Edmund White, the writer, because I thought his name would help us get attention. At some point, Paul Rapoport said something like, ‘Gay men certainly have a health crisis,’ and I said, ‘Let’s use that for our name, Gay Men’s Health Crisis.’ And awkward as it was, that’s what it became. It was useful because it announced the problem and it also showed that this was an attempt at community empowerment, that gay men were actually trying to help themselves. Paul Popham was elected the first president, and we chose a board of directors. And so was GMHC born.”

By 1983, the response to the growing AIDS epidemic was shifting into high gear. By March of that year, Larry Kramer penned what many consider to be the first public call for increased awareness and activism around AIDS in a piece he wrote for New York Native entitled “1,112 and Counting.”

The article begins, “There are now 1,112 cases of serious Acquired Immune Deficiency Syndrome. When we first became worried, there were only 41. (In only twenty-eight days, from January 13th to February 9th [1983], there were 164 new cases—and 73 more dead. The total death tally is now 418. Twenty percent of all cases were registered this January alone. There have been 195 dead in New York City from among 526 victims. Of all serious AIDS cases, 47.3 percent are in the New York metropolitan area. These are the serious cases of AIDS, which means Kaposi’s sarcoma, Pneumocystis carinii pneumonia, and other deadly infections. These numbers do not include the thousands of us walking around with what is also being called AIDS: various forms of swollen lymph glands and fatigueas that doctors don’t know what to label or what they might portend. The rise in these numbers is terrifying. Whatever is spreading is now spreading faster as more and more people come down with AIDS.”

The article ends with these prophetic words, “We shall always have enemies. Nothing we can ever do will remove them. Southern newspapers and Jerry Falwell’s publications are already printing editorials proclaiming AIDS as God’s deserved punishment on homosexuals. So what? Nasty words make poor little sissy pansy wilt and die? And I am very sick and saddened by every gay man who does not get behind this issue totally and with commitment to fight for his life. I don’t want to die. I can only assume you don’t want to die. Can we fight together?”

Later that year, the Denver Principles, upon which organizations such as the National Association of People with AIDS and AIDS Survival Project were founded, were unveiled at the Second National AIDS Forum, which was sponsored by the Lesbian and Gay Health Education Foundation. By the end of 1983, with reported cases in Europe and Africa, the World Health Organization began to monitor what was now recognized as a global pandemic.

The next several years saw some important...
S o what if it stormed for the first time in two months? That didn’t stop a host of thrill-seekers from donning their bawdy circus best and coming out on Friday, October 21, to support AIDS Survival Project’s 2nd Annual Halloween Affair. Paris on Ponce’s Moulin Rouge provided the perfect French bordello-inspired backdrop for the circus burlesque of the Dames Aflame, the music of Kingsized, an eclectic band with an edge and really tall lead-man Big Mike, and the askew fortune-telling of Madame Sisson. Join us in expressing our deepest thanks to all of those who made AIDS Survival Project’s biggest annual charity event a showy, splashy success.

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Thanks also to:
• Our hard-working and thoroughly congenial 2nd Annual Halloween Affair Committee: Charlie Chasen (Chair), Susan Archie, Randall Bailey, Rob Nixon, Alex Ray and Janet Smith
• Our generous and spirited volunteers: Tracy Bruce, Van Caldwell, Jamie Collins, Martin Downing, Kanoa Folami, Erin Greene, Alex Hammond, Sheryl Johnson, Edward Jones, Sherilyn Morrow and Saul Vargas
• Our naughty and oh-so-nice entertainers: Kingsized and Dames Aflame
• And to our host, that bit of 19th century Paris on Ponce de Leon: Paris on Ponce’s Moulin Rouge.
2005 Atlanta AIDS Walk

The 2005 AIDS Walk Atlanta took place on Sunday, October 16. It was a beautiful day, the sun was shining and thousands of walkers came out to support people living with AIDS/HIV. Thanks to all our volunteers who helped out at our booth; it was great seeing everyone who stopped by. At press time, AIDS Survival Project’s team was #9 on the combined team list for the highest amount raised for the AIDS Walk: $11,559.00. ASP team member Ilyse Tasdemir raised the most for our team, $3,446, and was #13 on the highest individual amounts for the overall walk. The highest amount raised for the ASP team by a staff member was $1,075, brought in by Jeff Graham.

Members of AIDS Survival Project’s 2005 AIDS Walk team (left to right): Drew Cornutt, Richard Cruce, Jan Hackney and Treah Caldwell.
2006 Upcoming HIV/AIDS Conferences

Happy New Year to all our readers and supporters of AIDS Survival Project. The following is a listing of HIV/AIDS conferences scheduled for 2006. Some conferences have full or partial scholarships; please visit each conference’s web site for more details.

6th National Conference on HIV/AIDS and Aging
Miami, Florida, will host the National Association on HIV Over Fifty’s (NAHOF) Conference on HIV/AIDS and Aging on January 12-13, 2006, the Thursday and Friday before the Martin Luther King, Jr., holiday.

The purpose of the conference is threefold:

- To share information about HIV/AIDS and older adults with those over 50 living with HIV.
- To develop and strengthen existing linkage among AIDS and aging networks.
- To address issues related to health and social services costs.

A partial list of subjects to be covered at the conference includes: Aging Immune System; HIV & Aging Issues; Safer Sex Over 50; and Funding Services for the Elderly. For more information on conference costs, scholarships and registration, please visit www.hivoverfifty.org.

13th Conference on Retrovirus and Opportunistic Infections (CROI)
This conference will be held February 5-9, 2006, in Denver, Colorado. The conference is a scientifically focused meeting of the world’s leading researchers working to understand, prevent and treat HIV/AIDS and its complications.

Some of the subjects that will be covered are: vaccines, primary/acute infections, antiretroviral therapy, HIV drug resistance, hepatitis virus co-infection, HIV prevention science (including microbicides), pediatric, adolescents and HIV infection in women/women’s health. Limited scholarships are available for this conference. For more information, please visit www.retroconference.org, or for daily updates, visit our web site, www.aidssurvival-project.org.

17th Annual Conference on Harm Reduction

In the last issue of Survival News, my friend and colleague Mary Lynn Hemphill wrote a nice article on the subject of harm reduction. Being in recovery myself, but a strong advocate for harm reduction, I thought this would be a good conference to highlight.

The 17th International Conference on the Reduction of Drug-Related Harm will be held April 30-May 4, 2006, in Vancouver, Canada. First, I must explain Customs/Entry. Overseas visitors are required to present a valid passport and may be required to present other documents such as an entry visa. U.S. citizens may be required to present a birth certificate with proof of residence, such as a current driver’s license. If you have any traveling questions, visit www.harmreduction2006.ca or the Canadian Border Services Agency at www.cbsa-asfc.gc.ca.

After 20 years of harm reduction research and programming, many questions remain challenging or are still unanswered. Delegates to the Vancouver conference can expect presentations, first-person accounts and vigorous debates on the following questions:

- How can we reduce the harm to vulnerable populations, such as women, young children, families and persons with mental health issues?
- How can we integrate city, government, business and institutions of faith and law enforcement agencies into harm reduction planning and implementation strategies?
- After decades of implementation, do needle exchange programs work, and are there situations when they don’t work?

For more information, visit www.harmreduction2006.ca.

2006 United States Conference on AIDS (USCA)
The United States Conference on AIDS (USCA) is set for September 21-25, 2006, in Hollywood, Florida. The largest AIDS-related gathering in the United States, over 4,000 workers from all fronts of the HIV/AIDS epidemic—from case managers and physicians to public health worker and advocates—come together to build national support networks, exchange the latest information and learn cutting-edge tools to address the challenges of HIV/AIDS.

A limited number of scholarships will be available; scholarship applications will be available soon. For more information, visit www.nmac.org.

NEW BOARD MEMBER PROFILE

My name is Shonda Jones. Upon moving to Atlanta two years ago, I wanted to be sure to become involved in the community. I am the Assistant Dean of Admissions and Financial Aid at Candler School of Theology of Emory University. When the opportunity arose for me to connect as coordinator for Candler in the EmoryGives program, I leaped at the chance! It was in this effort that I first learned of AIDS Survival Project through the Georgia Shares program. I did my homework and learned about the many programs of ASP and how effective the agency is in literally changing the lives of so many. As a result, every month I designate a portion of my paycheck to ASP. This was just the beginning of a very important relationship.

Later, an informal organization of primarily African-American friends called Concerned Brothers and Sisters of Atlanta (CBSA) designated ASP as our annual beneficiary of all our fundraising efforts. On behalf of our group, I agreed to accept an award of thanks from ASP during its annual meeting. It was there that I met Jeff Graham and Susan Cornutt, and I knew then that I wanted to become more involved. ASP is an agency making a difference in the lives of so many impacted by HIV/AIDS. I am interested in being a part of that difference.

As many will note, HIV infection rates are on the rise among people of color. So many of my family members and friends have been impacted. I plan to be seen and heard until there is a cure!
Happy New Year 2006! Everyone at AIDS Survival Project (ASP) hopes you had a wonderful holiday season. Best wishes for a happy New Year!

Commitment to Mission, Leads to Solutions

Two thousand six will be an exciting year for ASP. We are committed to carrying out our mission statement: “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.”

We remain committed to seeking solutions to the challenges people living with HIV/AIDS encounter each day. We hope that you share this commitment. We seek solutions that will help people be the best manager of their health care and their lives. Solutions that will lead people to educate and support someone else. Solutions that will reduce the spread of HIV. Solutions that will allow all ASP members to continue the fight against HIV. Solutions that will allow all of us to discover our strengths. We believe that being grounded in our commitment to our mission statement will lead us to the solutions we seek.

Before the holidays, we completed a SWOT analysis of our current programs. SWOT means “strengths, weaknesses, opportunities and threats.” This process helps us evaluate our programs and how well they carry out our mission statement. We are working to turn our weaknesses and threats into our best strengths and opportunities. As always, we can’t get the job done without the help of our many volunteers. Throughout 2006, we will ask for your help in different ways. It could be as simple as filling out a survey or joining a committee. Your input exemplifies your commitment to our mission, which we know will lead to the solutions that will make ASP the best ever.

