Positive LIVING

DECEMBER 2001-JANUARY 2002

A MEMORIAL RESTORED

Honoring past heroes at Highways

INSIDE:

A is for adherence
Save your sight: eye disease and HIV
Coping with sexual assault

CONTENTS

COVER STORY

23 Watch your step
A floor at Highways Performance Space memorializing people with HIV/AIDS who have died is restored. Report by RON MACKOVICH with photos by MARK SCOGGINS.

FEATURES

16 A is for adherence
ERNIE RODRIGUEZ writes on the importance of not missing a single dose of your anti-HIV meds.

34 Getting your life back
FIONA KYCK and BUDDY AKIN explore the complex issues surrounding sexual assault for men and women victims.

38 Sorry, the club is closed
Outrage erupts in the HIV community after the DEA raids the L.A. Cannabis Resource Center. RON MACKOVICH reports.

43 Food and water safety
Marcy Fenton, M.S., R.D. offers advice for coping with your nutritional needs during a crisis.

TREATMENT FILE

28 Save your sight
RON P. GALLEMORE, M.D., Ph.D., and DAVID S. BOYER, M.D. advise people with HIV/AIDS to monitor vision regularly.

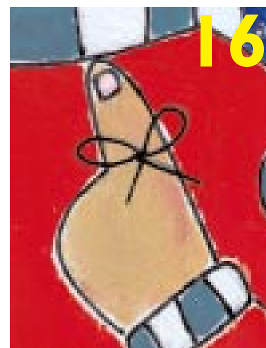
TREATMENT NEWS

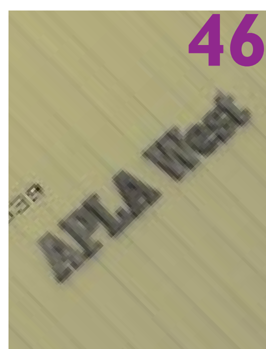
13 Studies need participants
Recruiters for two important studies reach out to minority populations.

15 Plasma screening improves
LILIANA EAGAN reports.

ALSO THIS MONTH

21 Writers Workshop selections





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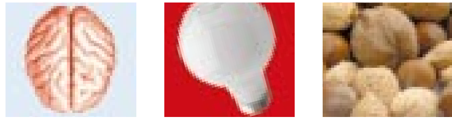


Making way for the feds

Let's go to the scene of some breaking news

By Paul Serchia

"Good afternoon, Los Angeles. And welcome to Eyewitless News. Our top story this hour is now dramatically unfolding on Santa Monica Boulevard in West Hollywood. Let's go to the scene and hear from our reporter Tricia Le Pew. Trish, can you hear me?"

"Thank you, Jerry. I am Tricia L Pew, and, yes, I'm standing here at the scene of a story breaking in a frankly dreary stretch of commercial property in West Hollywood. Just moments ago, a veritable squadron of jackbooted federal agents traveling by government-issue undercover tanks pulled up in front of this plain-looking building and charged inside. Additional agents descended upon the roof of the building in a helicopter."

"Trish, that certainly does sound dramatic. I'm sure that many of our viewers may be wondering: Are invasions of nondescript commercial buildings in West Hollywood common?"

"No, Jerry, I am told that these types of invasions are *not* common. And amid all of the recent terrorist activity, it may not be reckless to speculate that this extraordinary raid could have a connection with the Bush administration's war on evil-doers."

"Trish, have you seen any people enter or exit the building since you arrived on the scene?"

"No, Jerry, I have not. Let me try to get some information from one of the many bystanders watching this event unfold. Sir, are you a resident of this neighborhood? Did you witness the raid that occurred here just moments ago?"

"I yam and I did."

"Sir, what can you tell our viewers about the occupants of this building that has just been raided by federal agents? Is this building a cell of international terrorism? A training facility for hijackers? Could Osama bin Laden himself be holed up in a secret lair in the Creative City?"

" I do not sink so, Pretty TV News Lady."

"Thank you, sir, for that ignorant assessment of this internationally explosive situation. Jerry, just arriving on the scene is a group of people who appear decidedly annoyed about what is taking place here this afternoon. Let me try to get a comment from one of them. Sir? Could you share a few words with our viewers?"

"Absolutely, Tricia. I represent the local Chamber of Commerce and I would like to declare publicly that an assault on one of our members is considered to be an assault on all of our members."

"Sir, are you saying that the evildoers just raided by agents of the federal government are members of . . . the Chamber of Commerce?"

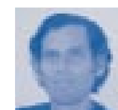
"Tricia, no evildoing is occurring in this building. Its occupants are upstanding members of our chamber and our community. And furthermore . . ."

"Sir, if I may shove you and your parochial biases to the side, I see someone walking through the front of the building that has been raided. Sir! You have just exited the scene of a dramatic raid by federal agents. Tell me and our viewers: What kind of sordid malfeasance was taking place behind that door?"

"Malfeasance? Naw. No malfeasance at all. Just a bunch of us people with AIDS and cancer picking up prescriptions of medical marijuana to help us deal with the debilitating side effects of our miserable illnesses."

"Oh. I see. Well, there you have it, Jerry. Agents of the federal government have raided and closed down a major distribution site for medical marijuana for people who are sick or dying."

"Reporting from occupied West Hollywood, I am Tricia La Pew and I am flummoxed. Back to you, Jerry." ✚



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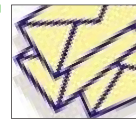
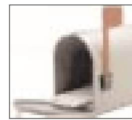
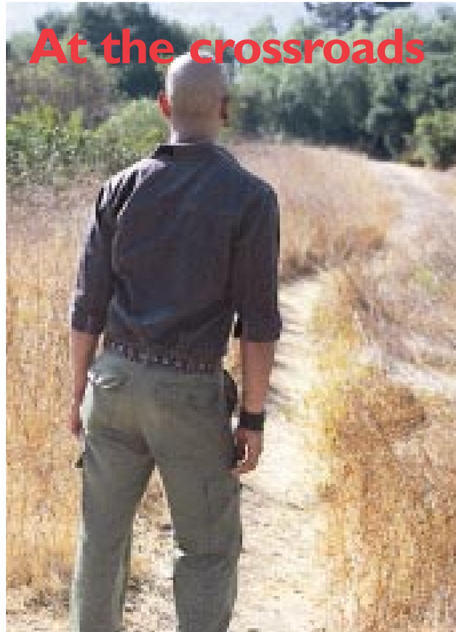





I was saddened by "At the Crossroads" (October-November POSITIVE LIVING).

I am concerned that Oscar Garcia, a guy who has been volunteering at AIDS Project Los Angeles for more than 10 years but thinks he contracted HIV five years ago through unprotected sex, sends a very bad message to the public.

What kind of message are you sending to the public? If you can't protect even those in your own organization –with all the means and resources you have at hand– how can you help others? I realize that working at an AIDS-service organization is not a failsafe, but did no one think about this before publishing this article?

I question the decision by the powers that be to put such an article in your magazine, as well as the effectiveness of APLA to really help in stopping the continued spread of the virus. ✚

–J.M.

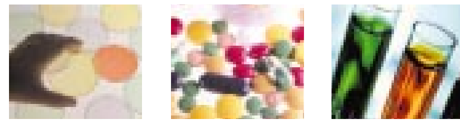
We welcome feedback from readers on this feature, and especially encourage readers to offer their views on the preceding opinion. Please send letters to AIDS Project Los Angeles, 3550 Wilshire Blvd., Suite 300, Los Angeles, 90010. –Editor

Oscar, I love the way you concluded your interview in *Positive Living*. "I hold people more dear to me than I think I used to."

You are a real credit to our community. It saddens me that you had such debilitating problems. But the fact is: We are all still here.

Please keep up the good work. ✚

–MICHAEL ST. JOHN



Studies need participants

MINORITY PARTICIPANTS ESPECIALLY NEEDED FOR MULTICENTER AIDS COHORT STUDY, WOMEN'S INTERAGENCY HIV STUDY

By Liliana Eagan

Two major national studies on HIV infection with sites in Los Angeles are seeking new participants.

The Women's Interagency HIV Study (WIHS), founded in 1993, and the Multicenter AIDS Cohort Study (MACS), launched in 1984, are the largest observational studies in women and homosexual or bisexual men in the United States. In the past, both studies have made vital contributions by increasing knowledge regarding HIV transmission, disease progression and treatment.

Changes in the HIV pandemic have occurred since these studies were launched. As a result, increasing participation in studies among minority populations has been recognized by The National Institute of Allergy and Infectious Diseases (NIAID).

First, a disease that mostly affected homosexual, white males in the beginning has shifted into minority groups including men and women. Fifty percent of the newly infected men in the U.S. are black and 20 percent Hispanic; of newly infected women, 64 percent are black and 18 percent are Hispanic.

Second, highly active antiretroviral therapy or HAART has dramatically improved the treatment of HIV disease in the developed world.

"We have new issues to address such as the safety and benefits of long-term treatment, HIV's effects in older populations, and the nature of both the virus and the immune system during chronic infections," reports NIAID Director Anthony Fauci, M.D. "MACS and WIHS are ideal frameworks within which such questions can be answered."

Since the MACS and WIHS studies were established, both studies have lost many participants. Enrollment of minority groups will allow the cohorts to work with a population that represents the spectrum of HIV disease in the U.S.

MACS and WIHS track both HIV-infected and uninfected individuals. Currently, both studies are enrolling participants who are HIV-negative or HIV-positive and have never received treatment for HIV; or who are HIV-positive and have access to medical records since the time they began treatment. Participants who are receiving HAART cannot have a history of opportunistic infections. Both studies have sites in Los Angeles.

For information about the MACS study, call (310)825-6229 or visit **www.statepi.jhsph.edu/macs/macs.html**. For information about WIHS, call Yvonne Barranday at (323) 343-8317 or visit **https://statepiaps.jhsph.edu/wihs/** ✚

Trugene OK'd by FDA

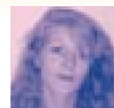
A test to gauge resistance to HIV drugs has been cleared for marketing by the Food and Drug Administration.

