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ABSTRACT

AIDS is the leading cause of death among African Americans age 25-44 years. About half of all new U.S. HIV cases are African Americans, though African Americans make up only 13 percent of the population. Most U.S. children living with HIV are African American. There exists a strong pattern of resistance and denial of the disease in the African American community. Since the black church remains the cornerstone of this community, it is uniquely positioned to significantly affect knowledge, attitudes, beliefs, and behaviors within the congregation. Through personal linkages to community members, ministers can often get messages across without encountering resistance. Some religious leaders nationwide are talking the lead in addressing HIV and AIDS within the African American community. This newsletter also includes articles on: "OMHRC Presents Internet Poster at Internet AIDS Conference"; "Maintaining a Direct Line to the Latino Community: Spanish Language Education Programs"; "Getting Youth Involved: NAFEO Pioneers HIV/AIDS Education Program at HBCUs"; "Addressing the Risk: HIV in Young African American Men"; "Helping Close the Treatment Gaps: AIDS Drug Assistance Programs"; "Border Health Initiatives: Preventing Cross-Border HIV Infection in Men"; "Hepatitis C Coinfection: A Dangerous Trend"; and "CDC Calls for New Health Promotion Strategies Study: Intentional Unprotected Sex Increasing among MSMs" (all articles by Aimee Swartz); and "Caribbean Women Organize against HIV: Group Provides Services for Region's Immigrants" (Ellen Schnepel and John Glover). (SM)

HIV Impact
Breaking the Silence:
The Black Church Addresses HIV

Department of Health and Human Services/Office of Minority Health
2002

September/October 2002

HIV Impact

Breaking the Silence
The Black Church Addresses HIV

Aimee Swartz

Inside

When Tiffany White first learned in 1995 that she was HIV-positive, the first place she sought comfort was her church. Her family had been active members of the church for generations. Her father had served as a deacon. Growing up, all four of her brothers were alter boys. She ran the church Sunday school program.

"I loved my church and it loved me. But it didn't love my disease," White said. "I told one of the other parishioners after worship and by the next week, I could see that a lot of people were looking at me funny."

The week after that, her pew was empty. Within the month, White was replaced as the Sunday school teacher. "No one said anything. They aren't mean people, they just aren't loving either."

Soon after, White left the church she had grown up in for a church closer to the city with the hopes of finding acceptance. "I thought I would find someone like me. Or even just someone else who had the disease who I could talk to. It doesn't matter how you got it, just that you learn to live with it. And sometimes a person needs some help living with AIDS."

The Role of the Black Church

AIDS is the leading cause of death among African Americans between the ages of 25 and 44. About half of all new HIV cases in the U.S. each year are Black men and women, even though African Americans make up only 13 percent of the population. Almost 60 percent of all children in the U.S. who are living with HIV are African American.

In spite of the high incidence of HIV and AIDS in the African American community, there still exists a strong pattern of resistance and denial of the disease. "Some people in my community want to go on thinking, 'not in my backyard.' But that isn't true. AIDS is here. I learned really fast that this disease does not discriminate," White said.

The Black church remains the cornerstone of the African American community. Because of this, African American ministers remain in a unique position to significantly affect knowledge, attitudes, beliefs, and behaviors within their congregations. Through their personal linkages to community members, clergy are often able to get their message across without encountering the resistance that other prevention efforts might experience.

In the face of a disease that is preventable, churches have the power to help stop the spread of the disease by administering prevention and education programs and supporting its congregants already infected with the virus.

The Black Church Takes Action

Some religious leaders across the country are taking the lead in addressing HIV and AIDS within the African American community—often directly from the pulpit. March 3-9, 2002, marked the Balm in Gilead's 12th anniversary of the Black Church Week of Prayer for the Healing of AIDS, a week of education and AIDS awareness that highlighted the role that churches are playing in addressing the AIDS crisis.

"The Church has been involved in the struggle since the beginning. However, because of the stigma and issues around homosexuality, churches did not 'advertise' their involvement," Reverend Alberta Ware, Balm in Gilead, explains.

"Yes, there were churches who were silent and some today remain silent," Ware said. Yet, those who are choosing to break the silence around HIV/AIDS were more than 10,000 strong, making the Black Church Week of Prayer and Healing of AIDS the larg-

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Human Services

est AIDS awareness program in the United States that targets the African American community.

Participating churches make HIV/AIDS education the focus of worship, hosted at least one HIV/AIDS educational program and service throughout the week, and vowed to make AIDS education information available to their congregation and community throughout the year. Above all else, they tackled the issue of HIV/AIDS head-on through accurate information on the disease and ruthless honesty about how the disease is spread.

The Black Church Week of Prayer for the Healing of AIDS is modeled after the groundbreaking Harlem Week of Prayer for the Healing of AIDS, established in 1989 by Pernessa C. Seele, founder and CEO of the Balm in Gilead. Through funding from the Centers for Disease Control and Prevention (CDC) and more than 65 AIDS service organizations and health departments, the Balm in Gilead remains a leader and a model in addressing HIV/AIDS in faith-based settings.

Heeding the Call

Miami's Mount Tabor Missionary Baptist church has been a longtime and devoted participant in the Black Church Week of Prayer for the Healing of AIDS. Today, the church's commitment to fighting HIV and AIDS is 12 years strong.

Through funding from the CDC, Ryan White Title I and II grants, and local funding, the church's AIDS ministry has grown into a church-affiliated community-based organization, Minorities Overcoming the Virus through Education, Responsibility and Spirituality (MOVERS). "Ever since Reverend McRae came to Mount Tabor, we've been talking about HIV in the congregation. Now we talk about it in the community, as well" said Patricia Kelly, executive director of MOVERS.

"Reverend McRae knew that anything that happens globally would hit the African American community even harder. Couple HIV with crime, substance abuse, homelessness, and poverty, and we knew we had to do something," said Kelly. "We also knew the way to do it wasn't to go on preaching hellfire and damnation, so we just tried to be an ear for people and teach them what was known about HIV."

"The first thing we did was to educate our own church. We saw a lot of fear and a lot of denial. This was 1989, and no one knew anything about AIDS. Some were real resistant at first, but then they were mesmerized by Reverend McRae's compassion and caring. Some people might have wanted to discriminate against people with AIDS, but they didn't want to let Reverend McRae down. They followed his lead," said Kelly.

"We held bible studies and fellowship meetings and even within those settings we would address HIV. Mostly though, we just tried to be an ear for people, listening to fears they might have had about the disease. We answered questions; no question was too simple, or too racy, for that matter," Kelly explained.

MOVERS still works within the Mount Tabor congregation in a weekly HIV and AIDS support group, but most of its work takes place in the community at large. MOVERS has its own medical center, serving over 1,000 clients, as well as various outreach programs and support groups ranging from medication adherence and women's spirituality to support groups for men.

"Our programs address a range of issues. You can't just tackle HIV on its own," Kelly added.

For more information on the Balm in Gilead, call 888-225-6243. For more information on MOVERS, call 305-754-2268. ◇

World AIDS Day is December 1, 2002

Live and Let Live is the slogan of the two-year World AIDS Campaign 2002-2003 and World AIDS Day 2002, which will focus on eliminating stigma and discrimination. Fear of discrimination may prevent people from seeking treatment for AIDS or from acknowledging their HIV status publicly. The stigma attached to HIV/AIDS may extend into the next generation, placing an emotional burden on children who may also be trying to cope with the death of their parents from AIDS. *For more information on the World AIDS Campaign and World AIDS Day, go to http://www.unaids.org/wac/2002/index_en.html*

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OMHRC Presents Internet Poster at International AIDS Conference

Aimee Swartz

Out of thousands of submissions, the Office of Minority Health Resource Center's (OMHRC) poster presentation "Developing an Internet Site that Combats the Epidemic" was selected to be displayed at the XIV International AIDS Conference in Barcelona, Spain.