Holiday Volunteer Appreciation Dinner

Thanks to all of the volunteers who came out for the Holiday Dinner. It’s one way we are able to show our volunteers just how much they are appreciated by us. Everyone seemed to have a wonderful time and it was great to break bread together. If you didn’t make it, we hope to see you at the next volunteer appreciation gathering this spring. We hope our appreciation events help to express how grateful we are to you!

What’s going on with volunteers, members and staff

- Happy 5th Anniversary to Antoinette S., as our front desk volunteer.
- A special thank you to Tammie K., Ricky P., Pamela F. and John D., who have helped us in so many ways in the office over the last two months. We are so glad to have you all around!
- Thanks to all the volunteers who provided such capable and cheerful assistance with our parade of benefits and fundraisers over the past month. Both the AIDS Walk and the Halloween Affair were tremendously successful this year.
- THRIVE! Weekend Manager, Sarah C., celebrated her birthday on January 5. Happy birthday, Sarah!
- A Special Goodbye and Thank You: Mary Lynn Hemphill’s last day as Peer Counseling Program Manager was November 15. We will miss her so much. But with an extraordinary group of dedicated peer counselors, we have been able to handle the program while a new staff member is being hired. Thanks to all of you for your hard work.

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

In January:
- Jim S.
- Jeana D.
- Lloyd P.
- Danny C.
- Richard A.
- Tina D.
- Laurency G.
- Keith D.
- Kenneth W.
- Luke M.
- Jonathan K.
- Linda F.
- Jason B.
- Sarah C.
- Maria A.

In February:
- Maurice B.
- Robert R.
- Terry R.
- Edward P.
- Tim B.
- Ken D.
- Perry L.
- Barron S.
- Russell B.
- Bonnie O.
- Arnold B.

Save the Date(s)!

To help keep you educated and up to the minute on the latest issues in the HIV world, here’s a list of upcoming ASP-sponsored educational opportunities to put on your calendar. For more information, give us a call at (404) 874-7926.

- THRIVE! Weekend
  On Saturday and Sunday, January 28-29, THRIVE! Weekend will be held at the ASP offices. Please call us and sign up to attend or to volunteer. If you can’t make the January THRIVE!, they are held every other month. The next THRIVE! will be held on March 11-12. For more information, to register or to volunteer, please call the ASP offices.

- Martin Luther King, Jr. Day March
  Come join the AIDS Survival Project team on Monday, January 16, as we march in the Annual MLK March. Call ASP at (404) 874-7926 for additional 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.
Community Forum

Feel Like the Valentine’s Day Grinch?

Around January 2, the red paper hearts are on display, the cards and candy are on sale, and you begin to feel the Valentine’s Day pressure. Any holiday with too much hype is hard to take. The idealized pictures of happy, beautiful, loving (usually heterosexual) couples lead many of us to feel invisible and inadequate. If you’re single, it can feel like one big party and you’re not invited. If you’re gay, it may feel like the whole world is having a celebration of heterosexuality. If you are coupled and reasonably happy, how can you measure up to the high expectations that this one day provides? As my friend Mark said, “Isn’t it enough to love each other on the other 364 days during the year?” And, if you’ve lost a loved one, it’s one more anniversary of the loss. You basically have three choices for coping with it.

Make the holiday your own

Valentine’s Day should be a celebration of love. Who says that love is only the romantic kind celebrated in pop ballads? Love can exist in all kinds of relationships. There are relationships between friends, parents and children, and people and their pets. The idea that each of us must go through life paired up like the animals on the ark is toxic. If you are single on Valentine’s Day, it’s easy to become negative or to start to believe that you don’t have a partner because you are not lovable. This is not true and thinking so will cause you a lot of misery. Try to remember that you are lovable and act accordingly. For Valentine’s Day, treat yourself well—focus on what feeds your spirit and consciously decide how to spend the day.

- Pamper yourself—take a long bath, get a haircut, pedicure or massage
- Host a small dinner for three or four
- Go out with a group of other singles
- Have an “Un-Valentine’s Day” party
- Do something political—Valentine’s Day in recent years has become an opportunity to stand up for the rights of GLBT people

I can’t see you—ignoring the holiday

There is no rule that Valentine’s Day must be celebrated. It’s often seen as a commercial holiday and is a big moneymaker for retailers and card and candy companies. You can make it your own by making it a “no buy” day. Also, by being present in each moment, you can enjoy the good things that are in your life on regular days. Approaching your current life with gratitude is another way to make any day into a great day.

- Do regular things like go to the grocery store, sweep the floor, make the bed
- Talk on the phone to friends far away
- Make it a day of service by volunteering to serve a meal in a homeless shelter
- Celebrate your pet or your family
- Read a great book
- Get some exercise

Feel your feelings

Valentine’s Day is painful for many people, especially for those who have lost partners. Nothing will take away the pain caused when a loved one is lost. The ache is often worse when it is unacknowledged. Because Valentine’s Day is often a kind of anniversary, it may be best thought of as a day for remembrance.

- Journal
- Create a ritual
- Have a good cry
- Take a mental health day
- Show your love to the people who are important to you—write letters

How not to cope

Avoid things that cause hangovers: too much alcohol, drugs, gambling, risky sex or doing anything that violates your values. Valentine’s Day is not important enough to cause you to do anything you’ll regret. In the end, you can comfort yourself with two thoughts. First, once Valentine’s Day is over, you can relax until next November, when the next bloated holiday-with-idealized-images rolls around. Second, most Valentine’s Day chocolate is 50% off on February 15.

Gwen Davies, Ph.D., is the Clinical Director of Positive Impact, Inc. Positive Impact provides culturally competent mental health services to people affected by HIV. For those with limited incomes, these services are free.

ASP T-SHIRTS! LIMITED TIME OFFER!

ASP is now accepting orders for our popular AIDS Walk t-shirts.

- White t-shirt with red, yellow and black “Campaign to End AIDS” logo on the front and black and white ASP logo on the back
- Available in sizes Small to XXL
- Only $18 each, postpaid

Send your name, mailing address, daytime phone number, e-mail address, quantity and size(s) desired, and your check or money order payable to “AIDS Survival Project” to:

Treah Caldwell, Development Assistant
AIDS Survival Project
139 Ralph McGill Boulevard, Suite 201
Atlanta GA 30308-3339

Better yet, order by phone! Call Treah at (404) 874-7926, ext. 16 with your credit card for immediate order processing!
HAART Turns 10

Highly Active Anti-Retroviral Therapy (HAART), or combination therapy, is nearly ten years old. The first protease inhibitor, Invirase® (saquinavir hard gel capsule), was approved by the U.S. Food and Drug Administration (FDA) on December 6, 1995. One could say that March 1996 really kicked off the HAART era with the FDA’s approval of Norvir® (ritonavir) and Crizivan® (indinavir) on March 1 and March 13, respectively. Either way, the advent of protease inhibitors dramatically shifted medication strategies from monotherapy to combination therapy and standardized HAART as the best clinical practice for treating HIV/AIDS.

At the end of 1995—ending the first 15 years of the AIDS pandemic—only six antiretroviral medications were available for the treatment of HIV disease: five nucleoside reverse transcriptase inhibitors (NRTIs) and one protease inhibitor (PI). By the end of 2005, the number of HIV medications has swelled to 28. Four classes of HIV drugs are now available in the U.S., including a handful of reformulations of older medications, four fixed-dose combinations and one FDA-approved generic. Other fixed-dose combinations and additional generics are available outside the U.S.

In some respects, our progress over the last ten years has been limited. In 1995, the FDA approved Invirase. In 2005, the FDA approved Invirase... again! The new Invirase is a 500 mg. tablet used with Norvir boosting, but it is still just a reformulation of an existing medication. This is not necessarily a bad thing. Reformulations of older medications have reduced pill counts, eased dosing schedules, lowered toxicity and side effects, and increased the efficacy of the medications. Research in the last ten years has yielded some significant advances (such as once-daily regimens and “boosting” strategies), but also some disappointing setbacks (such as the failed hope of structured treatment interruptions and potential new medications that never made it to market).

Some of these setbacks, however, ultimately yielded progress in other areas of virology. Some failed candidates, such as the non-nucleoside reverse transcriptase inhibitor (NNRTI) UC-781, show promise for other uses such as topical microbicides (products such as gels or creams with the ability to prevent the sexual transmission of HIV and other sexually transmitted diseases when applied topically). Adefovir, which did not receive FDA approval as an HIV medication, was later approved as a treatment for hepatitis B under the brand name Hepsera®.

Besides the setbacks, the advances in HIV research have also contributed to progress in other areas of treatment and prevention. Epivir®, one of the most widely used HIV medications, is also approved for the treatment of hepatitis B. Viread® (tenofovir), a nucleotide reverse transcriptase inhibitor, is currently being studied as a post-exposure prophylaxis (PEP) agent for HIV-negative individuals to prevent HIV infection.

So, what do the next ten years hold in store for HAART? Currently, there are over one hundred new HIV medications in development. As of October 2005, Treatment Action Group (TAG) identified 112 antiretroviral agents in the pipeline of new drugs coming our way. Of course, not all of these drug candidates will come to fruition. Toxicity, side effects, stability, dosing schedule and pill counts, effectiveness, cost and other factors will send scientists back to the proverbial drawing boards with many of these agents.

Of the 112 agents in development, 43 of them—roughly 38%—are from the three main classes of HIV inhibitors already in use—nucleoside reverse transcriptase (NRTI), non-nucleoside reverse transcriptase (NNRTI), and protease (PI). Another 30 candidates—about 27%—are entry inhibitors (EI), like Fuzeon® (enfuvirtide), though many of them target different binding, fusion or entry mechanisms than the one EI currently available.