Trugene HIV-1 Genotyping Kit and OpenGeneDNA Sequencing System, developed by Visible Genetics Inc., was submitted to the FDA as an integrated system including chemistry, hardware, software and patient report necessary to generate test results. The report offers a health care provider information regarding antiretroviral drugs that are likely to be effective in the treatment of HIV infection.

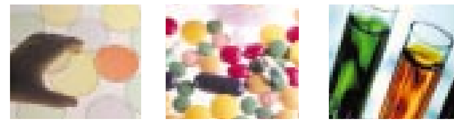
The test allows physicians to personalize therapy for individual HIV patients, said Richard Daly, President and CEO of Visible Genetics Inc.

This test is intended to be used by health care providers as a tool for the management of HIV disease and in combination with all clinical and laboratory findings as well as the prescribed medication.

For additional information on the product, visit www.visgen.com. ✚



Liliana Eagan is a treatment advocate in AIDS Project Los Angeles Treatment Edcation Program. She can be reached at (213) 201-1484 or by e-mail at leagan@apla.org



Plasma screening improves

FOOD AND DRUG ADMINISTRATION APPROVES NEW TEST TO SCREEN PLASMA FOR HIV AND HEPATITIS C

By Liliana Eagan

Studies conducted by Alpha Therapeutic Corporation and National Genetics Institute, Inc. (NGI) concluded that a new test to screen plasma donations for HIV and hepatitis C can identify HIV-1 up to four days earlier than the currently available serologic tests. In addition, it can detect Hepatitis C (HCV) up to 57 days earlier than current tests.

On Sept. 21, Alpha announced the approval of this highly sensitive test to screen plasma donations for HIV and HCV. The test utilizes polymerase chain reaction (PCR), a highly sensitive test that can detect small amounts of DNA or RNA in blood or tissue samples by amplifying the existing DNA/RNA. This amplification technique allows the DNA or RNA to be detected more easily.

On May 16, 2000, Alpha obtained the U.S. patent for the "efficient algorithm method," which is used in concert with PCR technology to identify viruses in plasma. PCR testing is complex and difficult to apply to the millions of plasma donations collected each year. To simplify this procedure, Alpha utilizes this new method in which samples of 512 donations are pooled and tested by PCR.

When a sample pool tests positive, the efficient algorithm method is applied. Therefore, reactive samples can be detected with a minimum of 26 tests, instead of 512 tests needed to screen each sample. The efficient algorithm improves the detection and removal of reactive plasma donations and decreases the time that would otherwise be necessary for PCR testing.

PCR can identify very small amounts of genetic material of the viruses. This test has the potential to identify a virus earlier in the process of infection, during the "window period," the time between primary infection and the appearance of antigens or antibodies against an organism, also known as seroconversion.

In addition to conducting scientific research, Alpha Therapeutic Corporation produces plasma-derived products and collects plasma donations throughout the U.S. The plasma donations are screened for HIV and hepatitis viruses with serologic tests approved by the FDA.These tests detect either antigens (any agent or substance that stimulates an immune response) or antibodies produced by the body in response to infection.

The company then processes the plasma into different products for the treatment of life-threatening conditions such as intravenous immune globulin (a type of antibody that provides specific humoral immunity against bacteria and viruses) for the treatment of primary immune deficiencies, coagulation factors for hemophilia and albumin (a protein found in bodily tissues and fluids; the principal protein in blood plasma) for shock, burns and trauma. ✚

More Nonoxynol study needed

Research on the ability of some sexual lubricants to kill HIV in test tubes, conducted by the University of Texas Medical Branch (UTMB) at Galveston, may lead some of us to believe we can lose the latex.

But a lot more research still needs to be done. Similar findings were reported about Nonoxynol-9 (N-9) some years back and subsequent studies in humans proved that N-9 actually increased the risk of HIV transmission.

What UTMB has learned so far is that three lubricants – Astroglide, Vagisil and ViAmor– have significant abilities to kill HIV in test tubes. Unlike N-9, these lubricants do not have the irritating effects inside the vagina and the rectum, which caused N-9 to increase the risk of HIV infection.

Researchers warn that lubricants should not be used as the sole protection against HIV transmission. Lubricants should always be used with a condom.

Findings of this study can be found in the July 20 issue of AIDS Research and Human Retroviruses. ✚

A is for Adherence

Illustration by JOSEPH LITZINGER

By ERNIE RODRIGUEZ

Maintaining adherence to medication is vital for sustaining viral suppression.

Adherence to HIV medications is not easy. After deciding to take medications, one must address and overcome challenging barriers.

Researchers report that in order for HIV medications to effectively reduce viral load, raise T-cells and improve overall immune system function, they must be taken at a consistency rate of 95 percent or higher.

A medication regimen of Sustiva and Combivir requires five pills daily: one in the morning and four at night. In a 30-day month, this totals 150 pills. Ninety-five percent of this total is 143. This means missing more than seven pills in a month may render the medication ineffective.

There are common reasons for missing medications. Some people lose track of time because they are busy with other activities. Others may wish to avoid side effects of the medications, which may include nausea, headaches, rash and diarrhea. Lastly, some people are tired of taking pills on a daily basis. As stated earlier, the consistency with which HIV medications must be taken is unforgiving.

There are other reasons reported for not taking medications as prescribed: Some people state that they are too busy to fit medication regimens into their routines; some choose not to take their medications because they are too happy and do not want to terminate feelings of elation; others are too depressed and do not want to be reminded of their illness two times each day; and yet others do not take their medications because they do not have the necessary foods needed for successful drug absorption.

Treatment advocates have a unique opportunity to offer useful techniques to increase medication adherence for people with HIV disease.

Often times, treatment advocates or peer educators are people who are also living with HIV and may offer personal experience and insight. Traditional methods suggested by treatment advocates, such as placing pill containers in frequently used areas, or taking medications at 12-hour intervals, have proved successful. Taking medications during favorite television shows, during breaks at work or before or after dinner, placing notes on a refrigerator, or enlisting the help of friends to place a timely phone call, are all suggestions that treatment advocates have employed when helping people to adhere to medication regimens.

For those who take several types of HIV medications, treatment advocates often suggest writing in diaries. Diaries can also be a great resource for people to use as a history of side effects when speaking with a health care provider.

Pharmaceutical companies and pharmacies (both local and mail-order) also offer plausible suggestions. Several pharmaceutical companies have designed daily, weekly and monthly pillboxes where medications can be easily stored. Pillboxes are typically labeled by day, morning and evening and many times are in Spanish as well. These containers allow people the opportunity to save time by placing pills in the boxes on a monthly or weekly basis.

The Arpex Corp. has developed an electronic monitoring system that records the date and time when the bottle is opened. The Medication Event Monitoring System, or MEMS cap, has an embedded microchip. In studies, MEMS cap bottles have shown a strong correlation with adherence to medications and lower viral load results.

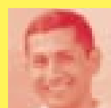
Researchers are also studying the effects of Directly Observed Therapy (DOT) and adherence to medications. DOT refers to a person taking medications while being observed by a volunteer who records whether or not the person takes the medication.

Preliminary results from a DOT study at AIDS Healthcare Foundation have shown that participants are more adherent to their medications and have had a reduction in viral load. However, once the six-week study was completed, most participants were less adherent to their medication regimens and required more assistance.

When taking HIV medications, maintaining a sufficient amount of medication within the body for viral suppression is crucial. When the drug level is too low, resistance may occur.

Resistance refers to the ability of the virus to mutate in such a way that the new virus it produces is no longer susceptible to the medication that is in the body. For instance, if medication that must be taken twice daily is only taken once a day, then the level or amount of drug necessary to stop HIV replication will not be present.

HIV infection is not yet a manageable disease. However, conscientiously taking medications as prescribed may assist people in suppressing the virus for longer periods of time. ✚



Ernie Rodriguez manages AIDS Project Los Angeles' Treatment Education Program. He can be reached by calling (213) 201-1486 or by e-mail at erodriguez@apla.org

‘I vow with all beings . . .’

Poetry by members of AIDS Project Los Angeles Writers Workshop

When I hold my lover’s hand
I vow with all beings
that he will still be holding my hand
when I journey to the gates of heaven
where I will kneel before God
and kiss His tender feet.

–Mark Escamilla

When I think of friends who have gone before me,
I vow with all beings
To draw on the essence of who they were,
And feel blessed that they have shaped who I am.

–Gary Oberst

Counting out pills into cubicle compartments
I vow with all beings
to fill my life
with music, art and love.

–Neil Stannard

Driving to the doctor
I vow with all beings
to aim my heart’s desires
with the same directness and precision.

–Neil Stannard

When I remember feeling demeaned by the physical disfigurations of illness,
I vow with all beings
To understand that it is vanity itself which is demeaning.

–Gary Oberst

As I take my morning meds
I vow with all beings
To be thankful that my being alive
Is a marvel of modern medicine.

–Jim Smith

As I walk my dog each day
I vow with all beings
To greet each plant and human
As the loving expressions of God they are.

–Jim Smith

When I sit at my brother’s grave
I vow with all beings
to fight the virus that eats
at my humanity but not my spirit.

–Mark Escamilla

When I sit down to play
I vow with all beings
to experience the occasion of
that moment
in oneness with borrowed time.

–Neil Stannard

Illustration by AMY DAKOS

The 16 poems on these pages are examples of *gathas*. Adapted by the Zen teacher Robert Aiken and loosely based on a traditional Indian and Chinese format, *gathas* aim to bring attention to everyday events. They are linked to each other by having an identical second line.

When I offer up my arm to the needle
I vow with all beings
to rejoice in the knowledge
that this blood also gives life.

–Neil Stannard

When Dennis, my lover, cooks me breakfast
I vow with all beings
To be thankful for the nourishment
It brings my body.

–Jim Smith

As I awaken from my drugged sleep
I vow with all beings
To approach my waking state
With the warmth and strength of my
morning brew.

–Jim Smith

When I look at my fading tattoos of death
I vow with all beings
that they will fade
even more.