The poster was premised on the fact that for those with Internet access, Web sites can provide a wealth of useful knowledge that can be instrumental to those committed to fighting AIDS. Information from various sources can be used to develop the content of an HIV/AIDS Web site, making the site useful to many audiences, including community organizations and programs, health professionals, researchers, and HIV-infected and affected persons. The Minority HIV/AIDS Initiative Web site includes approximately 3,000 pages and in the year 2001 received 214,411 visitors.

Using the Web site developed for the Minority HIV/AIDS Initiative (http://www.hiv.omhrc.gov) as a model, session authors Silvia Villacampa and Emma Navajas, JD, detailed a strategic plan for developing and maintaining a successful Web site.

"Besides providing information and a place for people to go when they want to learn about the Initiative, the site is a place that people who are working in HIV/AIDS can go to increase their knowledge, and to use the knowledge and experience gained by both governmental and non-governmental organizations to further their work," Villacampa said.

"We take the information from the U.S. Department of Health and Human Services (HHS) agencies and publish it in one Web site to provide easy access to the public. We also provide information from national and community-based organizations, from state and local governments, and from other Federal agencies besides HHS," Navajas explained. "We are a repository of current information. Besides technical assistance and information on funding, we also provide information on prevention and living with AIDS."

"The goal of the XIV International AIDS Conference was to ensure that knowledge gained from science and experience is translated into action," Villacampa explained. "In the past two years since the inception of the site, the HHS Minority HIV/AIDS Initiative's Web site has accomplished this goal through serving as a reliable resource to anyone searching for information on HIV/AIDS. We wanted to share that experience with others working in HIV/AIDS."

Drawing on their own experiences, Villacampa and Navajas' poster presentation detailed the ins and outs of Web site development—from where to find accurate information, to technical support tips, to staffing issues, to design and presentation.

"The poster answers questions, such as 'What do I want to include? How do I find the information? Do I include everything I want to include on the Web site at once, or do I prepare a short-, medium- and long-range publishing plan?'" Navajas said.

However, maintenance was the main focus of the presentation. "Maintaining the site is the most difficult part because a stale Web site is of no service whatsoever," Navajas explained. "An HIV/AIDS Web site, as well as any other type of Web site, must be current, informative, and actual."

Villacampa and Navajas were aware that many HIV/AIDS programs at the conference already have their own Web site, but also knew there would be those who were just beginning the process or those who were overwhelmed by the task.

"For the presentation, we took the lessons we had learned, and the strategies that worked best for this Web site and analyzed them and presented them so that this information would be useful to others. Our hope being that we would take out some of the mystery or guesswork of developing a site," Villacampa said.

"From looking at our site other groups can find quite a bit of worthwhile information to either copy, or to link to from their own Web sites," Navajas concurred.

Of the 5,740 poster presentations, approximately 25 poster presentations were related to the Internet.

"Internet poster presentations were a novelty and thus elicited a high amount of interest. Many people approached me because they were in the process of starting a new Web site, or looking to expand on their minority/ethnic information to serve immigrants in their countries," Villacampa reported.

For more information about the Office of Minority Health Resource Center, go to http://www.omhrc.gov/OMHRC/index.htm or call 800-444-6472.◇

The Minority Health HIV/AIDS Initiative Web Site

also provides the following:

- A search function;
- Calendar of conferences and events;
- Capability of Web site users to ask questions via e-mail or telephone;
- English and Spanish documents;
- Frequently-asked-questions section;
- Index of HIV/AIDS associations and links;
- Information on prevention;
- Racial- and ethnic-specific information;
- Federal, state, and local HIV/AIDS links;
- Press releases and news; and
- Technical assistance.

Maintaining A Direct Line to the Latino Community
Spanish-Language Education Programs

Aimee Swartz

The Latino community has increased by an unprecedented 58 percent during the last ten years. The U.S. Census Bureau reported nearly 32.8 million Latinos living in the U.S in 2000. With more than one third of its population under 18 in 2000, the number of Latinos living in the U.S. is expected to double during the next twenty years.

Yet in spite of being one of the nation's largest minority group, Latinos continue to lag behind the rest of the U.S. population in when it comes to health care. According to the Centers for Disease Control and Prevention, Hispanics make up 12 percent of the total U.S. population, yet account for almost 20 percent of all AIDS cases.

Currently, more than half of all new HIV/AIDS cases occur in people under 25 years of age, with 13 percent of those being Latino youth. Moreover, Latino youth are at increased risk for HIV infection due to several socioeconomic disparities, including: poverty, substance abuse, lack of access to health insurance, and lack of Spanish-language prevention education materials. The rate of HIV infection in Latino youth has nearly doubled since 1994.

> *"We want to arm Latinos with information so they can protect themselves."*

The fact that Latino youth have the nation's highest birth rate indicates that the massive public education efforts launched to inform the country about HIV/AIDS prevention, condom use, and teenage pregnancy may have completely missed the nation's growing population of Spanish-speaking youth, Washington, D.C.-based EVS Communications explains.

EVS Communications is a nonprofit organization dedicated to improving the quality of life for Latino families through the effective Spanish-language public education campaigns. With 15 years experience, EVS has a long-standing relationship with the Latino community that has provided the organization invaluable experience in designing successful messages for Latino audiences. EVS predominantly partners with local government and local foundations to fund its campaigns.

The Office of Minority Health Resource Center's (OMHRC) HIV/AIDS team in mid-2001 began providing technical assistance to this community-based organization. OMHRC focuses its work with EVS on introduce their Spanish-language campaigns to national foundations and funding sources.

As a result of its partnership with OMHRC, EVS was named a national semifinalist for the Ford Foundation's "Leadership for a Changing World" program. EVS is one of 34 out of 1,400 applicants who is eligible for one of twenty $130,000 grants.

"EVS approached us and then we began a relationship with them. We were impressed by the work they had accomplished throughout the years and were excited to collaborate with them," said Carlos Soles, HIV training specialist, OMHRC. "Not only are their campaigns culturally relevant and culturally sensitive to the Latino community they are serving, but these community-based materials are top-notch."

EVS' awareness campaigns are conducted in collaboration with bilingual social service agencies, foundations, national Latino organizations, and the Federal government. Through these campaigns, EVS tackles a multitude of issues facing Latinos, including HIV and AIDS. While campaign efforts include focus group research, dramatized radio messages, and language-appropriate posters, brochures, and other literature, the thrust of EVS's efforts is focused on the production and broadcast of culturally competent television programs and public service announcements.

The Kaiser Family Foundation has found that the inclusion of health topics in television can substantially increase knowledge about an issue. For example, *ER* viewer awareness of human papillomavirus (HPV) doubled after watching an episode that included a mention of the sexually transmitted disease. Because more than 95 percent of Latino households are reached by Univision and Telemundo, the two largest Spanish-speaking television networks, EVS believes that effective HIV/AIDS prevention efforts should attempt to reach the Latino community through Spanish-language television.

"Television is the primary way Latinos access the news and information that directly affects their life," Eduardo Lopez, *Línea Directa* executive producer explained. "In order for public education campaigns to be effective in the Latino community, the messages must be communicated using channels that are already used by the community; and that channel is Spanish-language television."

"Most Spanish-language programming has little opportunity to talk about issues in the U.S. because the information is coming straight from Latin America," Lopez said. "Here you have these families who have immigrated to this country for a better life and they are being exploited because they don't know how U.S. systems, like the health care system, work. We want to arm Latinos with information so they can protect themselves."

To that end, EVS in January of 1990 launched the first episode of *Línea Directa*, an award-winning Spanish-language

***EVS* continued on 15**

Getting Youth Involved
NAFEO Pioneers HIV/AIDS Education Programs At HBCUs

Aimee Swartz

The National Association for Equal Opportunity in Higher Education's (NAFEO) Division of Health was established in 1988 to promote the advancement of African American health through advocating healthy lifestyle choices among students who attend Historically and Predominantly Black Colleges and Universities (HBCUs).

"HBCUs are involved in health because their students face the same diseases that the general population faces, such as type 2 diabetes, heart disease, high cholesterol, STDs, and HIV/AIDS," said Ann-Marie Coore, HIV/AIDS training specialist, Office of Minority Health Resource Center. "There is a disparity between the health care needs and quality of care of students at HBCUs versus their White counterparts. The students also must contend with lack of health insurance, not getting regular/routine checkups, and poor nutrition which the general population also faces."