The remaining 39 agents—around 35%—represent new classes of medications that are not currently available commercially. These classes include integrase inhibitors, maturational inhibitors and other types of HIV antagonists. These novel agents, along with the various entry inhibitors, offer some of the most promising research to date.

A ten-year-old has a limited vocabulary, and HAART, at ten, has become accustomed to its base vocabulary—mainly NRTI, NNRTI and PI. But in the coming years, HAART’s vocabulary is going to expand significantly. So, start making your vocabulary flash cards now. I would start with the following: entry inhibitor, CCR5 inhibitor (or antagonist), and CXCR4 inhibitor. Some of these new drugs are far enough along in clinical trials that you will be seeing them soon. Hopefully, it will not be long before you are using these terms in casual conversations!

In 2015, ten more candles will be added to HAART’s birthday cake. It is my wish that every one of us who is here for HAART’s tenth anniversary will be around to celebrate its twentieth. And I trust that it will be these new and forthcoming HAART medications that help us get there.

Guy Pujol, D.Min., is the Executive Director of AIDS Treatment Initiatives (ATI) in Atlanta, Georgia.
Atlanta GLBT Community Honors Bayard Rustin

Best known as the key organizer of the 1963 March on Washington, Bayard Rustin was also a key advisor to Dr. Martin Luther King, Jr., and a tireless social activist. As an openly gay African-American, Rustin faced many challenges in both his personal and public life. Despite these challenges, his accomplishments as a social strategist were unmatched in an era where bigotry and homophobia reigned unchecked. The contributions of Bayard Rustin crossed economic, racial and gender boundaries as he fought for justice for all human beings.

As the nation celebrates the contributions of Dr. Martin Luther King, Jr., during January 2006, In The Life Atlanta will host several programs to honor current and past leaders in the civil rights struggle with an emphasis on the life and contributions of Bayard Rustin. Beginning with the third annual Leadership Awards Ceremony, we will honor local leaders who have made significant contributions towards equal human rights and justice. The screening of the video biography Brother Outsider: The Life of Bayard Rustin will give the community an opportunity to learn more about Rustin and his contributions. A community discussion and Q&A will follow the screening. The weekend will come to a close as we invite the entire GLBT community of Atlanta to join together for the fifth annual Bayard Rustin Breakfast.

Following the breakfast, we will join Atlanta’s annual Martin Luther King, Jr., March and celebration. All members of Atlanta’s GLBT community are invited to participate. Anyone interested in helping to plan these events should e-mail ITLA at info@inthelifeatl.com. Visit www.inthelifeatl.com for the current schedule and updates.

Michael Slaughter is the co-chair of the board of directors of In The Life Atlanta, official organizers of Atlanta Black Gay Pride since 1996.

Medicare Part D—The New Prescription Drug Plan

What is Medicare prescription drug coverage?
Medicare prescription drug coverage is insurance that covers both brand name and generic prescription drugs at participating pharmacies in your area. Medicare prescription drug coverage provides protection for people who have very high drug costs.

Who can get Medicare prescription drug coverage?
Everyone with Medicare is eligible for this coverage, regardless of income and resources, health status or current prescription expenses.

When can I get Medicare prescription drug coverage?
The first enrollment period is from November 15, 2005, to May 15, 2006. If you don’t sign up by May 15, 2006, you may pay a penalty. After that, yearly enrollment is from November 15 to December 31.

How does Medicare prescription drug coverage work?
Your decision about Medicare prescription drug coverage depends on the kind of health care coverage you have now. There are two ways to get Medicare prescription drug coverage. You can join a Medicare Advantage Plan or other Medicare Health Plan that offers drug coverage.

Like other insurance, if you join, you will pay a monthly premium, which varies by plan, and a yearly deductible (no more than $250 in 2006). You will also pay a part of the cost of your prescriptions, including a co-payment or coinsurance. Costs will vary depending on which drug plan you choose. Some plans may offer more coverage and additional drugs for a higher monthly premium. If you have limited income and resources and you qualify for extra help, you may not have to pay a premium or deductible.

What if I have limited income and resources?
There is extra help for people with limited income and resources. Almost one in three people with Medicare will qualify for extra help and Medicare will pay for almost all of their prescription drug costs. To apply for this additional help, please contact the Social Security Administration (SSA) at www.ssa.gov or call 1-800-772-1213.

Resources
(From “Medicare’s New Drug Program Creates Challenges,” Positively Aware, September/October 2005)

Additional Resources
• www.medicare.gov: Learn more about Medicare Part D and the prescription plans available to you.
• www.ssa.gov: The SSA offers a low income subsidy to individuals on Medicare to help them pay for the additional costs of the prescription drug plans.
AIDS May Help Spread of Bird Flu. At a conference organized by the New York-based Council on Foreign Relations, experts warned that HIV/AIDS patients could harbor the deadly H5N1 strain of avian flu, potentially allowing the virus to become more adaptable and thus more dangerous to humans. Currently, H5N1 has infected about 125 people in Southeast Asia, most of whom have had close contact with infected birds. Experts are concerned that the widespread infection of birds in this region, combined with the close mixing of birds and people, could help the virus become more easily transmissible. The turning point, said Dr. Robert Webster of St. Jude Children’s Research Hospital in Memphis, could be when H5N1 reaches East Africa, where HIV/AIDS is rampant. East Africa is the final destination for many birds currently migrating from infected areas. Webster said in working with cancer patients with depressed immune systems, he had found they are unable to control normal flu virus from their bodies and can shed copies of the virus for weeks. He fears the same would happen to H5N1-infected AIDS patients. “We’re all very worried by the prospect,” said Webster. Reproducing over an extended period of time inside the human body would create ideal conditions for H5N1 to become more infectious. With HIV/AIDS, tuberculosis and malaria already widespread in Africa, it would be difficult to single out bird flu symptoms, high fever and nausea in patients, said health expert Laurie Garrett. However, it is not clear what the direct effect of H5N1 would be on HIV/AIDS patients. H5N1 overstimulates the immune system, and much of its dangerous effects are caused by immune molecules excited by the disease in what experts term a “cytokine storm,” the effect that made the 1918 flu strain so deadly. “In that situation, vast populations of HIV+ people could be obliterated by the pandemic flu,” Garrett said.

National AIDS Fund Aims to Boost Profile. Since its founding in 1988, the National AIDS Fund (NAF) has awarded $126 million to community-based groups. Even so, most people have never heard of it, a problem the fund’s leadership is looking to solve. “People hear about the tremendous work of the organizations receiving grants from us, but they don’t always hear of our involvement and national leadership,” said fund board member Jeremy Woan. “Over the next few years, I would really like to see a greater public awareness of and support for the important work we do in creating community initiatives and action in areas and situations where otherwise they might not happen.” In 2002, the fund began partnering with Kimpton Hotels. The San Francisco-based hotel chain donated a percentage of room rentals last October and November to the fund. During each year of its “Red Ribbon Campaign,” the group has pledged to raise $25,000 for the fund. Last year, NAF and Kimpton rolled out a new element: parties at Kimpton-owned hotels and restaurants in twelve cities on Thursday, December 1, marking World AIDS Day. Organizers said the events sought to raise AIDS awareness and to counter the waning attention paid to the annual commemoration. “I don’t think [World AIDS Day] means a whole lot to people any more,” said Kandy Ferree, NAF’s president and CEO. “It was a huge success early on in raising awareness, but it is becoming more difficult.” “It is important for people to remember AIDS hasn’t gone away. There still isn’t a cure,” said Greg Horner, director of sales and marketing for Kimpton’s restaurant division and a member of the Kimpton Gay and Lesbian Employee Network.

Senate Expands Medicaid Coverage of HIV Disease. On Thursday, November 3, a five-year, $450 million demonstration project to provide HIV patients with earlier access to Medicaid benefits was approved by the Senate as an amendment to the 2006 budget reconciliation bill. The project enhances federal matches for states that extend Medicaid benefits to low-income HIV patients. The Early Treatment for HIV Act has long been supported by AIDS advocates. Currently, low-income HIV patients must be diagnosed with AIDS-defining conditions in order to qualify for Medicaid coverage of AIDS drugs. According to advocates, making more people eligible for the entitlement program would help reduce the burden on other programs like the AIDS Drug Assistance Program, a component of the Ryan White CARE Act. The Early Treatment Act retains the low-income eligibility requirements for Medicaid, but would pay for treatment whenever guidelines indicate that therapy should be initiated. Sens. Gordon Smith (R-Ore.) and Hillary Rodham Clinton (D-N.Y.) reintroduced the act in 2004, and Smith brought it up as an amendment to the budget measure. “It’s unacceptable that most patients must become disabled before they can qualify for Medicaid coverage,” said Smith. “In Oregon, there are approximately 150 new HIV infections each year and we desperately need to provide these individuals with treatment,” he added. The act passed unopposed on a voice vote.

AIDS Protesters Arrested Outside White House. On Monday, November 7, 29 people among a crowd of about 150 AIDS activists were arrested outside the White House. The protesters, who were with the Campaign to End AIDS, staged a peaceful “die-in” and held tombstone-shaped signs reading, “Stop Bush’s War on AIDS.” Sgt. Scott Fear, U.S. Park Police spokesperson, said the 29 were charged with demonstrating without a permit, a misdemeanor, and were issued citations that carry a $50 fine. Earlier in the day, 12 activists were arrested at the offices of the Family Research Council.