–Mark Escamilla

When I hear my mother's suspicious voice
I vow with all beings
to protect her fragile heart.

–Mark Escamilla

When I wake in the morning with pain,
I vow with all beings
To appreciate how that pain is what allows me
To live another day.

–Gary Oberst

When I perform the mundane tasks of life,
Washing the glasses, scouring the toilet,
I vow with all beings
To understand that even the inanimate
Is deserving of my respect.

–Gary Oberst

For information on AIDS Project Los Angeles' Writers Workshop, call (213) 201-1600, Ext. 1136 or (213) 201-1600, Ext. 1038. The workshop meets each Thursday evening and Friday during the daytime.

watch your step

By RON MACKOVICH

Photos by MARK SCOGGINS

Restoration of the AIDS memorial floor at Highways began in September with weekly gatherings at the performance space.

If you are like most people, you probably are not used to looking down at memorials. And you know that stepping on someone's grave is considered to be disrespectful.

The Highways Memorial AIDS Floor will turn your memorial mindset upside-down.

On a recent visit to the Highways performance space in Santa Monica, I stepped timidly inside, where volunteers were preparing for the evening's events.

The memorial is right there in the middle of everything: an unimposing patch of concrete the size of a living room. Inked in black are names and shapes which don't jump at the eye from a gray background. It just lies there, waiting for me to come closer if I want to know what it says.

But . . . may I? Is it all right to step on these names, these people? The volunteers pay no mind. I guess it's all right.

So I step. I step on a few names so I can read others.

Bill Clark
Paul Madrigal
Tim Powers

There are also shapes: scissors, hearts, human shapes, messages.

Hey AIDS I want my friends back.
We will miss you.
AIDS still is killing us.
Don't stop the fight.

And, written large:

This is an installation by Act Up LA commemorating our friends and colleagues who have died of AIDS. Please add yours to the list.

Restoration

A few months ago, I wouldn't have been able to read all this. Names were first written on this floor with felt markers 12 years ago. Over the years, sunlight, dirt and foot traffic wore the writing down to a faded outline.

Then Danielle Brazell, Artistic Director of Highways, thought it was time the floor be rewritten.

"The floor is an amazing piece of work that will live forever," she says. "It's a powerful, powerful work. By bringing this back and embracing it, it allows us to honor our dead. If we take care of it, it will last forever."

The dead on the AIDS floor include the famous Rock Hudson, the anonymous Doug W., and James Carroll Pickett III, who lived from 1949 until 1994. We know that because the person who memorialized James left the dates. Most didn't. Some just wrote a first name. One wrote, "We will miss you," while another remembered a loved one this way: "Fred, at last over the rainbow."

During three Sundays in September, Fred's name and all the others were lovingly retraced.

"I was just there so anytime, anybody who was at Highways, there were markers there so you could add a name if you wanted to," says Chuck Stallard, a photographer and artist who started the floor in 1989.

In the late 80s and early 90s, Stallard was a member of the controversial ACT UP, a group of hardcore AIDS advocates known for sometimes shocking demonstrations. Stallard was invited to create something at Highways that would honor people with AIDS. His activism influenced his vision.

"We had a trademark thing where we would lie down during demonstrations, and others would trace the outline of our bodies on the pavement," he recalls. "I wanted to do outlines, like an ACT UP street thing, and then people were invited to write names."

HIV/AIDS activists gathered at Highways to help restore its memorial. From left, Peter Dobson, Eric Scott, JT Anderson, Robert Navarret, Chuck Stallard and David Nichols.

Write they did. For years, visitors grabbed markers, got down on their hands and knees and scrawled handwritten memorials until the floor was covered.

As the years went by, some of Stallard's friends became names on the floor.

"There are people who were with me. There are people who were in ACT UP whose names are there now," says the soft-spoken artist.

Then came those three Sundays in September, and it all came back.

"It used to be very hard but I noticed when I was there this time, redoing it, it didn't hurt as much, although it still has an impact and it's still hard to think about everyone that's gone."

The restoration brought back others who helped create the floor, one name at a time.

"There was one guy there, Matthew," Stallard remembers. "His wife's name is on that floor. He was there."

WRITE NOW

Matthew may be back soon. The restoration is complete, but the floor is not. There's still space, still room to remember.

On Saturday, Dec. 1, Danielle Brazell and others will read stories from the newly refurbished floor.

The floor's originator could not have foreseen the lasting impression it would leave.

"At the time I had no idea how long Highways was going to be there, or how long AIDS was going to be around," says Chuck Stallard. "I didn't know anything at that time. But they're still here." ✚

RON MACKOVICH is a volunteer in AIDS Project Los Angeles'Publications Program.

Save your sight

Eye disease and HIV

By RON P. GALLEMORE, M.D., Ph.D. & DAVID S. BOYER, M.D.

Illustration by MICHAEL STORC

Recent advances in medical care have made it possible for many people with HIV to live longer, healthier and happier lives.

With increasing and more stable T-cell counts, severe eye problems like CMV retinitis are less common. In this article we review some of the more common problems for patients with HIV, beginning with the least serious and ending with the most severe.

Our goal is to re-awaken the community to the need for continued eye care. This may help preserve your sight.

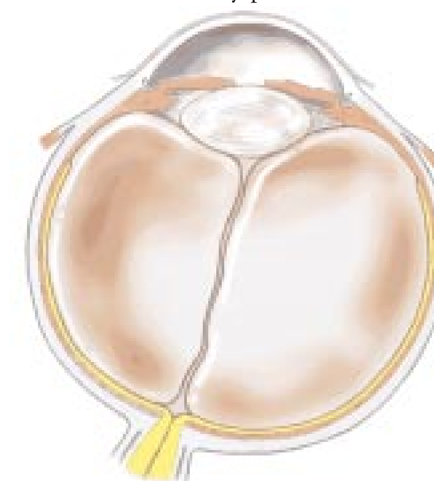
SOME COMMON PROBLEMS

The first three problems –dry eye, blepharitis and presbyopia– are not unique to HIV-positive individuals. They are, however, so common that they should be described.

Dry eyes are the most common problem with HIV patients. The simple condition is rarely serious and can be treated in most cases with artificial tears.

In some patients, dry eyes may increase the risk of a serious eye infection. Sharp pains, intermittent blurred vision (which usually goes away when you blink), and mild irritation are all signs of dry eye. Dry eye symptoms may become worse while using the computer; blink frequently and use extra tears if your eyes become "tired" or irritated.

Blepharitis often goes along with dry eyes and means "inflammation of the eyelids and lashes." Many patients with blepharitis also have mild infection with bacteria, most commonly staph aureus. There may be a discharge and redness of the eye or eyelids. Patients with HIV may get this more often, perhaps due to their weaker immune system, allowing bacteria to grow more easily.



The interior of the human eye

The treatment consists of cleaning your eyelashes using a warm washcloth and a small amount of baby shampoo and warm tap water. The soap should be washed off and a hot compress applied. In some cases, ointments may be needed. See your eye doctor as soon as possible if your vision is blurred, if there is pain or frequent discharge.

Presbyopia is a big word that means a loss of accommodation (difficulty in reading) with aging. This occurs when the lens of the eye becomes less flexible with age and becomes harder to focus up close.

This may begin as early as 35-40 years of age and increases if you are ill or fighting an infection. Reading glasses or bifocals will solve the problem. If you are having trouble reading, ask your doctor if glasses may help.

RETINA SENSITIVITY

The most serious eye problem in patients with HIV involves the retina.

The eye is like a camera and the retina is the film of the camera lying inside and against the back of the eye. Without the film you cannot see.

CMV infects the retina and is the most common infection and cause of visual prob-

lems in patients with AIDS. Most patients that get CMV have T-cell counts below 100.

All patients with HIV should be screened for CMV. The lower your T-cell count the more often you should be seen. If your T-cell count has been low and has been raised, you still need to be followed carefully. If you have floaters, flashing lights or your vision becomes blurry or lose peripheral vision, you should consult your eye doctor right away.

While CMV has become less common than a few years ago, it may be on the rise.

Ganciclovir (GCV) is the most common medicine used to treat CMV retinitis. The Ganciclovir implant is the most common way the drug is delivered to the back of the eye. Placing the Ganciclovir implant, unfortunately, involves a small painless operation. More recently, a long acting pro-drug of Ganciclovir was developed.

We are proud that we helped do the clinical research for Valganciclovir. This new drug allows patients to take a few pills a day instead of having surgery or an intravenous medication. The drug also treats both eyes and the entire body at the same time. The determination of which treatment is better depends on your ocular and clinical condition and your overall health, including your kidney function and anemia. The decision of which is the best method of treatment for you will be based on your eye doctor and your infectious disease or HIV specialists discussing your specific condition.

Blindness

Other infections can also lead to blindness. Toxoplasmosis, cryptococcus and syphilis have all been seen in patients with HIV.

Syphilis is the second most common infection in patients with HIV. Syphilis can cause almost any eye problem. All HIV-positive patients should be checked for syphilis with a blood test every year. Treatment can save your vision and your life.

Another serious infection is called Progressive Outer Retinal Necrosis, or PORN. PORN is a retinal infection that can quickly destroy the retina (the film of the camera). PORN is caused by a herpes virus, either simplex or zoster. Since it can move quickly, any significant blurring of vision or loss of peripheral or central vision should be reported immediately.

Many of the above infections at the back of the eye can lead to a retinal detachment. If you see floaters, flashing lights or lose some of your sight or peripheral vision, call your eye doctor right away. With surgery, we can anatomically re-attach your retina between 90 and 95 percent of the time.