Through NAFEO's programs, HBCUs, community-based organizations, and state and local health departments collaborate to address health disparities, including HIV/AIDS and substance abuse, on college campuses and in the community at-large.

"One of the strongest components of NAFEO health is our HIV/AIDS education. Nearly all of our programs incorporate, if not feature, an HIV/AIDS education message," said Mildred Freeman, director, NAFEO Health Education. "Most importantly, however, is that all of our programs involve youth throughout the entire process: the development, all actual programming, as well as the evaluation."

Recognizing that youth involvement in HIV prevention programming can facilitate skill building and reduce risk behaviors, NAFEO, in collaboration with CreativeStaarr International, Inc., conducted a national study entitled "What College Students Want and Need to Know to Change Attitudes and Enhance Knowledge about HIV/AIDS and Wellness Programs." The study reached 642 students, from both rural and city HBCUs.

Using feedback from the survey and analyses of focus groups, NAFEO launched in 2000 Young Adults Health N' Wellness Awareness (YAHNWA), a program funded by the Centers for Disease Control and Prevention's Division of Adolescent and School Health. YAHNWA relies heavily on input from the targeted HBCU students, as well as a Youth Advisory Committee, on how to present HIV/AIDS information to youth.

YAHNWA designed a Prevention Enhancement Guideline (PEG) for individuals who provide HIV/AIDS and STD education to African American youth. The PEG builds on the students' needs expressed in the national survey to increase knowledge, influence attitudes, and identify critical risk factors for HIV/AIDS and STD infection. The guidelines also provide instruction on presenting these topics in a way that would appeal to the HBCU youth.

In addition, YAHNWA hosts PEG strategic planning session, a combination of instructional and interactive discussion and activities to assist HBCU health educators in developing long-range plans for incorporating NAFEO's national study results into existing campus prevention activities.

Each one-day session reviews the PEG, discusses current campus prevention activities and develops six- or twelve-month strategic plans for presenting HIV/AIDS health and wellness topics. Participants construct a calendar, identifying what they plan to do by a certain date given their constraints-be it funding, apathy about HIV/AIDS on campus, or lack of administrative support-to address students needs, said Regina Norman, YAHNWA program manager.

A minimum of fifteen PEG strategic planning sessions will be conducted over the next two and one half years. Approximately 10-15 campus health educators, professors, counselors and nurses participate each session.

YANHWA staff also provide on-going and follow-up technical assistance to camp health educators in the form of material or print resources, identification of funding, and upcoming conference or meeting resources to assist them in making prevention activities and programs more responsive to youth needs and concerns, Norman explained.

"Even students who are not particularly keyed into health issues are keyed into other students. They are able to use frank, blunt, student language to address HIV/AIDS and their peers really respond to this," Freeman explained. "They make some of the best health educators, not only because other students can relate to them, but because it shows the other students they can take control of health issues that affect them."

"The other benefit of the peer programming is that it can also really help the staff of HBCUs. Some of these colleges or universities only have one person who is responsible for doing all the health education. The peer leaders are able to step up to the plate and serve as para-professionals," Freeman explained.

"Many of the students involved in the program have gone on to do something health-related, be it becoming a doctor or a nurse, or studying public health crises in underserved communities," Freeman said. "We take that as proof that our programs are not only helping, but changing lives."

For more information about NAFEO's Division of Health, contact Mildred Freeman at 301-650-2440.

To get a list of the HBCUs, call the Office of Minority Health Resource Center at 800-444-6472.◇

Guest Article

Caribbean Women Organize Against HIV

Group Provides Services for Region's Immigrants

Ellen Schnepel • Guest Writer • Consulting Evaluation Specialist, Federation of Protestant Welfare Agencies Capacity Project
John Glover • Guest Writer • Senior Program Associate, Federation of Protestant Welfare Agencies Capacity Project

HIV and AIDS continue to ravage communities of color, while affecting an increasing number of women of different ethnic and racial backgrounds. According to the New York State Department of Health, among the cumulative reported female AIDS cases, 53.7 percent are African American, 30.9 percent are Hispanic, 14.9 percent are Caucasian, 0.3 percent are Asian/Pacific Islander, and 0.03 percent are Native American.

The AIDS epidemic presents unique public health challenges requiring innovative and culturally appropriate interventions and programs that are designed to target those at highest risk for HIV infection. Since 1988, the Caribbean Women's Health Association (CWHA) has responded to this challenge by providing outreach, education, counseling, case management, support groups, peer education, and harm reduction activities targeting HIV-infected and affected individuals in the Caribbean American community.

CWHA was founded 20 years ago by Yvonne J. Graham, a Jamaican-born nurse, and a group of Caribbean women in the health profession, to improve access to health-related services for low-income and indigent populations and to assist immigrants in adjusting to a new environment in metropolitan New York City. Today the agency serves an increasing number of women and families from diverse Caribbean countries who live in Brooklyn and Queens as well as other metropolitan areas in New Jersey and Nassau County. However, CWHA's organizational agenda is larger than its current funding base.

Poverty and health indicators point to a cumulative affect for immigrant populations at greater risk for HIV/AIDS. Complicating this scenario is the problem of access to and availability of affordable health care. To respond to this need, CWHA has initiated a series of policy task forces for Caribbean and African populations most affected by health-related problems. From April to August 2002, Dr. Marco Mason, acting executive director of CWHA, offered public health forums for a cross-section of leaders and their constituents in the New York area, including Haitian American, Panamanian American, Nigerian American, Ghanaian American, Puerto Rican American, and Guyanese American communities.

In addition, in November 2001, CWHA sponsored a conference on the island of Grenada, where HIV-infected populations have reached alarming numbers. With increased circulation of individuals from the Caribbean to the U.S. and back, AIDS is now spreading from one region to the other as social, kinship, and economic networks intertwine in an ever globalizing world. Health risks are compounded as individuals are threatened not only with contracting the virus but also passing it on to others.

Providing HIV-related services to Caribbean immigrants presents a number of challenges related to culture, immigration, and visibility. Many immigrants from the circum-Caribbean region frequently speak a language other than standard English, such as English Creole, Spanish, French, or French Creole. Although these immigrants may share some of same basic health care needs as the rest of the urban population, they have additional needs because of their immigration experience and cultural differences. Many are not aware of the range of services available to them and some are reluctant to openly discuss matters of sexuality with family members, friends, or even health care providers.

Moreover, an overriding issue is that these communities may not want to deal with the HIV/AIDS epidemic—whether because of denial, the stigma attached to the disease and those who are infected with it, or deeply ingrained folk beliefs about how HIV may or may not be spread. Dr. Mason firmly believes that education and prevention need to be tailored to the cultural specificity of each group.

Community-based organizations (CBOs) are facing fiscal cutbacks and diminishing philanthropic resources. To assist CBOs with HIV prevention programs, in the year 2000, the Federation of Protestant Welfare Agencies (FWPA) provided financial management technical assistance to CHWA's Office of Minority Health-funded Capacity Project. As part of the service, a workshop retreat was organized by four senior administrators and 15 board members of CWHA. While CWHA's board is quite diverse and many have different skills and knowledge bases, the workshop provided a better understanding of financial management of small non-profits and for HIV/AIDS programs in particular.

As a result of the FPWA-CWHA two-year collaboration, there is now better financial oversight of the organization. The executive director reported that, "More efficient financial management will lead to receiving more funds," and funding will contribute to "continuation, stability, and program diversity."

In August of 2000, Graham was a keynote speaker at an HIV/AIDS Youth Conference, a two-day workshop sponsored by FPWA that offered guidelines to participating CBOs on how to design and implement HIV prevention programming for youth at risk of sexually transmitted diseases. Collaboration was a goal of the OMH-funded Capacity Project—to provide technical assistance (TA) in capacity-building to CBOs in return for their utilizing the TA to initiate or enhance HIV prevention programs at their sites.