FDA Considers Approving First Do-It-Yourself Test for HIV. On Thursday, November 3, a committee of independent expert advisors to the Food and Drug Administration listened to testimony soundng out the potential benefits and pitfalls of over-the-counter sales of OraQuick. The 20-minute HIV test, made by OraSure Technology, is widely used in doctors’ offices and clinics. The panel was not asked to make a recommendation on OraQuick’s status, but it may do so in a future meeting. “Anononymous testing potentially leads to more people knowing their HIV status” and more people accessing treatment earlier, Elliot P. Cowan, an FDA product review chief, told the Blood Products Advisory Committee (BPAC). But the FDA, which will make the final decision on an at-home HIV test, needs more information before it can approve OraQuick’s direct public marketing, he said. Cowan also raised the possible psychological impact of the test, which is 99% accurate, giving a consumer positive results with no doctor or counselor present. The “biggest issue that has come up repeatedly is suicidal tendencies,” he said. The oral-swab OraQuick test will not detect recently acquired HIV infections because it relies on antibodies, which can take several weeks to appear. BPAC panelists asked a variety of questions about possible test packaging, instructions and ease of use, whether it would include instructions in French for French-speaking African immigrants, and how positive test results would be reported in jurisdictions that require it. OraSure officials said they would develop instructions with the kit for someone who receives an HIV+ result, probably referring them to a phone number and web site address. Anyone who tests HIV+ should have the result confirmed through an additional test administered by doctors or public health officials, OraSure said. Company representatives were receptive to including instructions in French and said they would address the reporting issue with the jurisdictions in question.

HIV Drugs Not at Fault for Causing Gain in Girth. Many HIV patients treated with protease inhibitors have experienced peripheral lipodystrophy—the loss of fat tissue in their cheeks, arms, legs and buttocks—as well as central lipohypertrophy: weight gain in the upper trunk. Some patients so feared this syndrome, called lipodystrophy, that they refused treatment with the drugs. But a new study found that such weight gain is associated with aging and not with the AIDS virus or HIV drugs. In addition, peripheral weight loss was associated with two drugs that are no longer among the first prescribed for HIV: indinavir (Crixivan®) and an earlier HIV drug, stavudine, also known as d4T and Zerit®. The study examined 425 HIV+ men and 152 uninfected men ages 33-45; all were men who have sex with men. Significant trunk weight gain was seen in 40% of HIV+ men, compared with 56% of controls. 38% of the HIV+ men experienced peripheral lipatrophy, compared with 5% of the controls. HIV+ men who experienced peripheral weight loss were more likely to have lost trunk weight than they were to have gained it. Principal investigator Dr. Carl Grunfeld of the University of California-San Francisco said the abdominal weight gain reported by many HIV patients undergoing drug treatment is probably associated with improved health as well as with aging. “I think this study offers quite a lot of reassurance” to patients who are “reluctant to take antiretroviral drugs for fear they will be disfigured by lipodystrophy,” said Dr. Mitchell Katz, director of San Francisco’s Department of Public Health. “It’s saying that the drugs most implicated in weight loss are two that are on their way out.” However, some people taking HIV medicines could still experience genuine lipohypertrophy, even if its association with HIV drugs was indisernible within a larger population, said Katz. “The study doesn’t change the fact that we can point to a few extreme cases,” he said. “But it shows we understand lipodystrophy based on that extreme response.” The full report, “Fat Distribution in Men with HIV Infection,” was published in the Journal of Acquired Immune Deficiency Syndromes (2005;40(2):121-131).
**HIV Diagnosis Rate Decreasing in Minorities, CDC Says.** On Thursday, November 17, the CDC reported that while new HIV diagnoses among African-Americans declined about 5% a year since 2001, blacks are still about eight times more likely than whites to become infected. The CDC’s new HIV statistics are based on 2001-04 data from the 33 states with name-based HIV reporting. Officials do not know which of the diagnoses were new infections and which were older infections only recently diagnosed. In the 33 states, overall diagnoses decreased from 41,207 cases in 2001 to 38,685 in 2004. The rate declined from 22.8 cases per 100,000 people in 2001 to 20.7 in 2004. The rate for white people rose from 8.7 per 100,000 to 9.0. Among African-Americans, the rate fell from 88.7 cases per 100,000 to 76.3. “The racial disparities remain severe,” said CDC epidemiologist Lisa Lee. The CDC documented a 9% annual decline in diagnoses among injection drug users. More than half the drug users were black, Lee said. New diagnoses fell 4% among heterosexuals. About 69% of heterosexuals diagnosed with HIV were black. Diagnoses among men who have sex with men, which had remained nearly stable from 2001 to 2003, climbed 8% from 2003 to 2004. The CDC could not explain the increase, which was seen in MSM of all races. This was the first time New York data were included in the CDC’s HIV statistics, and the state accounted for more than 20% of the new HIV diagnoses. California and Illinois were not among the states in the database. “The inclusion of New York data gives us a more representative picture of what is going on,” Lee said. Health officials estimate that a quarter of Americans with HIV do not know they are infected.

**HIV Stats Stagger; Black Gay Prevention Panel Offers Sobering Insights.** At the Fashion Institute of Technology on Monday, November 14, a panel discussed the state of HIV prevention among African-American gay men. The meeting followed a CDC report which found that of 1,767 gay or bisexual men surveyed in five U.S. cities, 46% of black men were HIV+, compared to 21% of white men and 17% of Latinos. “To say that we have a lot of work to do is an understatement of monstrous proportions,” said Mark J. McLaurin, a panelist and the federal affairs director of the New York AIDS Coalition, which represents New York HIV organizations. “Much of what we have done has not been effective. We must demand more of ourselves as leaders and I include myself in that category.”

“This number is based on a sample of fewer than 2,000 men,” said Dr. Darrell P. Wheeler, a professor at Hunter College School of Social Work, who called the figures a “snapshot.” He is a principal investigator for Broth- ers y Hermanos, a CDC-funded study to provide baseline data about the “contextual experience” of some 2,000 black and Latino gay men. “We have no clue, at this late date in the epidemic, what drives black gay men to stay safe,” said Wheeler. About 50 people attended the discussion.

**Study Shows Barriers to HIV Vaccine Acceptance.** New research suggests that public health officials must respond to concerns about stigma and vaccine-induced infection if women are to take full advantage of eventual HIV vaccines. Peter A. Newman of the University of Toronto, colleagues from the University of California–Los Angeles and the Los Angeles County Health Department conducted a series of focus groups with health care providers and women from at-risk populations in Los Angeles. As disincentives to immunization, the women reported they worried about being labeled gay or promiscuous if they took the vaccine, contracting HIV/AIDS from the vaccine, power dynamics (the influence of husbands in denial about their own risk behaviors), affordability, reproductive side effects and discrimination in obtaining the vaccine. On the other hand, the women identified strong motivations for getting vaccinated, including empowerment to protect themselves against HIV. Others wanted to ensure their children would be protected. Women and health care providers suggested the vaccine be delivered as part of routine care, thus avoiding having to confront their partners, and removing the stigma of obtaining care from HIV-identified services. “Vaccines must be easy to obtain and affordable and women’s particular concerns must be addressed or HIV vaccines will have limited success among the people most vulnerable to infection,” Newman said. He noted that the first generation of HIV vaccines could be available within ten years. The study, “HIV Vaccine Availability Among Women at Risk: Perceived Barriers and Facilitators to Future HIV Vaccine Uptake,” appeared in AIDS Education and Prevention (2005; 17(3):253).

**Police Presence Puts Chill on Needle Exchanges.** In Los Angeles, some needle exchange staffs and intravenous drug users say police are intimidating program clients. Shoshanna Schorl, executive director of Clean Needles Now, said participation in the outreach had declined significantly since mid-September, when police began showing up at the site. She recently made her third trip to the Los Angeles Police Commission to complain about the alleged harassment. “The police presence in itself will keep people from coming,” she said. Studies have shown that needle exchanges reduce syringe sharing, resulting in a drop in HIV and hepatitis C transmission. In 1994, Los Angeles passed an emergency measure permitting and funding needle exchanges. The programs must obtain city permission to operate. Police department guidelines do not allow the targeting of needle exchanges for the sole purpose of identifying or detaining people on drug-related charges. Los Angeles Police Chief William J. Bratton said accusations that police are targeting the exchanges are “totally bogus,” and he said officers would not ignore crime problems in vicinity of the programs. Capt. Michael Moriarty, patrol division commander of the Hollywood Division, said the 14 officers reported near the site on October 20 were mostly recruits involved in a high-visibility foot beat to deter crime. He said they did not know the needle exchange was there, but have since been briefed. He said the exchanges are not a “police-free zone,” but added he would be upset if officers were “spinning their wheels running after people with hypodermic needles.” City AIDS Coordinator Stephen Simon complained that 14 officers recently handcuffed and searched ten people and arrested two at an exchange van parked beneath the 118 Freeway overpass. He said he expects the department “will take appropriate steps to ensure that officers understand the department’s policy regarding needle exchange sites, and determine if other action is appropriate.”

**Scientists Tout Stem Cells’ Use to Battle HIV.** Together with Ronald Mitsuyasu, a University of California–Los Angeles researcher and HIV/AIDS specialist, UCLA virologist Jerome Zack is working on a way to insert a gene into bone marrow stem cells that could either protect the cells from HIV or deactivate virus already in the cells. The effort would replace a gene that is vulnerable to HIV with synthetically engineered DNA designed to seek and destroy the virus. The DNA fragment, called a ribozyme, is programmed to bind to HIV and cut it into harmless halves. Zack presented his research in San Francisco Wednesday, November 2, before the Independent Citizens’ Oversight Committee, the 27-member group created under Proposition 71 to guide California’s stem cell research program. Recently, Mitsuyasu completed a clinical trial of the treatment’s safety. No problems were reported with the ten trial patients, and after three years, HIV-resistant blood cells could still be detected. He was enrolling more subjects. Trial participants first receive a growth factor that stimulates bone marrow stem cells to enter the bloodstream. Blood is drawn, and the patients’ own stem cells are isolated. A harmless modified virus related to HIV is used to insert the gene into the cells. Thus enhanced, the stem cells are returned to the bloodstream, where they make all the different types of blood cells, each of which will have the new anti-HIV gene. The method can initially protect about 10% of patients’ stem cells, but this percentage increases as HIV kills the vulnerable cells while protected cells replicate. To accelerate the process, six months later, the patients stop taking antivirals for four weeks to give HIV the opportunity to kill some unprotected blood cells; this puts pressure on the protected cells to replicate more quickly and replace the killed cells. Twelve weeks later, the patients go off medication for at least eight weeks, or longer, depending on how well the strategy is working. The trial will be completed in about a year and a half.