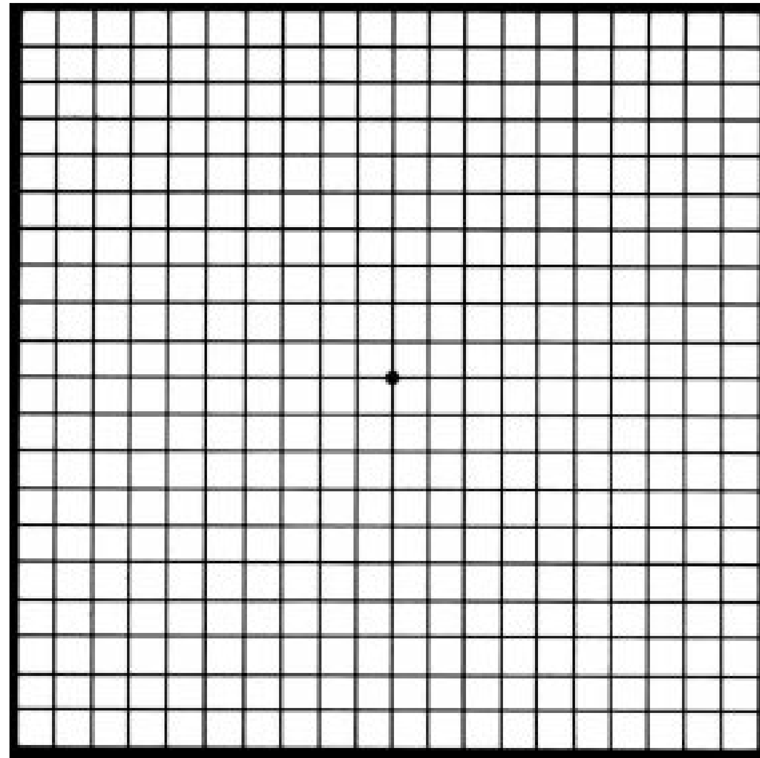
While HAART and other immune recovery therapy have improved the health of our patients, new conditions have developed. The revved-up immune system can react against the HIV infection and cause inflammation in the eye called "immune recovery uveitis." This inflammation may be mild or severe and can cause loss of sight. Fortunately, this condition is very treatable with anti-inflammatory eye drops or medication placed around the eye.

You should check your own vision, one eye at a time, every day. The chart above is an excellent way to check your central vision. You should also check your peripheral vision.

If you see a change, let your eye doctor know right away. The earlier you are seen, the better chance you have to improve or stabilize your vision. ✚

Amsler grid test

Check your vision every day, one eye at a time. Look at the dot in the center. If there are distorted, broken or missing lines notify your eye doctor or contact Retina-Vitreous Associates Medical Group in Los Angeles at (213) 483-8810.



Ron P. Gallemore, M.D., Ph.D., left, and David S. Boyer, M.D., are in private practice with the Retina-Vitreous Associates Medical Group in Los Angeles and Clinical Faculty at the Jules Stein Eye Institute, UCLA School of Medicine, and Doheny Eye Institute, Keck School of Medicine, respectively. They may be reached by telephone at (213) 483-8810 or via e-mail at RetinaLA@aol.com

Viread gets FDA nod

The Food and Drug Administration has approved Viread (tenofovir disoproxil fumarate), the twentieth medication used to treat HIV infection. Made by Gilead Sciences, Viread is a nucleotide analog, which works to stop reverse transcriptase.

Since it is a different type of medication, Viread may have the opportunity to be effective because of its resistance profile. In clinical trials, resistance occurred in 3 percent of the participants.

Side effects to Viread include nausea, diarrhea, vomiting and flatulence. Viread did, however, receive a black box warning, which stated, "Lactic acidosis and severe hepatomegaly with steatosis, including fatal cases, have been reported with the use of nucleoside analogues alone or in combination with other antiretrovirals." Lactic acidosis is a metabolic disorder that is characterized by weight loss, fatigue, malaise, nausea, diarrhea abdominal pain and shortness of breath. It is associated with mitochondrial toxicity, which has been attributed with nucleosides analogs. Severe hepatomegaly with steatosis refers to liver enlargement associated with an over accumulation of fat.

Viread was approved for use in individuals with HIV infection and based upon clinical trial data from participants who had previously used other FDA approved medications. Information used to approve Viread was not collected from individuals who had not previously used other antiretrovirals. The question remains whether there will be long-term inhibition of HIV for people who have never used any of these medications before.

Gilead is investigating the use of Viread in treatment-naïve individuals. ✚

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Illustration by EMILY HILLBURG

GETTING YOUR LIFE BACK

By FIONA KYCK

"When do I get my life back?"

When I worked on a rape and sexual assault hotline, callers asked that question more frequently than any other. Answering them was tough.

Too many women have been sexually assaulted in their lifetime, or will be. As a result of their assault, these women are living out a life sentence.

Individuals react differently to stress and trauma, so it is impossible to predict what a person will feel and for how long. That is what makes the question above so hard to answer and the act of sexual assault so vicious.

Many of us never think about how we would react if it were ourselves or a friend who had been assaulted. It is time we think about the survivor and their feelings. It is time to address the myths about sexual assault and identify what we can do to support ourselves. The violence needs to stop.

A CRIME OF VIOLENCE

Sexual assault is not about sex. It is about power and control.

Not only do sexual assault offenders take power and control away from their victims, they also take their dignity and their self-respect. Many people confuse violence and sex; they do not understand a survivor's deep emotional upset and sense of violation.

Sexual assault is defined as any forced sexual contact, which includes rape, sodomy, molestation, incest, forced oral copulation and acts committed with foreign objects. Force can be physical, emotional and based on authority.

Physical force includes being held down, choked, hit, pushed and grabbed.

Emotional force includes threats, intimidation, pressure and blackmail

Force based on authority: using "status," someone who is older and/or in a position of "power" who uses that power to make you do something.

Sexual assault can happen to anyone, regardless of gender, age, race, religion, occupation, physical description, sexual orientation or HIV status. The majority of assaults are carried out by people known to the victim.

Sexual assault brings with it fears about possible sexually transmitted infections, including HIV infection. Contracting HIV and/or another STI through a sexual assault compounds the feelings and emotions experienced by the survivor.

Sexual assault can also bring fears of possible pregnancy. Choosing to take the morning-after pill or terminating a pregnancy may not be an option for some; in some hospitals a survivor will not even be offered the option.

Survivors are further impacted by our reactions to sexual assault. "She shouldn't have worn that dress," "she shouldn't have had that much to drink," "she should have insisted that he wear a condom": these are all comments that people make about survivors of sexual assault.

Rape and sexual assaults are violent crimes acted out sexually. They violate not only a woman's personal integrity but also her sense of safety and control over her life. Most assaults are planned. Rapists look for vulnerable targets typically in the same area or town.

"She should have fought harder" and "she should have screamed louder" are also typical blaming statements. Fear of death, threat of violence or brutality can immobilize anyone. The absence of bruising or other physical injuries does not lessen the violation or the force.

Another misconception is that some women secretly want to be raped and therefore "no" does not always mean "no." Fantasies do not reflect what is the reality of rape: violent, brutal, terrorizing, humiliating assaults against a non-consenting person.

Women cannot be held responsible for a man's sexual urges. The attitude that men cannot help themselves suggests that it's OK for a man to force a woman to have sex with him if she makes him excited.

Clarifying what a person who is sexually assaulted can feel after an attack is helpful to the survivor and their loved ones. Doing so promotes more understanding at a time when things seem very unclear. These feelings are unpredictable and their frequency and severity are unforeseeable. The roller-coaster effect can be all too familiar.

"I can't believe this happened to me."

Feeling dazed, numb and withdrawn are very common initial reactions. This can be hard on the survivor and the survivor's loved ones, who may or may not know why and cannot understand the change in behavior.

"I have never felt like this."

In the aftermath of a sexual assault, many intense feelings and emotions are experienced. A roller-coaster effect adds to the unpredictability of these feelings, going from anger to depression to anxiety. Survivors often have difficulty adjusting to this because it feels like a further loss of control, the control over themselves.

"I can't sleep. I don't want to be touched."

Difficulty concentrating, sleeplessness and loss of interest in sex can impact the survivor after the assault. This again can be hard for loved ones to understand and very hard for survivors to explain.

"I can't go out once it gets dark."

The loss of power experienced in the assault can affect the survivor. Long after the assault, they may continue to feel vulnerable and frightened.

"I should never have gone out that night."

Not only do survivors go through a violent assault, they can also blame themselves for the situation as a result of the many misconceptions about rape and sexual assault. Not only can they judge themselves, but they are judged in turn by others, who blame the survivor and/or criticize their behavior. "Shame", "devalued", "dirty", are some of the words survivors use to describe how they feel. Having had an orgasm during their assault can add to their self blame. Bodies react to stimulation, but for some this is a betrayal of themselves, and something they are loathe to reveal to anyone for fear of having someone respond as though they enjoyed, provoked or wanted it.

"Today I feel OK. But yesterday was a bad day. I still carry it with me."

Time and support can help. Each survivor is different. Certain situations may exacerbate the symptoms such as a court case, first sexual encounter after the assault or returning to the place where it happened.

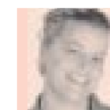
So with the damage the assault can do, the possible absence of justice and the judgment by society, is it any wonder that this is as close to a life sentence for survivors as it gets? Not to mention that the assault was probably carried out by someone known to the survivor and quite often a partner or spouse. It is important for survivors to have opportunities to take back control by seeking help and in time they will get their lives back. Knowing the facts allows us to understand more and judge less.

Sexual assault and rape can happen within all relationships, but are common in abusive relationships whether or not the individuals are married, living together, were living together, dating, were dating or acquaintances. Women can be assaulted by men or women. If your partner is abusive to you, you do not have to accept it, you can get out and get help. Violence prevention services are sensitive to the issues of rape and sexual assault within relationships and it is important for survivors to know that this is taken seriously.

Feeling comfortable with your partner and feeling free to negotiate consensual sexual activity is important. If a person insists on condoms for sex and is forced to have sex without a condom, that is rape. If your mutual agreement is no penetration and you are penetrated against your will, that is rape. It is not "getting carried away in the heat of the moment."

In some cases, people with HIV/AIDS deal with the loss of control over their own bodies by exercising their power and control over others. This can take on the form of physical, emotional or sexual abuse. HIV/AIDS can also increase a person's sense of vulnerability in a relationship, which makes the person with HIV/AIDS feel less able to negotiate with their partner or object to their partner's actions.