For more information on CWHA, go to http://www.cwha.org or http://www.jglover@fpwa.org◇

Addressing The Risk

HIV In Young African American Men

Aimee Swartz

The majority of young African American men who have sex with men (MSMs) who test positive for HIV have no idea they are infected, according to the Centers for Disease Control and Prevention (CDC) study "Unrecognized HIV Infection, Risk Behaviors, and Perceptions of Risk Among Young Black Men Who Have Sex with Men—Six U.S. Cities, 1994-1998."

Of the 920 young African American MSMs in the study, 16 percent tested positive for HIV. Of those, 93 percent did not know they were infected, according to the study released August 23, 2002, in the CDC's *Morbidity & Mortality Weekly Report*.

Of those with unrecognized HIV infection, 71 percent reported there was "no chance, that it was very unlikely, or that was unlikely that they were infected with HIV." Despite perceiving themselves to be at low risk, the majority engaged in high-risk behaviors; seventy-seven percent of those surveyed engaged in anal intercourse and 37 percent had unprotected anal intercourse.

The report built upon the preliminary data from the "Young Men's Survey," a cross-sectional survey that focused on the sexual histories of young MSMs. Over a four-year period, young MSMs in six urban areas (Baltimore, MD; Dallas, TX; Los Angeles, CA; Miami, FL; New York, NY; the San Francisco Bay area, CA; and Seattle, WA) were surveyed in MSM-identified venues, including shopping areas, dance clubs, bars.

From 1994 to 1998, researchers interviewed MSMs ages 15-22, expanding to men 22-29 from 1998 to 2000. Each participant was tested for HIV, was given appointments to obtain test results, and was provided with HIV-prevention counseling and referral for care as needed.

Using results from the full age range, the findings show major racial disparities in awareness of HIV infection, although not in actual risk behaviors or risk perception. Out of all study participants, 77 percent of those infected with HIV did not know of their status; 60 percent of Caucasians, 70 percent of Hispanics and 93 percent of African Americans.

Moreover, compared to their peers, young, African American MSMs with unrecognized HIV infection were more likely to report having unprotected anal sex and not previously testing for HIV for fear of learning their results, reconfirming many HIV prevention advocates' long-term belief that young, African American MSMs may have the highest risk of HIV infection than any other group in the United States.

Youth Helping Youth

Recognizing this as a problem, the Sexual Minority Youth Assistance League (SMYAL) is targeting the young, African American MSM population, as well as lesbian, bisexual, transgender, youth in the Washington, D.C., metropolitan area, through various HIV prevention programs.

SMYAL was incorporated in 1984 as a support group for a handful of youth who were dealing with sexuality issues. "SMYAL is a youth-guided organization," explained SMYAL executive director Arthur Padilla. "Youth had a hand in developing all of our programs. It's for them. It's about them. It's by them."

Through grants from local, state, and Federal government, as well as private donations, the organization has grown from roving sites to side-by-side row houses that serve as regular stomping grounds for many of the Washington, D.C.'s gay, lesbian, bisexual, and transgender (GLBT) youth.

Every month SMYAL averages 500 visits, from about 300 different youth. Almost 90 percent of the youth SMYAL serves are African American.

As a way to increase awareness of HIV and to encourage healthy and safe behaviors, SMYAL houses a youth outreach service. Youth who have gone through SMYAL's training—an intense workshop not only focusing on outreach techniques, but also on sensitivity, sexuality, diversity, and health—are eligible to become HIV prevention outreach workers, explained Padilla. Each outreach worker is paired with a mentor and engages in in-depth role-playing before actually pounding the pavement. Outreach is conducted at venues that have been identified as meeting places for GLBT youth.

"We don't just drop condoms and run," said Padilla. "Our outreach workers' goal is to have a 10 minute conversation with the target youth about HIV prevention and general safe sex. The youth's own stories serve as model examples of healthy and safe behavior."

"Research shows that peer-based outreach is the way to go. It is the most effective, not just for conveying information, but for role-modeling and maintaining a long-term contact," Padilla explained.

Currently SMYAL has 45 youth outreach workers and expects to expand the number to 60 by December. Each outreach worker is paid for his or her work

SMYAL is also launching a social marketing campaign that goes hand-in-hand with outreach efforts. The campaign's slogan "Strap up-Wear a Condom" was developed by SMYAL youth, with the goal of increasing awareness and

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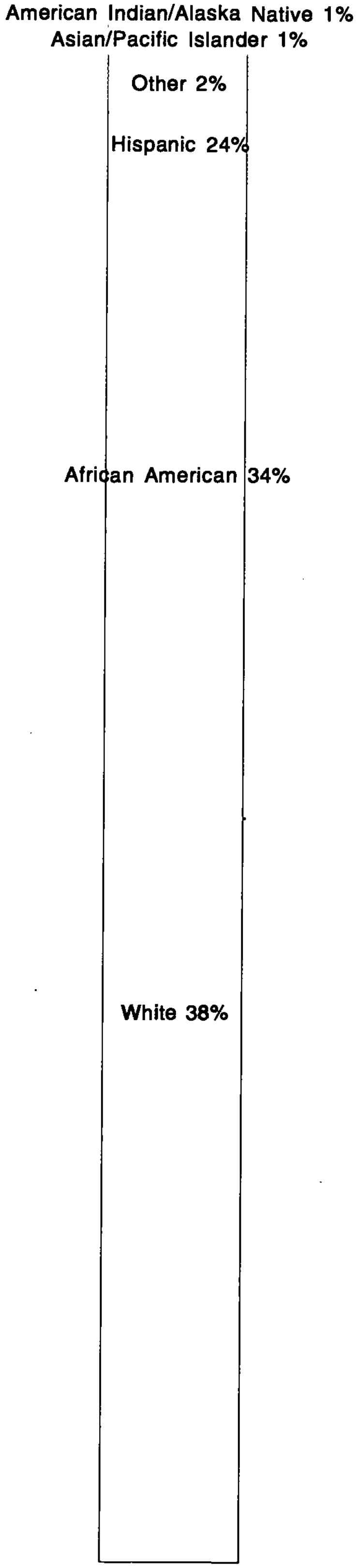
Ethnic/Racial
ADAP Clients, June 2001



Helping Close the Treatment Gaps
AIDS Drug Assistance Programs

Aimee Swartz

AIDS Drug Assistance Programs (ADAP) are a critical source of prescription drugs for low-income, uninsured, and underinsured HIV/AIDS patients in the U.S. As the largest source of Federal funding specifically directed to provide primary care and supportive services for people living with HIV or AIDS, ADAPs in June 2001 served 76,743 clients.

Though Medicaid is the largest payer of HIV and AIDS care, serving 55 percent of the infected population, ADAPs often serve as a safety net for patients who do not meet states' restrictive Medicaid eligibility. The majority of ADAP clients have little or no health issues.

ADAPs first began serving clients in 1987 when Congress appropriated funds for states to help purchase AZT for HIV-positive patients. At the time, AZT was the only antiretroviral approved by the Food and Drug Administration for the treatment of HIV or AIDS. State health departments were directed by Congress to purchase and deliver AZT to patients as part of the AZT Assistance Program.

As AIDS treatment options, increased, AZT assistance programs began to offer expanded coverage of antiretroviral medications to prevent and treat opportunistic infections. These programs were incorporated in 1990 under Title II of the newly enacted Ryan White Comprehensive AIDS Resources Emergency (CARE) Act and became to be known as ADAPs. Since 1996, Congress has earmarked funds under Title II of the CARE Act specifically for ADAPs.

Under the CARE Act, each state has authority over financial and clinical eligibility requirements for ADAP. States also determine their own ADAP formulary—the listing of drugs that are available to ADAP clients. Because of this, ADAPs are subject to significant variations across state lines.

"To be eligible for ADAPs, patients must have limited or no access to drug coverage and must meet state-specific clinical and financial eligibility criteria. All states require that the patient be HIV-positive," explained Danielle Davis, MSW, National Alliance of State and Territorial AIDS Directors (NASTAD). In addition, some states require specific CD4 counts or viral load ranges. Financial eligibility varies from state to state, ranging from a low of 125 percent of the Federal Poverty Level (FPL) in North Carolina, to a high of 500 percent of the FPL in Massachusetts, New Jersey and New York. Federal and state appropriations determine how many clients ADAPs can serve.