**UNICEF Says There Is Worrying Spread of HIV Among Children in Latin America.** At a regional HIV forum in San Salvador, El Salvador, UNICEF chief Miriam de Figueroa said the virus is spreading at an alarming rate among children in Latin America. “We forget that behind the numbers there are hidden faces, the faces of children,” said de Figueroa. The meeting in El Salvador brought together more than 3,000 president, doctors and police chiefs from across Latin America. On Friday, November 11, UNICEF planned to launch a Children and AIDS campaign that seeks to help stop mother-to-child transmission, educate children about AIDS prevention, and give support to children affected by the disease, said de Figueroa. “We need to generate a movement that becomes a voice for the children of the world,” she said. “United, we can fight against this terrible epidemic.” At the forum, a 10-year-old girl from Honduras spoke about the discrimination she faces as a person living with HIV. “This should change,” said the girl. “We are human beings.” Her mother said it was a struggle to get their local school to accept the girl as a student.

In El Salvador, Thousands Gather to Fight HIV in Latin America. On Wednesday, November 9, Salvadoran President Tony Saca told some 3,000 people at
an AIDS conference in San Salvador that preventing and treating HIV “should be at the top of our political agenda.” He added, “One of the worst consequences of the AIDS epidemic is the discrimination. Without a doubt, this violates people’s dignity and impoverishes society.” During the meeting, AIDS activists hope individual Latin American governments will sign commitments to make treatment more available to AIDS patients. “We hope that [presidents] fulfill their promises,” said Ordi Miranda, the director of Atlacatl, a foundation for HIV patients in El Salvador.

Call for Free Condoms to Combat Spread of HIV in British Prisons. On Monday, November 14, the Prison Reform and National AIDS trusts released a report finding significant gaps in efforts to control already high rates of HIV and hepatitis C among inmates throughout the UK prison system. Though rates of hepatitis C and HIV are 20 times and 15 times higher, respectively, in prisons than in the public, the report’s survey of prison health care managers found that one-third of prisons had no HIV policy, one-fifth had no hepatitis C policy, and more than half had no sexual health policy. In April 2006, Britain’s National Health Service (NHS) is scheduled to assume complete responsibility for providing prison health care. The agency has pledged to provide a level of care equivalent to that provided to the non-incarcerated community. “Courts sentence people to custody, not to inadequate health care, but the prison population is marked by poor health,” said Juliet Lyons, director of Prison Reform Trust. “It is time the NHS developed good, well-resourced policy and practice to tackle blood-borne disease in prison. Anything else would amount to double punishment and lead to public health risk.” Among other items, the report recommends that prisons:

- Conduct regular, anonymous blood tests to help establish accurate data for HIV and hepatitis C infections.
- Offer free, accessible male and female contraceptives, which is already done in Scottish prisons, to help control STDs.
- Promote a “lower-risk” drug campaign, methadone programs and a system of needle exchange in order to reduce blood-borne diseases.

Minister: Discrimination Holding Back AIDS Progress in Russia. Discrimination is hampering Russia’s efforts against HIV/AIDS, said UNICEF, UNAIDS and Russian officials on Monday, November 14. The country’s “biggest problem is the public’s attitude towards people with HIV, which cannot be changed by any financing,” Vladimir Starodubov, Russia’s Deputy Health Minister, said in Moscow at a conference entitled “Children: The Missing Face of AIDS.” “There has to be a climate of support for people with HIV who often find themselves isolated,” agreed Ella Pamfilova, head of a human rights committee answering to Russian president Vladimir Putin. A report by the New York-based Human Rights Watch found widespread official discrimination against HIV+ children in Russia, including denials of kindergarten access. UNICEF’s representative in Moscow, Carol de Rooy, said Russia has the infrastructure and resources to effectively respond to HIV/AIDS, but “one of the essential conditions for success in this struggle is the determinination of the Russian public to fight discrimination against people with HIV.”

Kinakh: HIV/AIDS Spread in Ukraine Poses Threat to Security. “AIDS has engulfed all 27 regions of Ukraine” and has become an issue that “should be studied at the highest level,” according to Anatoly Kinakh, secretary of the Ukrainian National Security and Defense Council. “The government, entrepreneurs and society should pool their efforts to respond to the HIV/AIDS epidemic,” he said Tuesday, November 15, in Kiev at a meeting titled “Ukraine: Business Against AIDS.” With 70,000 patients officially documented, Ukraine has the highest HIV infection rate of Eastern Europe and the Commonwealth of Independent States. Experts’ estimates of the nation’s actual number of infected people range from 380,000 to 500,000. Kinakh noted that while Ukraine needs $12 million to fight AIDS in 2006, only half that amount has been reserved in the budget. The Global Fund to Fight AIDS, TB and Malaria has allocated $3.5 million to the nation for 2003-2005. Current talks would provide another $13 million in the coming five years.

Madagascan Mine Brings AIDS Threat. HIV infection rates in poverty-stricken Madagascar are said to be under 2%, a fraction of the rates of nearby countries in sub-Saharan Africa. But plans to build an ilmenite mine in the south, the country’s poorest region, have some worried that the development could expose Madagascar to an explosion of HIV/AIDS. QMM, a subsidairy of Rio Tinto, one of the world’s largest mining companies, has said it will likely need to bring in specialized mine workers from abroad at first. This has led to concerns that QMM could import workers from the company’s old ilmenite mine in Richard’s Bay, South Africa, where the rate of HIV infection is much higher than the national average of 13%. To prevent the mine from becoming a “Trojan horse” for HIV/AIDS, the Madagascan government and QMM are working on public health campaigns to warn people about risky behaviors and promote the use of condoms. QMM said it has strict rules for its employees, such as forbidding sexual contact between workers and local residents. Jean Chrysostome Rakotoary, director-general of the National Office of the Environment, said QMM is not going to test South African workers for HIV. Screening would be discriminatory, he argued, and against the human rights principles to which Madagascar is committed. But some speculate that the Health Ministry is in talks with QMM to circumvent that problem. QMM, it is believed, would insist that foreign workers come with a level of medical insurance not available to those who are HIV+.

A Two-Front Fight: AIDS, the Church. Bishop Kevin Dowling acknowledges that abstinence and faithfulness in marriage, the Catholic Church’s antidote to the AIDS epidemic, “are the only way to be sure you won’t get infected.” But in Dowling’s diocese in Phokeng, a poor township outside of Rustenburg, South Africa, “the only solution we have at the moment is condoms.” “For me, the issue is simply this: How do you preserve and protect life?” said Dowling, whose diocese is full of desperately poor women with few options beyond prostitution to feed their children. Using condoms, he believes, is a “pro-life option in the widest sense.” Since 2001, when Dowling first made public his controversial views on condoms at a UN meeting on AIDS, the bishop has become the church’s most persuasive voice in favor of using prophylactics to curb the spread of HIV/AIDS. “If there’s an AIDS bishop in the church today, it’s Kevin Dowling,” said the Rev. James Keenan, a Boston College theology professor and a Jesuit priest who has written extensively on the ethics surrounding AIDS. Dowling began advocating for Rustenburg’s poor in 1992, when the diocese opened its first health clinic to serve local farm workers and miners. Soon, men, women and children sick with tuberculosis and other AIDS-related illnesses were seeking treatment at the clinics. The diocese decided to set up teams of home-care nurses to visit and treat the sick and start its own antiretroviral (ARV) treatment centers. Today, the diocese has ten teams of home health nurses, a 30-bed hospice so that poor people with AIDS “can die in dignity and peace,” and eight ARV sites where 400 adults and children receive treatment. It also has a 100% success rate in efforts to prevent 30 cases of mother-to-child HIV transmission to date.

AIDS Envoy Criticizes South African Government Treatment. In an Associated Press interview Thursday, November 3, UN Special Envoy for HIV/AIDS in Africa Stephen Lewis said poorer African nations are doing a better job than South Africa is in providing treatment to HIV-infected patients. “Only the most energetic, uncompromising political leadership can turn this thing around,” Lewis said via telephone from Canada. “What we are seeing in Botswana, Malawi, Zambia, Lesotho is that when the government pulls out all the stops and moves heaven and earth to get treatment going, even in the most fragile systems, you can get results.” Also, South African Health Minister Manto Tshabalala-Msimang dismissed her own ministry’s figures showing that 50,000 patients are receiving anti-retroviral drugs (ARVs) in public clinics, saying the data are not trustworthy since the national patient information system is too weak. But Lewis was puzzled by the minister’s claim, saying poorer African nations know “to the person” how many patients are receiving treatment. “The slowness in treatment has less to do with questions of capacity than the sense of energy of the government to promote the treatment regimens,” he said. Lewis acknowledged his relations with Tshabalala-Msimang worsened after he criticized South Africa at the 2004 Bangkok AIDS conference for its reluctance to give HIV+ mothers nevirapine to prevent infecting their babies. “I am barred from doing my envoy work in South Africa,” he said. “It is nearly a full year that I have been barred from doing the envoy job.” Though she declared that “there are no ill feelings between us,” Tshabalala-Msimang, who regularly downplays the value of ARVs in treating HIV/AIDS, added, “At that point in time, [Lewis] did something that was unacceptable. It was unacceptable. Period.”