If this is something which you can relate to, talk to a counselor, case manager, social worker, doctor or someone else you can trust. Do something to end the violence. ✚



FIONA KYCK is a former coordinator of AIDS Project Los Angeles' Women's Services Program.

By BUDDY AKIN

MEN, TOO, CAN BE VICTIMS

A 10-year-old boy named Sean was accosted by older boys while walking home from school near his suburban Orange County home. The older boys forced him into a van, where they coerced him into performing fellatio on them and then penetrated him anally.

Some time later, Sean's teen-age sister cornered him and forced him to penetrate her vaginally. As he complied, she taunted him and disparaged his budding manhood.

As if these insults to his dignity were not enough suffering for one child to endure, throughout the remainder of his childhood Sean endured constant verbal, emotional, physical and sexual abuse from his adopted parents and extended family members.

Sean left home. He moved to Hollywood and lived his late-teen years and early 20s in squalor, shame and guilt, trapped in a compulsive pattern of tricking with anonymous male sex partners. Following a positive HIV test result, Sean plunged into years of ever-lowering self-esteem, denial and fear.

Miraculously, at age 25 Sean was able to start to put his life together. He came out of denial, sought medical treatment, volunteered for AIDS organizations and spoke publicly as a PWA. I met him at an HIV support group that he attended.

Sean's wounds never healed. A month before Sean's 30th birthday, he committed suicide, ending a vicious cycle in which male sexual assault played a prominent role.

Social reality

Statistics on number of survivors of male sexual assault are problematic.

Male survivors, like their female counterparts, are often discouraged from reporting by the stigma surrounding rape and the fear of judgmental reactions from friends, family members, law enforcement and medical personnel. This stigma and fear are of a unique nature when the assault is made on a male.

Eugene Porter's summary of studies of sexual abuse concluded that pre-teens and early teen-agers have equal chances of experiencing sexual assault. Among researchers, a consensus is currently forming that statistics for later teen and adult males may be between 14 percent and 25 percent of all sexual assaults. The U.S. Bureau of Justice Statistics concluded that males reported about 26 percent of the number of rapes that females reported. While not in total agreement, these figures point to a very significant number of survivors of male sexual assault.

An implication of male sexual assault is the likelihood of increased sexual risk behavior on the part of the survivors. A study conducted at the University of California San Francisco found that gay and bisexual men who were sexually abused as children were more likely to engage in unsafe sex.

The April 2001 issue of *Child Abuse & Neglect* reported that men who have sex with men who are survivors of childhood sexual assault are more likely to engage in sexual risk behaviors as adults. Researchers at the Center for AIDS Prevention at UCSF found that about 20 percent of all men who have sex with men experienced childhood sexual assault, and a telephone sample of that population in San Francisco, New York, Chicago and Los Angeles reported that men who have sex with men reporting childhood sexual abuse were more likely to be HIV-positive.

Myth no more

What can be done to prevent male sexual assault from occurring, and what can be done for survivors?

Knowledge is power, and spreading the truth about male sexual assault is one way to heighten awareness. The mean age at which male sexual assault occurs is 17, so more education, outreach and support to youth at risk is needed, particularly gay, bisexual and transgender youth.

A syndrome that I have observed in the gay male community is one of gay men age 25 or older seducing younger gay men and boys. These encounters often become an opportunity for the older man (or men) to take advantage of the trust and naiveté of the younger man.

Incidents of younger men in an early process of coming out being brutalized and raped by older men are fairly commonplace, and all too often unreported. The same barriers of shame and guilt that keep these cases unreported can also prevent the survivor from accessing medical care and support. Survivors of male sexual assault may comprise a veritable army of the walking wounded.

Just as alcohol and recreational drugs cloud good judgment regarding safer sex, they can create a situation in which one man is vulnerable to another's aggressive intentions. A man usually capable of defending himself can be rendered virtually defenseless by substantial amounts of drugs or alcohol.

Many male sexual assaults are gang rapes, making male-only environments like prisons high-risk settings for assault. Rates of sexual assault in prisons remain mostly incalculable for reasons of politics and denial, but are by most estimates very high. Some penal institutions in this country even regularly use rape as a prisoner control measure, to dole out extra punishment and create informers. Much education and reform is needed in our prisons to address these conditions and their correlation not only with resulting personal trauma, but with HIV/STD infection rates as well.

We are here!

The men whose experiences are described at the beginning of this article are among the survivors of male sexual assault who came into my life, and in Sean's case, tragically exited.

Through these personal and professional friendships and acquaintances, I have come to grips with my own reality. The isolated incident in which another man was able to take sexual advantage of my state of depression at the time, hopelessness and inebriation resulted in being infected with HIV.

Recognizing this incident as rape has been a long, painful process that I would not wish on anyone else. I have experienced guilt, shame and the feeling that I must have somehow asked for it.

This despite my attempts at the time to defend my personal boundaries, insistence that he use a condom, and verbal and physical attempts to make him stop. As with most male survivors, I never reported the incident as a crime, told very few people, and lived with the trauma repressed for years before I began to address it.

I hope this man has not repeated his gift-giving behavior with anyone else. Hating him any longer about the incident would consume me, so I don't. The damage is done, but the healing has begun. I am still here, and I am no victim, I'm a survivor! I am one of many, in spite of widespread doubt and denial that we even exist. We are here!

What can we do?

Action can be taken by survivors of male sexual assault to minimize the damage inflicted by the crime. Here are a few steps to consider taking:

- Report the act as a crime, follow through with prosecution when possible, and access medical and psychotherapeutic care immediately after the assault and beyond, as needed.
- Tell the survivor (yourself, if that is the case) that you believe them, that you still love and support them, and that what was done to them was undeserved and wrong.
- Validate the experiences of the survivors on every level. As with female sexual assault, victims are often instilled with guilt and begin to believe that they somehow initiated or deserved the attack. Some may begin to doubt or deny that the attack ever happened at all, preferring to block the incident out entirely. We must all help to break this syndrome. ✚

BUDDY AKIN is a Health Promotion Specialist in AIDS Project Los Angeles' POWER Program. He can be reached by calling (213) 201-1515 or by e-mail at dakin@apla.org.

Many rape crisis centers and support groups address the needs of male victims as well as females. Here are some resources.

Emergency/Crisis Care/Legal Examination/Referrals

- **Santa Monica UCLA Medical Center Rape Treatment Center**
  (310) 319-4503
- **Gale Abarbanel**
  Director of Treatment & Social Services
  1250 16th St., Suite 1128
  Santa Monica 90404
  gabarbanel@med.net.ucla.edu

After Care/Support Groups/Counseling/Referrals

- **STOP Partner Abuse and Domestic Violence Program**
  L.A. Gay & Lesbian Center
  Domestic Violence Line
  (323) 860-5806
  Susan Holt, Program Director
  (323) 993-7645
  Benjamin DeLanti
  (323) 860-5864
  domesticviolence@laglc.org

Legal Assistance/Referrals

- **Deputy Donald M. Mueller**
  (310) 855-8850
  Los Angeles County Sheriff's Dept.
  West Hollywood Liaison to the LGBT Community
  720 N. San Vicente Blvd.
  West Hollywood 90069
  dmmuelle@lasd.org

Counseling/Referrals

- **National Domestic Violence Hotline**
  (800) 799-7233
  Live counselors available 24 hours

Referral

- **Rape Abuse Incest Network (RAIN)**
  (800) 656-4673
  Automated system, refers callers to their nearest sexual assault agency

sorry . . . the club is CLOSED

By RON MACKOVICH

Photo from medmarla.org

The L.A. Cannabis Resource Center was raided and closed in October.

For years, the L.A. Cannabis Resource Center in West Hollywood maintained a low profile. With no sign on their building, the center's staff quietly went about its business, handing out marijuana to terminally and chronically ill clients.

Now, the center is shut. And it's no longer quiet.

" Shame on George Bush for the Los Angeles Cannabis Resource Center's D.E.A.th," screams a bus-sized banner hanging on the building's Santa Monica Boulevard.

On Oct. 25, the center was raided and shut down by agents of the Drug Enforcement Administration. Computers, marijuana plants, grow lights and records were all seized.

"Thirty agents came in here to steal everything and throw people out in the street," says the Center's President Scott Imler, who calls the D.E.A. raid an "invasion" and claims that is was set up with help from local authorities.

VOTER-BACKED MEDICINAL MARIJUANA

A former special education teacher, Imler came to Los Angeles from Santa Cruz in 1995 to help campaign for the legalization of medical marijuana. The following year, California voters passed Prop. 215, the Compassionate Use Act, and became the first of nine states to permit patients to grow and use small amounts of marijuana for medical reasons. Imler opened shop.

"It's critical to me," says Patricia Alvarado, a faithful client of the center who has opted against prescription medication. "The only way to come back from wasting is to smoke pot. Once you're on meds, you can't control you life. The pills control your life. This way I can live a normal life and smoke when I need it."

RALLYING FOR THE CAUSE

On Nov. 6, Alvarado and hundreds of Cannabis Resource Center supporters gathered for a rally to call attention to their outrage. The tone was one of non-traditional patriotism; American flags waved by ex-hippies, patriotic songs sung by Judy Garland playing over the sound system. Pro-cannabis demonstrators were unanimous in blaming President Bush.

"The Bush administration has taken a hard stance because the man has no heart," says AIDS patient Richard Eastman.

There is no question the political climate has chilled for medical marijuana movement. In May, the U.S. Supreme Court decided federal law trumped voter-approved state measures like California's Prop. 215. For months, there was a quiet standoff between the Drug Enforcement Administration and California's cannabis clubs. A D.E.A. spokesman even told the L.A. Times the clubs were not on the Administration's hit list.

By fall, that climate had changed. In addition to the raid of the Cannabis Resource Center, a similar club, the Comfort Care Group in Santa Monica, was raided. Its operator is being prosecuted. A third cannabis club in Inglewood closed voluntarily.