The drugs ADAPs cover also range from state to state. Louisiana and Utah, for instance, cover only 18 drugs, while New York covers 471 drugs. South Dakota is the only ADAP that does not cover protease inhibitors, a standard treatment for HIV or AIDS, due to a lack of resources. Ten states currently offer all 16 highly recommended drugs for the prevention and treatment of opportunistic infections, up from eight states last year; only two states do not cover any recommended opportunistic infection drugs, compared to four states last year.

Populations Served

According to the National ADAP Monitoring Project 2002 Annual Report, ADAPs serve a racially and ethnically diverse mix of low income and uninsured clients. For example, in June 2001:

- 80 percent of ADAP client had incomes at or below 200 percent FPL; almost half had incomes at or below 100 percent FPL;
- Only seven percent of clients were also covered by Medicaid, 10 percent had some private insurance and about eight percent reported Medicare coverage; and

- Almost one-third were African American, and about one-quarter were Hispanic.

The National ADAP Monitoring Project, commissioned by the Kaiser Family Foundation, and conducted by NASTAD and the AIDS Treatment Data Network, began tracking state and territorial ADAPs in 1996 when the introduction of the first protease inhibitors and other antiretroviral drugs used in combination became the standard of care.

Combination therapy became the first therapy to greatly increase the length and quality of life for people living with HIV/AIDS. As a result, many people sought treatment for the first time. In the last six months of 1996 alone, ADAP enrollment jumped 23 percent, with some ADAPs experiencing increases of 50 percent or more. The number of ADAP clients has increased 144 percent between July 1996 and June 2001. Though not as drastically, ADAP enrollment continues to rise; last year saw a 10 percent increase.

Meeting Client Demand

Combination therapy is costly, at an estimated $10,000 to $12,000 per person, per year. To meet growing needs, the ADAP budget has been increasing, but "at a decreasing rate," Davis explained. "Between FY 1996 and FY 1997, for example, the budget increased by 97 percent compared to a 12 percent increase between FY 2000 and FY 2001."

As a result, 10 states have reported having one or more program restrictions, including capped enrollment, limited antiretroviral access or expenditure caps. "However, as discretionary programs that rely mainly on annual Federal—and in some cases, state—appropriations, ADAPs' continuing fiscal stability is subject to changes as Federal and state political and economical priorities begin to shift," Davis said.

"On the state level, budget deficits and shifts in fiscal priorities like strengthening public heath systems for bioterrorism preparedness have already resulted in resource restraints for state HIV/AIDS programs, including ADAPs," Davis said.

"With Federal and state dollars accounting for the core of the national ADAP budget, some states could be forced to further restrict access to ADAP programs. ADAPs often cannot predict whether they will face budget shortfalls until well into their fiscal year," Davis explained.

Currently, there are more than 600 people on waiting lists for ADAPs in nine states across the country. By this spring, 15 more states are expected to have joined their ranks. "While on waiting lists for ADAP eligibility, clients may receive medication via other Ryan White titles, Medicaid or pharmaceutical patient assistant programs," said Davis.

ADAP is but one of multiple sources of public and private funding for HIV treatment, with Medicaid providing the majority of financial support. However, state Medicaid programs vary widely in terms of eligibility and covered services. Many with the more restrictive Medicaid eligibility place special challenges on ADAPs, because often these are the same states with limited or no State contributions to their own ADAP.

Having adequate funding is crucial, said William Arnold, chair, ADAP Working Group. "Early diagnosis and treatment of HIV is important for HIV prevention, HIV disease education, with HIV medical assessment, as well as the ability to move to the newer, more effective HAART [highly active antiretroviral therapy] regimens, before it is medically 'too late' for best treatment and best response," he says. "The more you know and the sooner you know the most cost effective treatments, the longer the life."

"Oh yes," Arnold adds. "And the better the medical outcome, the higher the quality of life, too."

For information about the AIDS Drug Assistance Program, go to http://hab.hrsa.gov or call 301-443-6745.◇

ADAP Resources

- ***The National ADAP Monitoring Project Annual Report, April 2002*** and accompanying fact sheet, the sixth in an annual series, provides an overview of the status of state-administered AIDS Drug Assistance Programs (ADAPs) and documents how these programs are responding to the changing fiscal, clinical, and epidemiological dynamics of HIV/AIDS.
  Go to http://www.atdn.org/access/adap/adap2002.pdf to download.

- ***Issue Brief: AIDS Drug Assistance Programs - Getting the Best Price?*** examines how ADAPs purchase and dispense drugs, and the drug discount programs that assist states in containing ADAP costs. The report discusses the Federal 340B Program, enacted under the Veterans Health Care Act (VHCA) of 1992, reviews other cost-savings strategies, and examines opportunities for and barriers to ADAPs securing additional discounts.
  Go to http://www.atdn.org/access/adap/price2002.pdf to download.

- **The *Individual ADAPs Database*** provides program information for each ADAP, including program contacts, financial and medical eligibility criteria, enrollment sites and procedures, covered medications, program restrictions, local CARE consortiums, insurance assistance, and availability of nutritional services.
  Go to http://www.atdn.org/access/states/index.html to download.

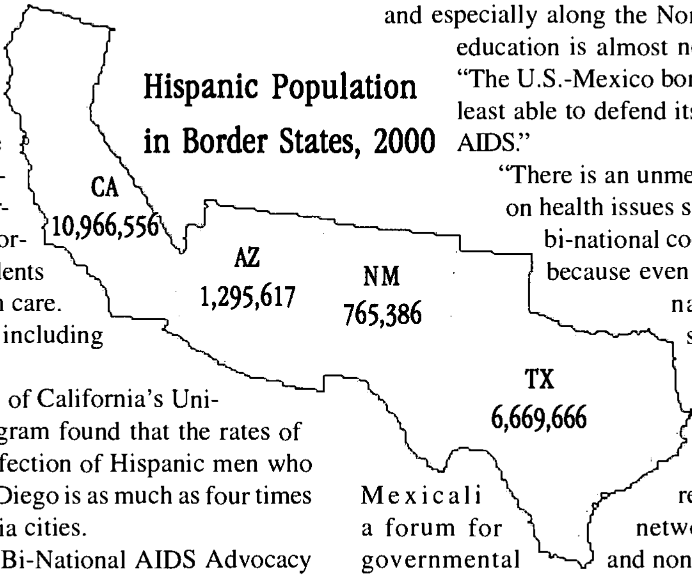
Border Health Initiatives

Preventing Cross-Border HIV Infection in Men

Aimee Swartz

Communities living along the U.S.-Mexico border are faced with significant and unique health challenges. Stretching from San Ysidro, CA, to Brownsville, TX, the U.S.-Mexico border region is 2,000 miles long, and extends 62 miles north of the Mexico border into the United States. Of the more than 31 million Hispanics in the United States, almost 20 million are concentrated in the four U.S. border states of California, Arizona, New Mexico, and Texas.

Moreover, according to the Health Resources and Services Administration (HRSA), if the U.S. territory within that 62 miles of the border were a state, its 11 million residents would rank last in access to health care. Rates of several serious diseases, including HIV/AIDS are increasing rapidly.


Hispanic Population in Border States, 2000

Researchers at the University of California's University-wide AIDS Research Program found that the rates of infection for cross-border HIV infection of Hispanic men who have sex with men (MSM) in San Diego is as much as four times higher than that of other California cities.

The study, conducted by the Bi-National AIDS Advocacy Project, surveyed 400 volunteers in San Diego gay bars and clubs and a Tijuana park known to be a cruising spot and prostitution hub. Researchers found HIV infection rates in San Diego to be especially high, with more with 35 percent of Hispanic MSMs infected with HIV; in Tijuana, approximately 19 percent of Hispanic MSMs are infected with HIV.

Researchers also found that only 56 percent of men surveyed in Tijuana had ever received any information on preventing HIV infection, while 77 percent of San Diego study participants had received prevention education. Survey participants were also more likely to report "risky" sex with women, "risky" drug use and unprotected sex while high on drugs.