Zimbabwe Policies Thwart HIV Victims Seeking Help. Even in the best of times, Zimbabwe’s AIDS crisis—12.7 million HIV-infected citizens and up to 3,000 new cases every week—would be a daunting public health challenge. But the problem is compounded by myriad other issues: hyperinflation, scarce foreign funds to import medicines, mass hunger, drought, and Presi...
More than one million people con-

Cambodians with HIV Take Part in Annual Boat

The program’s funding is inadequate to meet the needs of

Business Alliance Formed to Fight AIDS Discrimi-

Expert: Drug Substitution Treatment in Vietnam to Fight HIV/AIDS. Vietnam’s ability to combat HIV/AIDS rests in part on providing substitution treatment for intravenous drug users, government and World Health Organization officials said Wednesday, November 2, in a statement. According to WHO, transmission via needles accounts for the majority of new HIV infections in Asia. “The future of the HIV pandemic in Asia, including Vietnam, will largely depend on response to drug use,” said Dr. Dao Duy Quat, vice chairperson of the Central Commission for Ideology and Culture of the Vietnamese Communist Party. “Extensive research shows that by combining common approaches to the drug problem with harm reduction methods such as drug substitution treatment, an effective response can be achieved,” said Hans Troedsson, WHO representa-

Cambodians with HIV Take Part in Annual Boat Race Festival. More than one million people conver-

Hospitals in China Find Profit in AIDS. Chinese govern-

VICTIMS OF HIV SCANDAL DETAINED AT MAJOR CONFERENCE IN CHINA. Some 30 people who contracted HIV from blood transfusions were briefly detained by au-

continuing from previous page
low activists. The 30 were among 50 people from the Henan province who traveled to the provincial capital of Zhengzhou, where an AIDS conference took place on Monday, November 7. They hoped to deliver their petition to Vice Premier Wu Yi. The first high-ranking official of the central government to visit AIDS-ravaged villages, Wu was not at the event, said activist Wan Yanhai. “Some people who got HIV/AIDS from trans- fusions were hoping to hand the letter to Wu Yi, but police found them at motels the night before and sent most of them home,” Wan said. Activist Hu Jia said by phone that he remained in custody Monday evening, November 7. In their letter, the patients appealed to Wu for 16 actions, including the provision of drugs with fewer side effects, better health care, assistance with living expenses and punishment for those whose mis- takes led to the infections. Many Henan farmers were infected after selling their blood at government-approved blood collection stations in the 1990s. After years of denial, the government has acknowledged the problem and now provides free drugs for those infected. However, less is known about those who contracted HIV via transfusions. Some ten activists remained in Zhengzhou and planned to try and contact conferences. “We want the government to admit many people got HIV/AIDS from blood transfusions. The courts won’t accept the cases,” one woman said. “Until the courts accept the cases, we cannot receive compensation.”

Baylor Program for Children with HIV Adds Center in China. Baylor College of Medicine—which already treats HIV-infected people in Romania, Botswana, Uganda, Swaziland, Lesotho, Malawi and Burkina Faso—has announced plans to open a clinic in China. The new facility will be located in Kunming, capital of Yunnan. The province borders Vietnam, Laos and Myanmar, and intravenous drug users and prostitutes there are fueling transmission of the virus. No opening date has been set for the clinic, which is expected to cost $1.1 million. During the summer, Baylor’s Inter- national Pediatric AIDS Initiative announced the cre- ation of a Pediatric AIDS Corps that will send 250 pediatrists to Africa to treat HIV+ children and train lo- cal health personnel under a five-year plan.

Road Warriors in the Fight Against AIDS. Boston is one of seven U.S. sites where CDC-funded vans are being used to test HIV+ people for the virus. The vans, which are positioned at high-risk locations, work under a five-year plan. The vans shuttles between sites in Roxbury, Mattapan and Dorchester, where the city’s highest STD rates and high rates of substance abuse treatment, hepatitis C and crime. More than one third of Boston’s AIDS cases originate in these neigh- borhoods. In ten minutes, DotWell clients fill out an anonymous demographic and risk factor questionnaire and then opt for whether to take a mouth swab or needle-stick rapid test. The van contains two cubicles with informational brochures with titles including “HIV: The Answers” and “Teens and HIV” for people to pe- ruce. To prevent any stigma, there is no HIV testing sign on the van. All test results are delivered in private. When people receive a negative result, they often hug a van worker. A positive test “changes the whole mood of the van,” said Odongi. “If they’re positive, we want to get them into care, and if they’re negative, we want to teach them how to stay negative.” Since May, the van has tested about 4,600 people, with 64 people, or 1.4%, testing HIV+, double the national average.

Place to Celebrate Life. On Monday, November 7, Palm Springs’ Desert AIDS Project (DAP) broke ground on an 80-unit development designed to provide afford- able housing for people with HIV/AIDS. The nonprofit partnered with about a dozen local and state organiza- tions to finance the $10.5 million project, which should be completed by the end of 2006. A groundbreaking will also be held early next year on a neighboring 22,000-square-foot medical facility, said Riverside County Supervisor Roy Wilson. George Puddephatt, DAP’s director of social services and case manage- ment, said there is a strong need for affordable hous- ing for HIV/AIDS patients in the Coachella Valley. DAP serves 2,400 clients, 35% of whom make less than $10,000 a year. Many are on Social Security and have incomes of less than $800 a month. Puddephatt said the new six-building Vista Sunrise apartments, where rents will range from $200 to $250 a month, will serve this community. DAP Housing Specialist David Maud said the facility is also needed because of the stigma still attached to the disease. “They do need a little extra support. There is still some discrimination,” agreed Bob Frazier, housing case manager at DAP. Vista Sun- rise will have an office on site and counseling services, Puddephatt said.

Department of Public Health’s Tierney Jumps to San Francisco AIDS Foundation. San Francisco’s director of HIV prevention for the past five years, Steven Tierney, is resigning his position to become deputy di- rector of programs and services for the San Francisco AIDS Foundation. His new job began Thursday, De- cember 1. SFAF’s former program and service direc- tor, Renee Durazzo, departed in September after serv- ing SFSAF for eleven years. “It feels like a good time to help the government have as an aggressive agenda on HIV health care as I would like to have,” said Tierney, who is ending his Department of Public Health (DHP) tenure amid reports of declining HIV rates in the city. “There are important issues ahead with the state and federal budgets, as well as tackling substance abuse and mental health issues in gay men, and I feel outside leadership and pressure might help with those things more efficiently.” Organization officials said they are positioning Tierney to manage an innovative over- haul of SFSAF’s prevention programs. While SFSAF’s needle exchange programs and its prevention work with African-Americans are making an impact, the agency should be doing more to help stop HIV’s spread, said SFAF Director Mark Cloutier. During his tenure at DPH, Tierney said he is most proud of helping Magnet, a gay men’s health clinic, open in the Castro and of working with community leaders and residents to provide trans- i tional housing to homeless youths. He helped the city initiate prevention programs for HIV+ people and meth users and launch outreach efforts in the under- served Bayview and Vistaion Valley communities. Tracey Parker, who has worked at DPH for 15 years, most recently as manager of health education and community planning, will serve as the city’s interim director of HIV prevention, said Tierney.

Elizabeth Taylor Shines at AIDS Center Dedication in Los Angeles. On Friday, November 4, Elizabeth Taylor attended a ribbon-cutting ceremony to mark the official opening of the Clinical AIDS Research and Edu- cation Center of the University of California–Los Ange- les. Taylor also announced the creation of the Eliza- beth Taylor Endowment Fund, which will support the center’s work through grants and private donations. “Acting is, to me now, artificial,” said Taylor, who won Academy Awards for Butterfield 8 (1960) and Who’s Afraid of Virginia Woolf? (1966). “There’s still so much to do. I can’t sit back and be complacent, and none of us should be. I get around in a wheelchair, but I get around,” said Taylor, who has experienced severe back problems in recent years. Taylor helped establish the American Foundation for AIDS Research (AmFAR) in 1985 and the Elizabeth Taylor AIDS Foundation in 1991; the organizations have raised $243 million to fund AIDS research and help people with HIV/AIDS. X
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CAMPAIGN TO END AIDS, CONTINUED FROM PAGE 2

“They are my reasons for living. If I cannot get my medicines through the AIDS Drug Assistance Program, I would be in trouble. I would start getting sick and be unable to care for my children and maybe die sooner.”

“I want to be able to live as long as possible, watch my boys grow into men, maybe even see them get married one day. With ADAP this is possible.” She finished by urging the legislature to keep ADAP funding a state priority. “You have the power in your hands and I beg of you, let us live!”

Local Voices Weigh in on National Efforts
AIDS Survival Project was able to provide opportunities for four local advocates to join in the national events in Washington, D.C. Local organizers Larry Cook and Kendal Richardson were both able to join the caravan as it left Atlanta. When asked to summarize his thoughts on the campaign, Larry stated simply, “It was truly an experience to behold.”

“People are fed up with what our government is doing to people infected and affected by HIV/AIDS. One thing that I have learned about being a part of the C2EA is that we cannot be silent anymore about HIV/AIDS, because if we don’t start speaking out, a whole generation will be lost to HIV/AIDS,” he stated.

Kendal added, “HIV/AIDS is still flowing, but I believe with a little bit of faith and a little bit of love and a big mouth, the walls will and have to come down. I’ve also realized that it’s not about me, but helping others.”

ASP board member Jill Royster and staffer Tracy Bruce also made the trip to D.C. to participate in the national events. Tracy added, “The highlight of my trip was Monday, November 7, a date that will be forever burned into my memory.”

As one of those arrested at the White House in protest of policies that she and others feel are eroding HIV prevention efforts, she cited several of the protest signs as the reasons for the action: “50% of HIV infections in intravenous drug users. Globally, 5 million infections annually and 40,000 U.S. HIV infections yearly.” She continued by explaining, “Yet the administration listens to the voices of people like Joe McIlhaney from the Medical Institute for Sexual Health who use discredited science to argue that condoms are ineffective. Or the Heritage Foundation, for promotion of abstinence-only-until-marriage programs that gag teachers from giving the real facts on HIV prevention, even for sexually active youth. And the Traditional Values Coalition, for preparing hit lists to attack HIV/AIDS prevention researchers studying transmission of HIV in the gay community, while backing poorly conducted research supporting abstinence-only education.”