"I have about a half dozen roaches that I've been breaking down, says one client. Luckily I saved them. That's how I'm getting by. Am I going to have to go to San Francisco to get my marijuana?"

CRACKING DOWN

That may not be an option for long. There are far more cannabis clubs in the Northern part of the state, but the D.E.A. is starting to crack down there as well.

Marijuana is always available on the street, but that's not a good option for the Center's clients.

"Now I gotta go illegal," says one client. "I have to spend more, and I risk going to jail."

"I've gotten it off the street, and it had a fungus," says a woman at the rally. "That caused me to have to tumors."

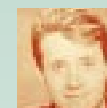
Marijuana clubs like the Center prided themselves on quality control, growing their own cannabis and distributing it to patients only after they were checked and rechecked for physician referrals. Imler worked closely with physicians who prescribe marijuana for their patients. About 30,000 people statewide smoke pot on doctor's orders.

THE BATTLE HAS BEGUN

Imler is urgently trying to re-open the club. He has support from State Assemblywoman Jackie Goldberg, Congressman Henry Waxman and West Hollywood City Councilmember John Duran. The legal battle promises to be long and complex.

"The hardest part is having to say no to our members who are calling," Imler says. "It's just really painful to have to say 'no' after five years of being here for people. These folks are our friends. We're like family."

For his clients, Imler offers a parting message. "Hang in there and stay in touch, and as soon as we're able, we'll be back." ✚



RON MACKOVICH is a volunteer in APLA's Publications Program.

HIV concerns raised at forum

About 80 people provided feedback on housing, HIV/AIDS prevention education, getting back to work and other issues at an Oct. 2 forum at the Precious Blood Church in Los Angeles.

California HIV Advocacy Coalition
CHAC
Southern California Region

Present at the forum to respond to participants' concerns were officials from Gov. Davis' office and the Los Angeles County Office of AIDS Programs and Policy.

The forum was hosted by the California HIV Advocacy Coalition/Southern California Region (CHAC/SoCal),a statewide grassroots alliance of organizations and individuals concerned with HIV/AIDS issues.

CHAC/SoCal holds quarterly evening general meetings and has monthly daytime Working Group meetings. For information, contact CHAC/SoCal Secretary Rick Louis at (213) 201-1378, or by e-mail at CHAC@apla.org.✚

HIV resources

Aid for AIDS	**(323) 656-1107**
AIDS Education Services for the Deaf	**(323) 478-8000**
AIDS Healthcare Foundation	**(323) 860-5200**
AIDS Project Los Angeles	**(213) 201-1600**
AIDS ReSEARCH Alliance	**(310) 358-2423**
AIDS Service Center	**(626) 441-8495**
AltaMed HIV Services	**(323) 869-5448**
American Foundation for AIDS Research	**(323) 857-5900**
Asian Pacific AIDS Intervention Team	**(213) 553-1830**
Being Alive	**(310) 289-2551**
Being Alive South Bay	**(310) 856-2722**
Bienestar Latino AIDS Project	**(323) 660-9680**
California HIV/AIDS Hotline	**(800) 367-2437**
Cara a Cara Latino AIDS Project	**(323) 660-5715**
CARE Program	**(562) 624-4900**
Caring for Babies with AIDS	**(323) 931-9828**
Catalyst Foundation	**(661) 948-8559**
CHLA/Risk Reduction Program	**(323) 669-2390**
Common Ground-Westside HIV Community Center	**(310) 586-7627**
Foothill AIDS Project	**(800) 448-0858**
Gay & Lesbian Comm. Ctr. of Greater Long Beach	**(562) 434-4455**
Jeffrey Goodman Special Care Clinic	**(323) 993-7500**
HIV/AIDS Legal Service Alliance	**(213) 201-1640**
L.A. Gay & Lesbian Center	**(323) 993-7400**
L.A. Jewish AIDS Services/Project Chicken Soup	**(323) 655-5330**
L.A. City AIDS/HIV Discrimination Unit	**(213) 485-4579**
L.A. City AIDS Coordinator	**(213) 485-6320**
L.A. Family AIDS Network	**(323) 461-6066**
L.A. Shanti	**(323) 962-8197**
Minority AIDS Project	**(323) 936-4949**
Mountains AIDS Foundation	**(800) 321-6213**
Northeast Valley Health Corp.	**(818) 988-6335**
Pacific Center at APLA	**(213) 201-1621**
PAWS/L.A.	**(323) 876-7297**
Project Angel Food	**(323) 845-1800**
Prototypes/WomensLink	**(310) 419-8087**
Tarzana Treatment Center	**(818) 342-5897**
T.H.E. Clinic for Women	**(323) 295-6571**
Watts Health Foundation	**(323) 568-3010**
Wellness Works Community Health Center	**(818) 247-2062**
Whittier Rio-Hondo AIDS Project	**(562) 698-3850**
Women Alive	**(323) 965-1564**
Women at Risk	**(310) 204-1046**

Announcing APLA's newest publication. . .

COVER DESIGN: AMY DAKOS; COVER PHOTO: GEORGE

Información sobre medicamentos, tratamientos, leyes, nuevos avances y todo los aspectos humanos relacionados a la infección. En espaõl.

Information about medications, treatment, legal issues, and all human aspects related to HIV infection. In Spanish.

Para más información, puedes llamar al 213.201.1361

For more information, please call 213.201.1361

IMPACTO! es la nueva revista en español de AIDS Project Los Angeles. Esta publicación trata temas de importancia para la comunidad latina que es portadora del VIH o que tiene diagnóstico de SIDA. En sus páginas, los lectores encontrarán información sobre medicamentos, tratamientos, leyes, nuevos avances y todo los aspectos humanos relacionados a la infección.

En nuestra primera publicación del mes de septiembre de 2001 se cubrieron diferentes temas: Entrevista con Rafael Díaz para hablar sobre la discriminación social y el impacto que ésta tiene en la salud de los hombres latinos homosexuales y otros temas como nutrición y los veinte años de la epidemia.

IMPACTO! es una publicación bimestral gratuita y se puede obtener en cualquier agencia del condado de Los Angeles que preste servicios de prevención o tratamiento a personas con VIH/SIDA. Si tú eres cliente de APLA, puedes inscribirte para recibir la revista en tu casa. Para más información, puedes llamar al 213-201-1361 o puedes enviar un correo electrónica a obanos@apla.org.

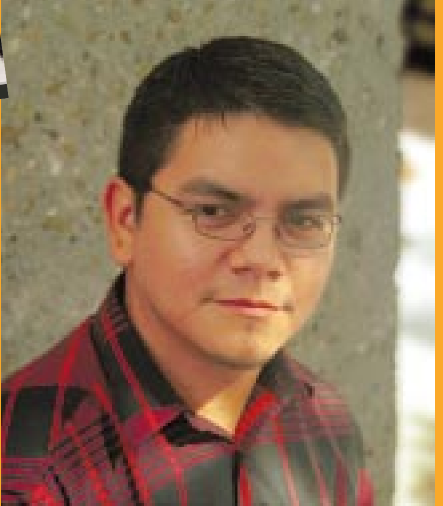


PHOTO: HANNAH REESE-COWAN

Impacto! Editor, Omar Baños

Omar Baños nació en El Salvador en 1974. Omar ha vivido en Los Angeles desde 1990 y ha realizado estudios de literatura en el Occidental College en Los Angeles y en la Universidad Complutense de Madrid. Su trabajo y experiencia inicia en prevención de VIH, como un compromiso con la comunidad latina de la zona de Pico-Union, en el centro de Los Angeles. Ahora funge como editor de la revista IMPACTO!

FOOD & WATER SAFETY

HOW TO PLAN FOR AN EMERGENCY

By MARCY FENTON, M.S., R.D.

Planning for disaster is best done during calm times. An earthquake, a power blackout or some other calamity can happen at any time.

Storing enough food and water to get through difficult times is essential for everyone.

Different situations might occur. Power may be available but not water, no water but power, both power and water but no access to food. Whatever happens, stay calm and think.

FOOD & WATER SAFETY

The following are some ideas about food and water for you to consider:

• Stock enough food and water to last at least seven days for each person in your household, plus your pets.

• Keep a list of the food and water you have stocked. Note and rotate that food and water back into your cupboard for routine use every six months. The beginning and end of Daytime Saving Time, for example, might be good times to remember to rotate your food and water supply.

• Store foods you like to eat and which can be stored for a long time without spoiling.

• Store items in a place that is cool, dry, and dark and not directly on the floor.

• Store one gallon of water for each person to be used each day for seven days: a total of at least 7 gallons per person. Store water in sanitized and sealed containers. If using tap water, boil it for 10 minutes at a rapid boil.

• Use what you have in your refrigerator first and then your freezer. Open the doors to the refrigerator and freezer as little and as briefly as possible in order to keep items cold longer.

Food items to have on hand

• Water, ultra high temperature (UHT) milk like Parmalat, or dehydrated powdered or evaporated milk, shelf stable soymilk, canned, bottled or powdered drinks such as Kool-Aid, sports or fruit drinks, tomato and vegetable juices, and decaffeinated beverages. Remember, you will need safe water to mix your powdered drinks.

• Dry ready-to-eat cereals, instant oatmeal and other hot cereals, crackers, pretzels, rice, pasta, biscuit and other boxed mixes, and bread stored in the freezer.

• Protein products such as canned chicken, turkey, tuna, salmon, sardines, meat, beef stew, deviled ham and meat spreads, Spam, nuts and nut butters, lentils, soybeans, beans, dehydrated eggs.

• Canned stewed tomatoes, tomato sauce, peas, corn, beans, pickled beets, mixed vegetables, canned soups, others. Dried peas, tomatoes, packaged beans, instant vegetable soups and mashed potatoes.

• Canned or bottled fruits such as peaches, applesauce, apricots, pineapple chunks, orange and grapefruit sections, and fruit cocktail and dried berries, raisins, bananas, apricots, others.

• Salt, sugar, cooking oil, baking soda, shortening and other basics.

• Trail mix, cookies, hard candy and other snacks.