The infrastructure for HIV/AIDS prevention and treatment services is limited. For example, within the San Diego-Tijuana region, the most crossed international border in the world, there are only two clinics that provide HIV testing. In response to this problem, Project Concern International launched in 1996 its *Border Health Initiative* (BHI).

"We recognize that many men within the border region are becoming infected with HIV, many times through sexual activities with other men, and then bringing the virus home to their wife," said Blanca Lomeli, regional director for Project Concern International Border Health Initiative, California and Mexico programs "They don't especially see themselves at risk for HIV because they may see it as a gay disease, and they don't identify themselves as 'gay' because they have a wife and family."

"They not only misperceive their risk, but there are few prevention efforts to address their needs. Resources are scarce and especially along the Northern border of Mexico, health education is almost nonexistent," Lomeli explained. "The U.S.-Mexico border is the least prepared and the least able to defend itself from diseases like HIV and AIDS."

"There is an unmet need for bi-national education on health issues such as HIV and AIDS. We need bi-national cooperation to address local issues because even locally we are addressing a bi-national population," Lomeli said.

BHI provides support and technical assistance to committees in the San Diego-Tijuana and Imperial Valley-Mexicali regions. Each committee serves as a forum for networking and collaboration with governmental and non-governmental organizations on both sides of the border.

BHI conducts outreach and awareness activities, as well as additional capacity building opportunities—including workshops, conferences and trainings—for HIV/AIDS community-based organizations. In addition, the BHI helps fund *Programa Amigo*, a Mexicali-based clinic that provides a full-range of HIV/AIDS services for patients on both sides of the border. Moreover, the BHI San Diego-Tijuana committee organizes tours of HIV/AIDS service providers in the region in an effort to educate representatives from public agencies, business, and community-based organizations on the severity of HIV infection in the U.S.-Mexico border regions.

"The Mexico side of the border is especially struggling. They have fewer resources for prevention because there is almost no funding for prevention programming in Mexico.

As a result, HIV and AIDS awareness is declining from where it was 10 years ago," Lomeli said. "People seem to think they don't need to do anything to protect themselves because they don't even identify as being at risk. They still see it as a gay disease, but just as AIDS knows no geographical boundaries, it also has no limitations on who gets the virus, be it man, woman or child."

Other organizations, several of which are backed with Federal support, have taken on the challenge of addressing HIV prevention in several locations along the U.S.-Mexico Border. HRSA's HIV/AIDS Bureau has awarded five community-based organizations and one evaluation center Special Project of National Significance grants to implement programming to improve early detection of HIV and increase the use of health care services for people living with HIV and AIDS.

The six grantees are: Camino de Vida Center for HIV Services in Las Cruces, NM; Centro de Salud Familiar la Fe in El Paso, TX; El Rio Santa Cruz Neighborhood Center in Tucson, AZ; San Ysidro Health Center in San Ysidro, CA, Valley AIDS Council in Harlington, TX; and the University of Oklahoma at multi-sites throughout the state. All projects emphasize health promotion within the Hispanic community through various prevention strategies.

The grantees support HRSA's larger U.S.-Mexico Border Health Program, which serves communities from San Ysidro, CA, to Brownsville, TX. Health care access is a challenge without enough doctors, other health professionals, hospitals, and bilingual health providers and information in the border area.

For more information about Project Concern International's Border Health Initiative, go to http://www.projectconcern.org or call 877-PCI-HOPE .

For more information on HRSA's HIV/AIDS Border Health Initiative: Border Health, visit http://hab.hrsa.gov/special/borderhealth2000.htm◇

Hepatitis C Coinfection

A Dangerous Trend

Aimee Swartz

The Centers for Disease Control and Prevention estimates that four million people in the U.S. are infected with hepatitis C (HCV). In an era of potent and life-extending antiretroviral therapy for HIV/AIDS, HCV-related liver disease is a major cause of death for HIV-infected patients. As the most common blood-borne disease in the U.S., HCV continues to pose a significant threat to HIV-infected individuals.

Hepatitis C is a liver disease caused by the hepatitis C virus, which is found in the blood of persons who have this disease. "When a person has HIV and hepatitis C, it's referred to as co-infection," said Rafael Ortega, treatment educator, National AIDS Treatment Advocacy Project (NATAP). "It is estimated that 30 percent of people infected with HIV are also infected with hepatitis C."

HCV is spread by contact with the blood of an infected person. The majority of HCV infections are attributed to intravenous drug use (IDU). "It is also estimated that among those who contract HIV for IDU use, 60-90 percent are also infected with HCV," Ortega said.

Coinfection is also common in people with hemophilia who received clothing factor concentrates before 1987. The risk for contracting HCV through sexual contact or mother-to-child transmission is significantly lower than for HIV.

HCV's incubation period varies from 2-26 weeks. Liver enzyme tests may range from elevated to normal for weeks, to as long as a year. If symptoms are present, they are usually mild and resemble symptoms of the common flu: nausea, fatigue, loss of appetite, fever, headaches, and abdominal pain. The majority of people infected with HCV go undetected until their liver is involved. The virus is in the blood and may be causing liver cell damage, and the infected person can transmit the disease to others. In 1995 an antibody test for HCV was implemented nationwide.

"There are an estimated 300,000 people with HCV/HIV coinfection in the U.S. African Americans and Hispanics are disproportionately affected." Ortega explained. Demographically, HIV/HCV coinfection is found in higher proportion in males and in those who are over 40 years of age.

Chronic HCV infection develops in an estimated 75-85 percent of those infected; HCV leads to chronic liver disease in 70 percent of chronically infected people, said Ortega. However, HCV infection progresses more rapidly to HCV-related liver disease and an increased risk for HCV-related cirrhosis, or scarring of the liver. There is a six-fold increase in deaths due to HCV-related liver disease, when compared to those infected with HCV. The longer a person has had HCV and/or HIV, the more likely it is that HCV has progressed. It is not yet known what effects HCV has on HIV progression.

The Food and Drug Administration (FDA) has approved two different regimens for chronic HCV therapy: monotherapy with alpha interferon and combination therapy with alpha interferon and ribavirin. Combination therapy has more side effects, but in most cases is preferable to monotherapy.

For more information on HCV/HIV coinfection, contact NATAP at 888-26-NATAP or visit http://www.natap.org◇

NATAP's mission is to educate individuals about HIV and hepatitis treatments and to advocate on the behalf of all people living with HIV/AIDS and HCV. Their free programs and services, conducted on local, state and national levels, include:

- Daily e-mail updates on HIV and HCV;
- English and Spanish education;
- Public forums for medical professionals;
- Support services for infected individuals;
- Training for case managers and other; and
- HIV and hepatitis treatment education.

CDC Calls for New Health Promotion Strategies

Study: Intentional Unprotected Sex Increasing Among MSMs

Aimee Swartz

Recent research by the Centers for Disease Control and Prevention (CDC) has suggested what gay men and HIV prevention workers suspected: "barebacking," intentional anal sex without a condom with someone other than a primary partner, is becoming more common among men who have sex with men (MSM) within all racial and ethnic communities.

A team of CDC researchers led by Dr. Gordon Mansergh surveyed a diverse sample of 554 MSMs living in San Francisco about their HIV status, whether they engaged in barebacking, and why they did so. Men from various racial and ethnic communities, education-levels, and incomes were recruited at bars, dance clubs and community organizations in San Francisco and Oakland between July 2000 and February 2001.

Researchers found that 70 percent of interviewees were familiar with the term "barebacking" and 14 percent reported that they had barebacked at least once in the in the past two years. Of the men who reported barebacking in the past 2 years, 22 percent said they were HIV-positive and 10 percent identified as HIV-negative. Researchers also discovered that some men were barebacking outside of a relationship with a primary partner.

Eighty percent of men reported barebacking to achieve greater physical stimulation. Forging an emotional connection also ranked high as a reason for barebacking. Many also cited improved treatments for HIV disease as reasons for barebacking. Half of the men in the study who said they engaged in barebacking did so while they were on drugs or alcohol.