When asked about her experiences in participating in civil disobedience, she answered, “The whole experience of being a jailbird was exciting and exhilarating, however brief. I’d do it again in a heartbeat. Sorry, Mom, but like Daddy said, ‘It’s Tracy—what do you expect?’”
with an attorney before taking this step so you know what your rights and benefits under the ADA really are. And of course, it helps if you have a supervisor you can trust with such personal information. Just like with your family, once you tell someone at work, everyone at work is liable to know before too long if the person you tell has trouble being discreet. You will have to decide if the benefits of telling your employer outweigh the danger of losing your job.

As far as the final group is concerned, potential sex partners actually do have some risk of contracting HIV from you if they come into contact with your semen or vaginal fluid. Don’t forget that pre-semenal fluid, also called “pre-cum,” contains HIV as well, so fooling around with someone who “pulls out” at the last minute is still risky. Nevertheless, there are still many people who do not disclose before having sex with others. Some folks have the attitude that everyone is responsible for their own safety, and “if the other guy doesn’t bring up HIV, it’s my problem.”

Many people don’t realize, however, that not disclosing that you are HIV+ to someone you have sex with is a felony in the state of Georgia, even if you use a condom. Many people don’t consider oral sex to be “real” sex, or don’t think it can spread HIV. But if you have oral sex with someone who has cuts, sores or bleeding in their mouth (if the giver) or on their genitals (if the receiver), there is some risk, however small, of infecting the other person with HIV.

Also, people who are positive and having sex with other positives often believe that condoms, as well as disclosure, are unnecessary. But there does seem to be some concern by most physicians that resistance to HIV meds can be passed on by exposure to other strains of HIV. In other words, if I have sex with you, and you catch my strain of HIV, you might become resistant to the same meds that I am already resistant to, even if you haven’t taken them yet.

For these reasons, some folks feel it is absolutely necessary to disclose to anyone they are going to have any kind of sex with. It may be difficult to have that conversation about being HIV+ in a bar, but some folks don’t want to deal with someone who can’t handle the HIV, so they talk about the subject early. Many people who might reject them. Others don’t want HIV to be the first thing a person knows about them and might wait until they have dated the person for a while before they tell them in private before sleeping with them.

Everyone is different in this regard. I know folks who have never told anyone their status, even when they sleep with them, and are on the “down low.” And there are other folks who are open about their status. They might tell the person they are in person or stating that they are HIV+ in personal and chat rooms on the Internet, so anyone who contacts them will already know about their HIV. It may be difficult to have any kind of sex with. It may be difficult to have that conversation about being HIV+ in a bar, but some folks don’t want to deal with someone who can’t handle the HIV, so they talk about the subject early to “screen out” people who might reject them. Others don’t want HIV to be the first thing a person knows about them and might wait until they have dated the person for a while before they tell them in private before sleeping with them.

Resources for More about the History of AIDS in the First Five Years

- Excellent article about HIV from the MMWR report of 7/4/81 through 1985:
  www.caisernetwork.org/daily_reports/rep_index.cfm?DR_ID=4944
- MMWR reports from 1981 related to HIV:
  www.cdc.gov/hiv/pubs/mmwr/mmwr1981.htm
- Some Larry Kramer musings about the earliest days and the NYC community response:
  www.amfar.org/cgi-bin/owa/amfar/record.html?record=19
- Musings on early political response to HIV:
  www.actupny.org/documents/earlytactics.html
- Brief timeline:
  www.avert.org/his81_86.htm
- Larry Kramer’s article, “1,112 and Counting,” published in the New York Native:
  austin.indymedia.org/newswire/display/12901/index.php
- History of the Denver Principles:

25 YEARS OF AIDS AND HIV: A LOOK BACK, CONTINUED FROM PAGE 7

medical and social milestones in the history of the disease. The first needle exchange programs began operating in the Netherlands. It was determined that HIV (also known in the early years as HTLV-III) was the principal cause of AIDS. Young Ryan White, a then-13-year-old boy living with AIDS, became one of the first activists to gain renown by the general public over his fight to attend public school. And President Ronald Reagan made the first public mention of AIDS when he was quoted in September of 1985 with the following response to a question about Ryan White’s efforts: “It is true that some medical sources had said that this cannot be communicated in any way other than the ones we already know and which would not involve a child being in the school. And yet medicine has not come forth unequivocally and said, ‘This we know for a fact, that it is safe.’ And until they do, I think we just have to do the best we can with this problem. I can understand both sides of it.”

The year 1985 also marked the development of the first HIV test and a major awareness of the disease in the mainstream community with the death of Rock Hudson in October of that year. AZT had entered clinical trials as the first medication to show efficacy against HIV, and screenings of blood supplies both here and abroad were beginning to be routine. In Georgia, the response mirrored that of the rest of the country. The first of our AIDS service organizations were formed in this time. AID Atlanta was the first, in 1982, with organizations such as Outreach, Jerusalem House and the Grady Infectious Disease Program to follow in later years. It should also be noted that while we continue today to speak of the epidemic among African-Americans, women and heterosexuals as the “changing face of AIDS,” in 1986, we heard the first warnings that this disease was not the disease of gay white men as so many believed. Dr. Roger Bakeman of Georgia State University, along with other researchers from Clark Atlanta University, Morehouse School of Medicine and local infectious disease specialists in private practice, wrote a letter to the New England Journal of Medicine showing that their analysis of AIDS statistics from the CDC indicated that AIDS was already having a disproportionate impact on the African-American community.

By the end of 1986, 85 countries had reported 38,401 cases of AIDS to the World Health Organization. By region, these were: 2,323 cases in Africa; 31,741 cases in the Americas, 84 cases in Asia; 3,858 cases in Europe; and 395 cases in Oceania.
Every year, people around the world say all kinds of dumb things about HIV and AIDS. Are they misinformed, aggressively stupid or just plain insensitive? Here’s a list of some folks who make you wonder what they were thinking before they opened their mouths in 2005. Their comments are best met with three little words: Just shut up.

Rep. Al Edwards
You can always count on something colorful from the state of Texas. Last year, veteran lawmaker Edwards (D-Houston) drafted legislation that would prohibit “sexually suggestive” performances at athletic events and other extracurricular competitions. Yeah, that’s cheering. Why? “It’s just too sexually oriented, you know, the way they’re shaking their behinds and going on, breaking it down,” proclaimed Edwards, a 26-year veteran of the Texas House. “And then we say to them, ‘Don’t get involved in sex unless it’s marriage or love; it’s dangerous out there,’ and yet the teachers and directors are helping them go through these kind of gyrations.” Edwards argued that bump ‘n’ grind cheers are so distracting, they lead to teen pregnancy, dropping out of school and the spread of sexually transmitted diseases like HIV. Apparently, in Texas, cheerleaders are indistinguishable from exotic dancers and have more impact on people’s lives than, say, the Bush family.

Amanda Sluss
It’s against the law to have sex in a Tennessee prison. Do you think that stops inmates from having sex in Tennessee prisons? In fact, “sexual misconduct” is on the rise in Tennessee prisons, so health and HIV prevention advocates there called on the state to allow inmates access to condoms. Tennessee Department of Correction spokeswoman Sluss responded by saying that would “send the wrong message” and encourage sexual activity. “If we were to provide them, it would be condoning a violation of policy,” she said. Or, Ms. Sluss, another way to look at it is that you might prevent an HIV infection or two. The message might be that sex can have some pretty scary consequences and there are ways to protect yourself in prison and in the real world. The role of spokesperson tends to imply that you have some knowledge of a particular subject. It’s doubtful Ms. Sluss knows that two state prison systems, Vermont and Mississippi, make condoms available to their inmates. At least five jail systems—New York City, Los Angeles, San Francisco, Philadelphia and Washington—distribute condoms to inmates. Condoms have been available in Canadian federal prisons for more than a decade and over 80% of European prison systems provide them. Got anything to say about that, Ms. Sluss?

Larry Baker
Since 1992, Florida’s Palm Beach County school system has offered students an abstinence-only program called Be the One (BTO). Huge federal grants of up to $800,000 made it possible to offer four- and six-hour BTO programs to health and science classes at over 40 public and private county schools. Last summer, its three-year grant expired, forcing the program to lay off the majority of its staff. Without new grants or donations, BTO will be forced to scale back and eliminate county school courses like the one Larry Baker teaches. BTO promotes bogus statistics and misinformation—for instance, claiming falsely that condoms only reduce the risk of contracting gonorrhea to one in four and HIV to one in six. “If a pilot tells you there is a one in four chance the wings are going to fall off, are you going to stay on that plane?” Larry Baker asks students. Well, no, Larry. A reasonable individual would get off the plane anyway, because the pilot sounds like a crazy person. Larry certainly doesn’t need to be teaching kids how to avoid STDs, and let’s hope he doesn’t take up flying, either.

Rep. Gary Beard
What is it about the male latex condom that sends some people over the edge? Last summer, Louisiana lawmaker Beard (R-Baton Rouge) introduced an amendment to the state’s budget forbidding the Office of Public Health from using federal dollars to buy and distribute condoms. According to Beard, “The state doesn’t need to be in the condom distribution business.” Since 1993, the state has made condoms available in public places, including bars, restaurants, barbershops, liquor stores and motels. Beard said the money spent on condoms—about $530,000—should be spent on prescription drugs for the elderly. Um, yeah... there’s a huge new Medicare program for that, buddy. But what’s really bothering him? It’s his deep conviction that condoms should not be distributed in schools. Okay, except that Louisiana doesn’t distribute condoms in its schools—although it might not be such a bad idea, since the state’s sexually transmitted diseases rates are among the highest in the nation and Baton Rouge ties with Miami for the second-highest AIDS case rate in the U.S. We bear you loud and clear, Rep. Beard, despite the fact that you have your head in your ass.