• Seasoning and spices like pepper, garlic powder and cinnamon, salad dressing, spray oil, vinegar.

Other essentials to include

• Manual can opener, bottle opener, cutting board, sharp knife, mixing bowl, serving spoon, spatula, saucepan, skillet with cover, measuring cup, measuring spoons, dish detergent, liquid unscented bleach.

• Paper plates, cups, napkins and towels, hot cups, plastic spoons, forks and knives.

• Your medications, toothpaste, dental floss, moist towelettes, a battery-operated radio and flashlight, plenty of batteries, sturdy shoes.

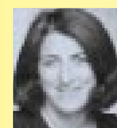
For emergency food and shelter, call Info Line of Los Angeles at (800) 339-6993

For more information, consult the Los Angeles City Fire Department's The Earthquake Preparedness Handbook, **www.lafd.org/eqindex.htm**. Includes information about safe drinking water, emergency food supplies and cooking, and many other practical considerations.

To evaluate the nutritional quality of foods to store or which you are eating, consult the Interactive Health Eating Index, USDA Center for Nutrition Policy and Promotion at **http://63.73.158.75/Default.asp**

L.A. County Quick Guide to Nutrition Programs andServices: **http://lapublichealth.org/nut/nutguide.htm**

AIDS Project Los Angeles' Nutrition & HIV Program: Food and Water Safety fact sheet, general information or to sign up for nutrition classes. Call Janelle L'Heureux, M.S., R.D., at (213) 201-1556 or Marcy Fenton, M.S., R.D., at (213) 201-1611 ✚



Marcy Fenton, M.S., R.D., is a nutritionist at AIDS Project Los Angeles and can be reached at (213) 201-1611 or mfenton@apla.org

Wasting is not over

ESTIMATING BODY COMPOSITION, BODY CELL AND FAT MASS. DO YOU KNOW YOUR NUMBERS?

By Janelle L'Heureux

Prior to the use of protease inhibitors, one of the greatest fears of a person living with HIV/AIDS was having the "look" of a person with HIV-associated wasting.

Loss of lean body mass and fat caused this skeletal appearance. Even in the era of HAART, HIV-associated wasting still occurs and has a significant effect on quality of life, illness and death.

The fact that wasting is not talked about much, not recognized or even monitored may be due to the focus placed on the body shape or metabolic (elevated blood fats, insulin resistance) changes occurring today. Wasting still occurs and to properly manage wasting, early detection and frequent monitoring is necessary.

A Bioelectrical Impedance Analysis (BIA) test is one tool to estimate body composition and monitor for wasting. For more than four years, AIDS Project Los Angeles' HIV & Nutrition Program has performed BIA tests on people with HIV/AIDS.

Body Composition

Part of a person's body weight is comprised of bone, water, muscle, organs, blood and other materials and is referred to as lean body mass or sometimes called fat free mass. The rest of a person's body weight is fat.

A specific part of the lean body mass plays a crucial role in fighting infections and performing the day-to-day chores the body must do to keep functioning. This part is called body cell mass and includes skeletal muscle, organs, other cells and fluid. A minimal amount of body cell mass must be maintained by the body to support its day-to-day activities plus fight infection. Loss of body cell mass is wasting

See the diagrams on this page to see how your weight can be divided into different compartments and subcompartments.

Q&A on BIA

What about taking a scale weight or using those scales that give body fat percentage?

Scale weight alone is not an adequate indicator of internal health. When someone loses, gains or even maintains weight, the composition of that weight needs to be frequently assessed and monitored.

If weight gain has occurred, was it in fat or body cell mass? If weight loss has taken place, was it in fat or body cell mass? And if weight has remained stable, has the makeup of that weight changed internally?

Frequent monitoring with a BIA test can provide answers to these questions. Other machines on the market may only give weight and fat percentage and not provide the body cell mass component. Not to downplay the need to monitor fat stores and at the same time satisfy everyone's curiosity, the body cell mass is the component associated with wasting and survival.

How can I preserve and increase body cell mass?

Adequate intake of calories from protein, carbohydrates and fats, plus adequate fluid, are part the solution. Viral suppression, exercise, hormonal regulation and absence of opportunistic infections are also needed to maintain and increase body cell mass. If you are experiencing loss of appetite or side effects that interfere with food intake, speak to your doctor and dietitian for suggestions. Not eating enough leads to weight loss and can further compromise your health.

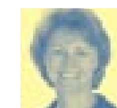
Does the test hurt?

No, the test is painless. A person lies on a massage table and electrodes are placed on your hand, wrist, foot and ankle. The test requires less than 2-3 minutes to perform. No blood is drawn for a BIA test.

Where can I get a test?

Ask your doctor for a BIA test. Some doctors are doing BIA tests and that way your test results get put into your medical chart to help direct the course of your medical care. If your doctor does not do BIA's, APLA offers a Preserve Lean Body Mass Class with BIA workshop twice each month. During this workshop, measurements of the waist, mid-arm, chest, plus a tricep skinfold measurement are taken to track changes associated with body shape. A BIA test should be done more than once to monitor any changes over time. Clients are urged to return and repeat the test every 4 months.

If you are interested in attending the class and having a BIA test or any other classes, please call Janelle L'Heureux, M.S., R.D., at (213) 201-1556 or Marcy Fenton, M.S., R.D., at (213) 201-1611. ✚



Janelle L'Heureux, M.S., R.D., is a nutritionist in APLA's Treatment Education Program. She can be reached by calling (213) 201-1556 or by e-mail at janelleh@apla.org

Illustration by MICHAEL STORC

APLA West to open doors in December

Monday, Dec. 10 is expected to be the first day of business for APLA West, a new venture by AIDS Project Los Angeles that will bring APLA services closer to home for many Los Angeles County residents.

Located at 639 N. Fairfax Ave., south of Melrose Avenue, APLA West is designed to serve as a community center providing a variety of services for people of all stages of HIV disease.

Treatment advocacy, health promotion and prevention services, and nutrition counseling will be stationed permanently at the 5,000-square-foot building. Case management services, benefits counseling and housing services will be offered at the site on a rotating schedule.

On Thursdays, the site will provide access to APLA's Necessities of Life Program. APLA's large Volunteer Resources program will also operate a satellite office at the site.

Services will be delivered at APLA West between 10 a.m. and 7 p.m., Monday through Thursday and between 9 a.m. and 6 p.m. on Friday. The building will be open until 10 p.m. Monday through Thursday.

A large lot next to the building will offer free parking to APLA West visitors.

Please watch upcoming issues of POSITIVE LIVING for additional information about APLA West. ✚

Consider electronic deposits

AN ELECTRONIC TRANSFER ACCOUNT CAN MAKE ACCESSING YOUR FUNDS QUICKER AND EASIER

By Heather Spargo

Your government payments can now be deposited automatically into your account, thanks to the U.S. Department of the Treasury.

When you open an Electronic Transfer Account, your money is automatically deposited into your account at the same time every month. Electronic Transfer Accounts are available for anyone who receives a federal benefit (SSDI, SSI, Retirement, Veterans, Railroad or military) and are offered to anyone, regardless of credit history. The only exception to this is if the financial institution closed a previous account because of suspicion of fraud.

This option is being made available because the U.S. Department of Treasury saw a need to provide access to a bank account that was accessible to everyone, even people who have a limited income or credit problems.

People with poor credit or low income often have limited choices of how their benefit checks are cashed. If your check is mailed, it could be lost, stolen or delayed in the mail, often causing hardship and making financial difficulties worse.

Electronic Transfer Accounts provide a valuable service. They eliminate paying check-cashing fees at supermarkets and other check-cashing stores. Knowing that your money will be automatically deposited into your account every month is also a reassuring feeling.

No minimum balance is required for Electronic Transfer Accounts and the only bank fee is a $3 monthly service charge. When you consider the cost of having your check cashed at a cash-checking store or at a supermarket, that is considerable savings.

FREQUENTLY ASKED QUESTIONS

How much does an Electronic Transfer Account (ETA) cost?

Electronic Transfer accounts will cost $3 or less per month. Some providers offer lower fees.

Is my money protected?

Electronic Transfer Accounts are federally insured. Funds at the bank, savings and loan or credit union that you are using are federally insured.

Is the ETA a checking account?

Check-writing privileges are not provided with an electronic transfer account.

How do I access my money?

Electronic Transfer Account providers must allow a minimum of four free withdrawals every month. Some institutions may allow for more withdrawals. Transactions can be made in person at the bank. Some institutions offer access to an automated teller machine (ATM). ATM fees may apply.

Is there a minimum balance?

No minimum balance is required unless required by federal or state law. For example, some credit unions require that a balance of a membership share be maintained.

Will I have a record of my transactions?

You will receive a monthly statement that shows your account activity (deposits and withdrawals).

How do I sign up?

If you are interested in opening an Electronic Transfer Account, you can visit a bank, S&L or credit union where the ETA logo is displayed. Another option is to call (888) 382-3311 (TDD 877-326-5833) or visit **www.eta-find.gov**.