There were no differences in the prevalence of barebacking by race or ethnicity, education, or income.

"At first barebacking for me wasn't an active decision," said Jerome, a 32 year-old African American man, who now engages only in barebacking. "I had been out partying and was careless. But after going without a condom once, it's incredibly difficult to go back. Barebacking is a tremendously intimate experience that is impossible with latex."

The study demonstrates that despite years of programs promoting the use of condoms as a means of HIV prevention, some MSMs are nonetheless actively seeking out partners who will have unprotected sex with them. As a result, cities with a substantial barebacking community, such as San Francisco, are experiencing rising HIV infection rates; city health experts estimate that there will be 700 to 800 new HIV infections in San Francisco this year, numbers rivaling the early years of the AIDS epidemic.

Internet sites, chatrooms, e-mail listservs, personals ads, private barebacking parties, established jargon and slang terminology, gym steam rooms, commercial sex clubs and bars, and professional videos dedicated solely to barebacking have been created in the past two years. These allow barebackers to fantasize, experiment, and connect with others, free from the stigma attached to openly soliciting unsafe sex. Within the barebacking subculture, other needs supersede HIV prevention, underscoring the need for new HIV prevention strategies, including prevention for positives.

"Even before I became infected with HIV, I thought it was inevitable, so I was careless," says Carlos, an HIV-positive safe-sex advocate. "But now I know that it's only inevitable if you choose it. I now advocate for choosing to remain negative. Protect yourself and protect your partner."

"Many men feel like they're going to get HIV anyhow and embrace a sense of fatalism," echoed Tracy O'Neil, prevention case management supervisor, Haight-Ashbury Free Clinic. "Ironically, for some men, having unsafe sex becomes a way to take control, but of course there are many healthier, safer ways to take control and to protect oneself from the virus."

"Of course, these same men are often fatalistic about many aspects of their lives. As minorities, they already see themselves as having limited life options. Contracting HIV is just one more thing for them to deal with," O'Neil explained.

"In the beginning of the AIDS epidemic, there were sick men all over the place. It was a constant reminder. Now our reminders are hunky men in some anti-AIDS drug ad. Because of this, many MSMs do not see themselves at risk for infection or reinfection." O'Neil said.

When a person infected with HIV becomes infected with a second strain of the virus, it is called "reinfection. HIV positive patients are at risk for different and drug-resistant strains of HIV. Acquiring strains of HIV that have already developed resistance to anti-HIV drugs can complicate, compromise, and cripple treatment options, possibly impacting on someone's ability to fight the infection.

In addition, HIV positive people who engage in unprotected sex are at a greater risk for a host of sexually transmitted diseases, including cytomegalovirus (CMV), herpes simplex virus, and human papillomavirus (HPV). Practicing safe sex can help reduce, although not completely stop, the transmission of CMV and HPV, which are potentially deadly to people living with HIV.

Recognizing the unique issues of MSMs who bareback, the study's authors recommend that HIV prevention efforts that target men by their HIV serostatus are needed.

Unprotected continued on 13

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"Motivations for barebacking and sexual risk behavior in general may differ by whether individuals are primarily putting themselves or others at risk for infection," concluded Gordon Mansergh.

The study cites CDC's Serostatus Approach to Fighting the HIV Epidemic (SAFE) initiative as an example. SAFE aims to expand voluntary counseling and testing programs to reach all individuals living with HIV, including the estimated 200,000-275,000 Americans who are infected with HIV but do not yet know it. The initiative is based on the premise that targeting HIV-positive persons is a way to break the steady rate of HIV transmission.

In addition, Mansergh and colleagues call for new health promotion strategies to reach men who bareback. These interventions must take into account that some HIV-negative men are intentionally putting themselves at risk for HIV infection, while some HIV-positive men are intentionally putting others at risk for HIV and themselves at risk for reinfection.

"Researchers, practitioners, and community members should work together and consider holistic health and wellness lifestyle approaches that take multiple human needs into account, particularly for men who bareback," researchers concluded.

For more information, e-mail Gordon Mansergh at gcm2@cdc.gov◇

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HIV testing among LGBT youth. The ad will run in bus and subway stations throughout the city, as well as on printed materials. In addition, SMYAL is filming a documentary on four HIV-negative GLBT youth speaking candidly on how they protect themselves and stay negative.

In addition to HIV prevention, SMYAL conducts bimonthly HIV-testing and counseling. The organization offers youth-developed support groups, drop-in hours, rap-groups, an improvisational theater group, a writers' circle, violence prevention, and smoking cessation. SMYAL also organizes youth-centered activities for the community, including presentations and workshops at schools, foster care agencies, and other non-profits.

For more information, go to http:// www.smyal.org or call 202-546-5940.◇

XIV International AIDS Conference

The International AIDS Conference, the world's largest HIV/AIDS meeting, bringing together more than 15,000 leading researchers, community leaders, people living with HIV/AIDS and policymakers, was held July 7-12, 2002, in Barcelona, Spain.

The theme, *Knowledge and Commitment for Action*, was selected to underscore the need that all those engaged in the fight against AIDS—be it scientists or community-based organizations—collaborate to review the knowledge gained through science and experience, and translate this knowledge into action.

Over the years, knowledge gained from the lab has been important not only in increasing life expectancy and improving the quality of life for AIDS patients, but has also saved lives. Experiential knowledge has improved upon our prevention efforts, reducing the rate of new infections in many populations around the world.

The Nine Key Messages of the XIV International AIDS Conference:

❶ HIV/AIDS is a global emergency with far-reaching effects.

❷ Immediate action is necessary to prevent further catastrophe.

❸ Commitments of the United Nations Special Session on HIV/AIDS (UNGASS) urgently require implementation.

❹ With political commitment given at UNGASS, there is now renewed opportunity for action.

❺ Knowledge must be used to translate commitment into action.

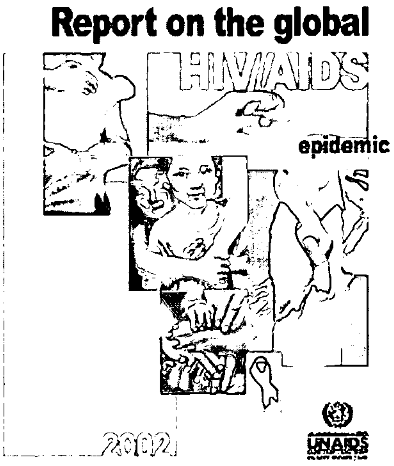
❻ A unified effort is needed.

❼ Decreasing the impact of HIV/AIDS depends on effective prevention.

❽ Access to care and treatment must be available to all people living with HIV/AIDS.

❾ Social exclusion is at the root of HIV-vulnerability.

For more information on the **XIV International AIDS Conference,** *go to http://www.aids2002.com*



The Report on the Global HIV/AIDS Epidemic
http://www.unaids.org/barcelona/presskit/report.html

El informe sobre la epidemia mundial de VIH/SIDA
http://www.unaids.org/barcelona/presskit/Spanish/barcelona%20report/embargo_html.htm

International AIDS Information

Number of AIDS Orphans to Rise

The U.S. Agency for International Development, the United Nation's Program on HIV (UNAIDS), and the United Nations Children's Fund's report "Children on the Brink" says worldwide there are 13.4 million children orphaned by AIDS. This number is expected to grow to more than 25 million in 2010. In the dozen sub-Saharan African countries most affected by the pandemic, about one in seven children will have lost a parent to AIDS by 2010. Dr. Peter Piot, UNAIDS, called the report the most shocking of all the troubling reports released at the conference.

Go to http://www.unaids.org for more information.

Eastern Europe Sees Increase in IV-Drug Related HIV Infection

Fueled by the rise in intravenous drug use, HIV infections have doubled every year for the past three years in Eastern Europe and the former Soviet nations, reported Kasia Malinowska-Sempruch, director of International Harm Reduction Development, a branch of the Open Society Institute. It is estimated that one percent of the population of the former Soviet Union uses injection drugs, and more than 90 percent of HIV infections in Moscow have been linked to IV drug use. A recent survey of 27 Eastern European countries and former Soviet republics found that less than one percent of HIV-positive individuals in the region receive combination antiretroviral therapy, as recommended by the World Health Organization.