Andy Bell
The lead singer of the popular European techno-pop band Erasure announced via his band’s web site—how very new millennium of him—that he’s been HIV+ for over six years. “Being HIV (positive) does not mean that you have AIDS,” Bell wrote to fans. “My life expectancy should be the same as anyone else’s, so there’s no need to panic.” Hmm are you trying to convince, Andy? Maybe it would be terribly unhip of Bell to freak out, even a little bit. But it’s odd, and frustratingly ironic, that Bell—writer and performer of some of the most emotionally overwrought pop songs of the last twenty years—would be so publicly indifferent about living with HIV. Erasure’s biggest 1980s hit was called “A Little Respect.” If you’re a long-term survivor of HIV and AIDS, give yourself permission to have a little less respect for Bell, a celebrity whose message about HIV would seem to be So what?

Jesse Helms
Let’s review the former Republican U.S. senator’s record. In 1987, he said, “The only way to stop AIDS is to stop the disgusting and immoral activities that continue to spread the disease.” 1988: “There is not one single case of AIDS in this country that cannot be traced in origin to sodomy.” 1995, when AIDS was the leading cause of death for both men and women aged 24-44, he wanted to cut funding for medical research and stop reauthorization of the Ryan White Care Act because people with AIDS got sick as a result of “deliberate, disgusting, revolting conduct.” In the waning months of his last year in the U.S. Senate (2002), Helms said, “I have been too lax too long in doing something really significant about AIDS.” In addition to that grievous understatement, he promised, “I’m not going to lay it aside on my agenda for the remaining months I have.” He did nothing—unless you count
a photo opportunity with rock star Bono—to reverse the two decades he spent demonizing HIV+ Americans. Last year, he released a memoir, Here’s Where I Stand, in which he writes, “it had been my feeling that AIDS was a disease largely spread by reckless and voluntary sexual and drug-abusing behavior, and that it would probably be confined to those in high-risk populations. I was wrong.” Yes, Mr. Helms, you were wrong. We already knew that. The only question remaining is why it took you nearly 25 years to get that.

Jim Daniels

Last May, Church & Dwight Co., Inc., manufacturer of Trojan® brand condoms, announced they wanted to advertise during primetime network TV broadcasts. They promised their television spots would differ substantially from their comical radio ads featuring “Trojan Man,” the baritone-voiced superhero who interrupts horned-up lovers to offer them a condom. Daniels, Trojan’s vice president of marketing, claimed, “Our drive is not necessarily to get on primetime, but to get an important public health message out.” 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 milk 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.

James Craigie

Even though no formal government or industry restrictions prevent condom ads from being shown on primetime network 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. By 2005, networks could hardly purport to care about what children might see when the airwaves are now filled with ads for erectile dysfunction drugs and contraceptive patches.

Last May, Trojan makers Church & Dwight asked ABC, CBS, NBC, Fox, UPN and The WB to reconsider. By June, NBC and The WB agreed to run an ad Church & Dwight deemed to have “poignant and sobering message.” The message? 40 percent of people who are HIV-positive don’t tell their partners.... According to Craigie, Church & Dwight’s CEO, it’s all about changing people’s perceptions around unprotected sex. “We’re trying to shock them and shake their confidence.” Most shocking is the fact that there is, in fact, no evidence to suggest that 40% of people with HIV don’t disclose to partners. There’s plenty of research 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. Hey, Craigie and the rest of you Church & Dwight rubberfreaks! You made it up! Busted!

Shannon Jacobs

No, we’re not done with the Trojan condom debacle yet. Apparently, no one at NBC, The WB or any of the cable networks that agreed to air Church & Dwight’s Trojan ad questioned the commercial’s claim that 40% of people with HIV don’t tell their partners. NBC spokesperson Jacobs said the network had reviewed several Trojan spots and would air them, “given the health-oriented nature of this particular campaign.” Now just 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 Shannon Jacobs pause from swilling her nonfat latte long enough to make some calls.

Thomas Frieden

Did the New York City Department of Health and Mental Hygiene discover a new, drug-resistant strain of HIV—a “supervirus”—that leads to AIDS in four to twenty months after infection? Last February, New York City Health Commissioner Frieden says they did and that bombshell announcement caused a predictable Chicken Little reaction in media around the world. Frieden even offered up an irresistible hook: the patient in question was a middle-aged gay man who flirted briefly with crystal meth at sex parties where he concedes he had more than a hundred sexual partners. To the man’s credit, he was able to provide the New York Department of Health with enough contact information to locate many of those partners and subsequent testing failed to locate any patient with an identical strain. Leading scientists had been skeptical of the “supervirus” claim all along. By June, NYC’s top AIDS official, Scott Kellerman, admitted that the single case of drug-resistant virus that Frieden publicized wasn’t so super after all. In fact, the patient’s “untreatable” virus eventually responded to HIV combo therapy and by year’s end, not one additional “supervirus” case had arisen. Whatever Thomas Frieden’s motives, that kind of melodramatic, premature public disclosure ultimately undermines the credibility of public health officials and makes him look like a publicity-sucking whore who would exploit any new development, proven or not, to frighten or shame people into practicing safer sex or quit having it all.

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. R

CONTINUED FROM PREVIOUS PAGE
NEW BOARD MEMBER PROFILE

My name is Rich Jones. I am a Certified Public Accountant in Atlanta. My partner and I moved here from Omaha, Nebraska, in 1975, and we have definitely made Atlanta our home.

I first heard of this organization before it was AIDS Survival Project, way back when it was still the Atlanta chapter of the National Association of People with AIDS and Kathleen Brockel was the executive director. I knew Kathleen and a number of the other founders of the agency through mutual work with ACT UP, Queer Nation, LEGAL and other organizations. At that time, there was a much smaller network of people involved in any form of AIDS or gay activism in Atlanta, so we all sort of knew each other. In the years since, I’ve worked with numerous other organizations in the city in various functions, including AID Atlanta and the Atlanta Gay Center.

Last year, I got involved with a group called the Atlanta Crystal Meth Task Force to explore how the meth epidemic is impacting the gay community and the related impact on HIV seroconversion rates. Jeff Graham and ASP provided support for that effort and Jeff and I got reacquainted. As a result of that collaboration, my interest in the work of ASP was ignited and I began talking to Eddie Young and Susan Cornutt about the agency. My financial background, as well as my involvement with so many other organizations, has given me the experience to work with ASP in solidifying its financial controls. I will be working with the finance committee to ensure ASP maintains its solid financial footing. In addition, I would like to continue to explore ways the agency can address seroconversion issues related to the meth epidemic.

HIV/AIDS has been important to me since the epidemic first surfaced. I lost so many close friends in the early years and have seen others live with the virus for long periods now. The crisis is not over. It has changed, but it has not ended. There is still much work to do. The people that inspire me are those who find a way to serve day in and day out, slowly building a legacy of service.
### 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@act.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**

Passionate WM, 43, HIV+, brown/brown, 5’7”, 150 healthy lbs., bottom, seeks a well-built top for a serious, honest, sincere LTR. David Spurgeon, PO Box 212, Milligan College TN 37682-0212. (423) 404-4683. [2/2]

XXX video star, WM, 45, brown/blue, 170 lbs., well-built, versatile, outgoing and fun, would like to meet a good-looking, well-built HIV+ boy/man, 20-50, who is much the same for friendship or relationship. Need a lot of love. Mark Wingo, a.k.a. Jamie Wingo, 129 Evergreen Trl #1, Cartersville GA 30121-4203. [2/2]

Lonely, slim, nice-looking BM, 43, looking for other BM 39 to 48 to spend some great times with. Ronald Chaney, 200 Harwell Pl NW #H, Atlanta GA 30318-5868. (770) 330-2796. [2/2]

**MALE SEEKING FEMALE**

+ WM, 34, desiring to interest someone special to share and enjoy the rest of our precious lives and dreams with, someone to cherish and love compassionately, unconditionally, and who wants to grow in the Lord together, faithfully. David C. Adamson #642270 (B-2), Valdosta State Prison, PO Box 310, Valdosta GA 31603-0310. [1/2]

If you are reading this ad, you have been granted the opportunity to share in an enchanting journey. Incarcerated, HIV+, 41, 5’7”, 220-lb. brother seeks correspondence of love and longevity. Let’s make the magic flow. Allen C. Ward #27024-044 (F-1), U.S. Pen., PO Box 12015, Terre Haute IN 47801-2015. [1/2]

48-year-old Italian man looking for a lover who will love me totally. I’m HIV+ 18 years now. Please write or call. I need someone in my life. Tony Raposa, 5661 Bay Branch Church Rd, Claxton GA 30417-7821. (912) 739-8029. [2/2]

26-year-old attractive black man seeking correspondence and companionship. Age, race, health issues are unimportant. Must be open-minded to correspond and encourage each other through letters. Valtrez Stewart #1086504, PO Box 8409, Columbus GA 31908-8409. [2/2]

Incarcerated: Capricorn, 45 (1/11/1960), attractive, 6’2”, 198 lbs., understanding, diligent, caring, spontaneous, humorous, optimistic, adventurous, athletic black man seeking companionship, us knowing each other’s inner self. Charlie Roberts GDC #408997, SSP Holly A-64T, Hardwick GA 31034. [2/2]

26-year-oldBM, 45, looking for a companion. I am friendly, good listener, wanting to meet a friend that could possibly turn into more. GBF, HIV+, looking for someone. Delilah Works, 2905 Springdale Rd SW #N-7, Atlanta GA 30315-7813. [1/2]

I am a friendly person, good listener, wanting to meet a friend that could possibly turn into more. GBF, HIV+, looking for someone. Delilah Works, 2905 Springdale Rd SW #N-7, Atlanta GA 30315-7813. [2/2]

Male

Female

Female

TV/TG/TS

Male

Female

Male

Female

Any/All

Any/All

I would like to make a donation in honor of:

I have other special skills I would like to offer:

I am a person living with HIV/AIDS and want to be a member of AIDS Survival Project.

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 living person 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.

Mail to: Classified Ads, c/o ASP, 139 Ralph McGill Blvd #201, Atlanta GA 30308-3339

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.

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:

Phone: Day Evening

E-Mail:

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</tr>
</tbody>
</table>

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.