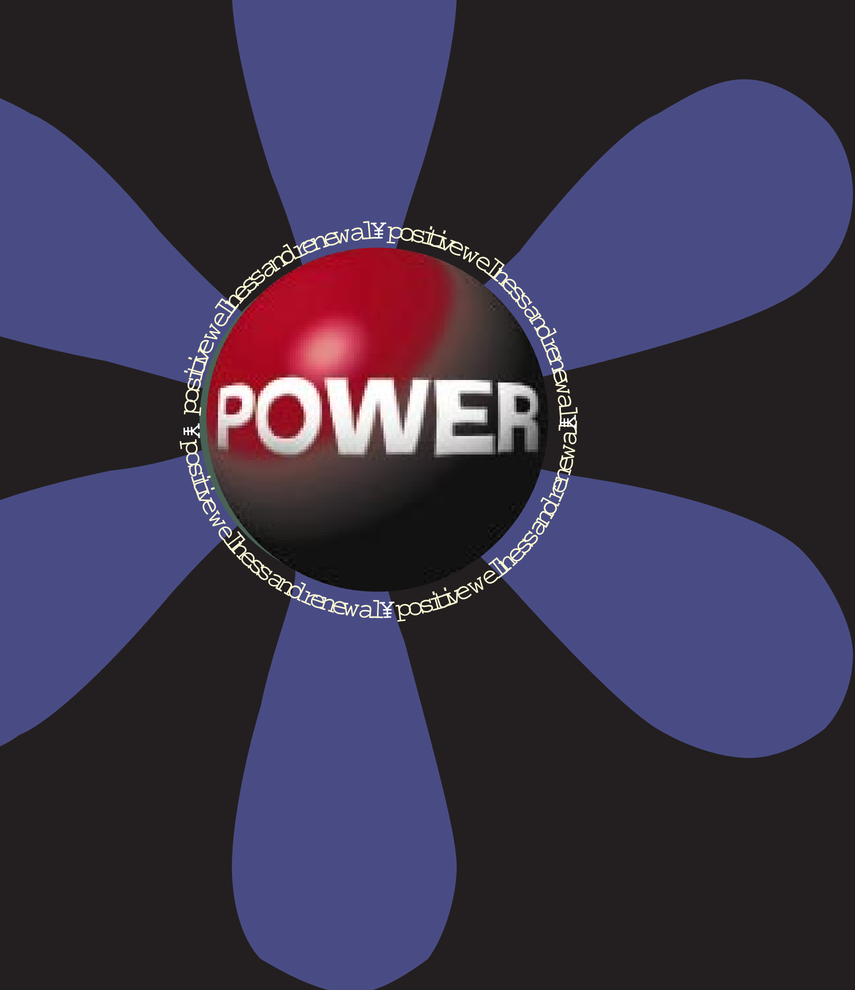
OTHER OPTIONS

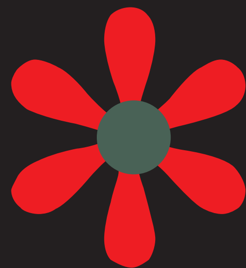
If you already have a checking or savings account, you can have your check automatically deposited at your bank, S&L or credit union. If you do not have an account, you can open one and ask for direct deposit. Signing up for direct deposit is easy. Contact your bank, S&L or credit union for an application.

If these options do not appeal to you, or if opening one of these accounts may cause you hardship, then you can receive your checks in the mail. Some examples of hardship may include:

- If you do not read or speak English.
- If it would cost you more money to use Direct Deposit or an ETA.
- If you live in an area that using Direct Deposit or ETA would be difficult,
- A physical or mental disability that makes it difficult to access the services of an ETA or Direct Deposit. ✚

Heather Spargo is a Benefits Coordinator in AIDS Project Los Angeles Benefits Program. She can be reached by calling (213) 201-1409 or by email at hspargo@apla.org





positive wellness and renewal

AIDS Project Los Angeles' new Positive Wellness and Renewal (POWER) Program promotes the health and wellness of people living with HIV/AIDS. The POWER Program provides individual and group education and support, as well as workshops and in-services. For more information, please call 213/201/1515, or 213/201/1539

When children are exploited

RECENT STUDIES ILLUMINATE THE PLIGHT OF CHILDREN WHO BECOME VICTIMS OF SEXUAL EXPLOITATION

By Marlon Valdivia

Results from a study on commercial sexual exploitation of children in America were recently reported by Dr. Neil Weiner and Dr. Richard Estes of the University of Pennsylvania.

According to the study, approximately 325,000 children in the United States are subjected to sexual exploitation each year. The study also revealed that these children are victimized by sexual abuse, prostitution and bartering of sex, pornography, assault, and trafficking.

Of the total of the victimized youth, the majority had run away from their home, were thrown out of their home by their parents or guardians or were running away from a foster care home, juvenile detention center, group home or other type of institutions. The study reported that youth living on the streets are subjected to hunger, malnutrition, poverty, sexually transmitted diseases and violence, as well as substance abuse, mental illness, suicidal ideation and criminal behavior.

The commercial exploitation that these youth are subjected to could involve "monetary or non-monetary" exchange primarily or entirely for financial reasons. The non-monetary exchange usually includes food, shelter or drugs. The exchange usually benefits more the exploiter than the youth, and repeals the involved youth's basic rights, autonomy, physical and mental well being, as well as their dignity.

The report noted that many of the youth living on the streets with a high risk of sexual abuse and physical violence were actually running away from the same type of abuse and violence in their own homes.

An organization called the National Network for Youth focuses on programs and services for American youth. This organization recently joined forces with the National Alliance to End Homelessness to support President George W. Bush's request for $33 million for Transitional Living Program grants under the Runaway and Homeless Youth Act.

Assistance for youth is available in Los Angeles. For information on programs and services for youth, call the following resources:

Housing Clearinghouse	(888) 300-4033 www.aidshousingla.org
Info Line	(800) 339-6993
HIV/AIDS Legal Services Alliance	(213) 201-1640
Los Angeles Gay & Lesbian Center	(323) 993-7400
L.A.G.L.C. Jeffrey Griffith Center	(323) 461-8163

Do you have a property to list?

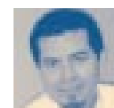
People with HIV/AIDS in Los Angeles County are facing a housing crisis.

AIDS Project Los Angeles and other AIDS-services organizations in Los Angeles County are very interested in finding affordable housing for people with HIV/AIDS who are seeking independent living. We are looking for landlords, property managers, owners and others who are willing to list their properties with the Housing Clearinghouse. We want to list your properties for free and refer prospective tenants to you. (Due to reasons of confidentiality, we cannot disclose the registration status with our agency of the referred individuals.)

In June about 1,000 HIV housing providers attended the Fourth National HIV/AIDS Housing Conference in Denver, Colo. At that conference, I realized that Los Angeles residents are not the only ones in the United States facing this problem. In many areas of the country, the Fair Market Rent (FMR) is too low.

When people with HIV/AIDS look for housing, they find it far away from their desired area. Understandably, people with HIV/AIDS do not want to move far away from their doctors, support groups, pharmacies and friends and family members, as well as the organizations that provide them supportive services.

If you are a landlord who is interested in renting your units to people who are HIV-positive and/or accept Section 8 certificates or vouchers, or if you are a person who lives in a building that you know accepts Section 8, we need you. Please contact the Housing Clearinghouse's Housing Resources Specialist at (213) 201-1526. ✚



Marlon Valdivia manages AIDS Project Los Angeles' Residential Services and serves as a member of the Board of Directors of the National AIDS Housing Coalition. He can be reached by calling (213) 201-1435, or by email at mvaldivia@apla.org

Your feedback is critical

AIDS PROJECT LOS ANGELES WANTS TO HEAR YOUR THOUGHTS ABOUT SERVICES OFFERED BY APLA

By Dr. Matt G. Mutchler

Hearing from clients is important in order for AIDS Project Los Angeles to provide better services.

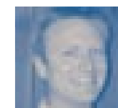
The annual APLA client survey was mailed to clients in November. The return address on the envelope reads 3550 Wilshire Blvd., #300, Los Angeles, CA 90010. The purpose of the client survey is to get feedback regarding the quality of the services APLA provides. Please take a moment to fill out the survey and send it back to APLA by **Monday, Dec. 31, 2001**.

This survey is an excellent opportunity for you to express your opinions on the quality of our services and the responsiveness of our staff. The information that APLA gathers from the completed surveys helps to determine what programs are in need of changes as well as which programs are most important. All of the information you provide will be confidential.

Your responses to the client survey are critical in helping us provide the best services we possibly can. The answers, that only you can provide, also help us direct and shape the future of the services offered at AIDS Project Los Angeles.

Please mail your completed 2001 client survey by **Monday, Dec. 31, 2001**. If you have not received your survey, please contact Matt G. Mutchler, Ph.D. at (213) 201-1522.

Thank you for participating in the 2001 Client Survey! ✚



Dr. Matt G. Mutchler is AIDS Project Los Angeles' manager of Research and Evaluation. He can be reached by calling (213) 201-1522 or by e-mail at mmutchler@apla.org

The chiropractor is in

Chiropractic services by volunteer Bruce Warder, D.C., are provided between 10 a.m. and 2 p.m. on Wednesdays and Fridays on the fourth floor at AIDS Project Los Angeles, 611 S. Kingsley Drive. Plan to set aside 45 minutes for your first appointment and 15 minutes for follow-up visits.

For appointments, call (818) 705-4964. ✚

An incorrect phone number for Bruce Warder, D.C., was published in an article on chiropractic services at AIDS Project Los Angeles in the October-November edition of *POSITIVE LIVING*.. ✚

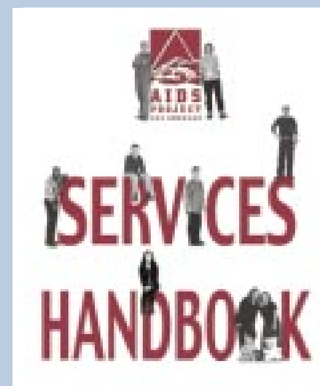
Handbooks available

A limited number of copies of AIDS Project Los Angeles' Client Services Handbooks are available for clients of AIDS Project Los Angeles.

The Handbook provides descriptions of APLA client services and how to access them.

Copies of the handbook, which is available in English and in Spanish, are available in the reception areas at APLA, 611 S. Kingsley Drive, Los Angeles.

To request a copy of the handbook by mail, please call (213) 201-1470 and state your name and mailing address. ✚



HIV MATTERS

41st ICAAC Update

SPEAKERS:
Charles Farthing, MD - AHF
Kathleen Squires, MD - USC

Facilitator:
Mark Katz, MD - Kaiser Permanente

Tuesday • January 15, 2002

6:30 p.m. Reception and Dinner
7 to 8:30 p.m. Presentation

The Village at Ed Gould Plaza
1125 N. McCadden Place

One block east of Highland Ave., just north of Santa Monica Blvd.
limited parking available

Call for reservations 213.201.1529

www.beingalivela.org

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