Go to http://www.soros.org/harm-reduction/ for more information.

International AIDS/HIV Resources

AEGIS
(AIDS Education Global Information System)
http://www.aegis.org/

GNP+
(Global Network of People living with HIV/AIDS)
http://www.gnpplus.net/index.html

UNAIDS
(Joint United Nations Programme on HIV/AIDS)
http://www.unaids.org

WHO
(World Health Organization)
http://www.who.int/en/

HIV Drug Linked To Increased Heart Disease Risk

HIV-positive patients taking protease inhibitors have an increased risk of developing heart disease, according research out of the University of La Sapienza in Rome. Protease inhibitor drugs can accelerate the emergence of heart disease in people who are already prone to it. "Physicians who are prescribing protease inhibitor-containing regimens should do a careful cardiological screening on the patients," said researcher Giorgio Barbarini.

Go to http://www.uniroma1.it/ for more information.

Clinical Trial for Topical AIDS Vaccine To Begin By Year's End

U.S. and Italian researchers are gearing up for human trials of a topical AIDS vaccine designed to prevent HIV-positive individuals from developing AIDS, announced Dr. Franco Lori of the Research Institute for Genetic and Human Therapy (RIGHT) in Washington, D.C. The vaccine has already been tested on monkeys infected with SIV, an HIV-like virus; SIV-positive monkeys that received the vaccine experienced a decrease in viral load and did not experience SIV rebound after a break in drug therapy. Lori said he was "optimistic" that the vaccine, which was designed to work in conjunction with antiretroviral drugs, would produce similar results in human trials. The group plans to begin human trials for the vaccine in Italy and the United States by the end of the year, with the first set of results available at the end of 2003.

Go to http://www.geneticimmunity.com for more information.

The Tip of the Iceberg: The Global Impact of HIV/AIDS on Youth

The 'Tip' examines the epidemic, new case projections, and trends among youth in a new report released by the Kaiser Family Foundation. Analysis of new U.S. Census Bureau data by the Foundation projects the number of young people ages 15 to 24 living with HIV/AIDS rising from 12.4 million in 2001 to 21.5 million by the end of the decade—a more than 70 percent increase. *Go to http://www.kff.org/content/2002/6043/ to download report.*

A Three Part Series: Spending on the HIV/AIDS Epidemic

This series provides analyses of spending on the HIV/AIDS epidemic both by the United States government and globally. Includes analysis of U.S. Federal spending on the epidemic since FY 1981; spending by the U.S. on global HIV/AIDS activities and programs; and global spending on HIV/AIDS in resource-poor settings, including bilateral, multilateral, and private sector support.

The briefs were prepared as part of *AIDS at 20: A National HIV/AIDS Policy Initiative*, a joint initiative of the Kaiser Family Foundation and the Ford Foundation. *Go to http://www.kff.org/content/2002/20020706a/ to download report.* ◇

Organizations

AIDS Treatment Data Network
The Access Project
611 Broadway
Suite 613
New York, NY 10012-2809
800-734-7104
http://www.adtn.org

Balm in Gilead
130 West 42nd Street
Suite 450
New York, NY 10036
888-225-6243
http://www.balmingilead.org

EVS Communications
3039 Fourth Street, NE
Washington, D.C. 20017
202-635-2606

HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
301-443-6745
http://hab.hrsa.gov/

HRSA Border Health Initiative
BPHC Border Health Program Priority
4350 East-West Highway
7th Floor
Bethesda, MD 20814
301-594-4897
http://bphc.hrsa.gov/bphc/borderhealth/

IDU/HIV Prevention
Division of HIV/AIDS Prevention
National Center for HIV, STD and AIDS Prevention
Centers for Disease Control and Prevention
Mail Stop E-49
Atlanta, GA 30333
http://www.cdc.gov/idu

Kaiser Family Foundation
2400 Sand Hill Road
Menlo Park, CA 94025
650-854-9400
http://www.kff.org

National Alliance of State and Territorial AIDS Directors
444 North Capitol Street, NW
Suite 339
Washington, D.C. 20001
202-434-8090
http://www.nastad.org

National Association For Equal Opportunities in Higher Education
8701 Georgia Avenue, NW
Suite 201
Silver Spring, MD 20910
301-650-2440
http://www.nafeo.org

National Center for HIV, STD and TB Prevention
Division of HIV/AIDS Prevention
Centers for Disease Control and Prevention
Mail Stop E-49
Atlanta, GA 30333
800-342-2437
800-344-7432 Spanish
http://www.cdc.gov/hiv

Project Concern
3550 Afton Road
San Diego, CA 92123
877-PCI-HOPE Toll-free
http://www.projectconcern.org

Sexual Minority Youth Assistance League
410 7th Street, SE
Washington, D.C. 20003-2707
202-546-5940
http://www.smyal.org

***EVS* continued from 4**

television series that provides Latino adults in the Washington, D.C., metropolitan area with information on affordable medical services for the uninsured, teen pregnancy, substance abuse, and HIV and AIDS. During its decade-long run, the program each week reaches an estimated 60,000-100,000 viewers.

"We created *Línea Directa* to provide the Latino community with information so they can better understand issues like HIV and AIDS that are affecting their communities at an alarming rate," said Arturo Salcedo Martinez, executive director and host of *Línea Directa*. "Because we have such a long history of working with the community, and because we are also part of the Latino community, people who watch *Línea Directa* know they can trust us with providing them information that will improve their lives in this country."

EVS recently produced an episode of *Línea Directa* that featured two Latino women who were HIV-positive who spoke candidly and honestly about the alarming increase of women infected by their partners. "The women had never seen or heard one Spanish language message about HIV prevention before becoming infected," Martinez said. "We want to provide viewers with information *before* there's a problem."

Each week EVS partners with a local NBC affiliate in order to produce *Línea Directa* in its studios. In addition, its partnership with Telemundo has allowed the show to be broadcast in tens of thousands of Latino households every Sunday evening. "The success of *Línea Directa* is joint effort of three organizations and we are very proud of that partnership," said Lopez.

EVS has also partnered with Johns Hopkins University to produce nine *Línea Directa* programs that focus on Latina health. Topics to be covered will include teen pregnancy, depression, and HIV and AIDS.

For more information about EVS Communications and the Línea Directa Programs, call 202-635-2606.◇

DEPARTMENT OF HEALTH & HUMAN SERVICES
Office of Public Health and Science
Office of Minority Health Resource Center
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Conferences

October 30 - November 1, 2002

2002 South Carolina HIV/STD Conference
The Embassy Suites Hotel Charleston Convention Center, Charleston, SC
Go to http://www.hivstdconference.com/registration.html or call 803-286-4121 for more information.

November 9-13, 2002

Putting the Public Back into Public Health
130th American Public Health Association Annual Meeting, Philadelphia Convention Center, Philadelphia, PA
Go to http://www.apha.org/meetings/index.htm or call 514-228-3009.

November 15 - 17, 2002

Asian & Pacific Islander Summit on HIV/AIDS Research (A&PI SHARE)
Oakland Marriott City Center, Oakland, CA
Go to http://meetings.s-3.com/apishare/default.htm or call 800-749-9620/301-628-3536 for more information.

Special Satellite Broadcast

November 21, 2002
Satellite Broadcast at 1 p.m., EST

"Public-Private Partnerships: A New Model for Community Mobilization Against AIDS"

The 2-hour forum, sponsored by the Centers for Disease Control and Prevention (CDC) and the Public Health Training Network, will address CDC's public-private partnerships to engage the private sector as a mobilizing agent for community-based human immunodeficiency virus (HIV) prevention.

Information presented will include legal issues, employee education, management training, and resources related to HIV prevention for businesses.

This broadcast is designed for executives, human resources directors, medical staffs, and other persons in community and national organizations, business and labor organizations, public health agencies, trade associations, and foundations.

Go to ***http://www.cdcnpin.org/broadcast*** for more information or call the CDC's fax information system, ***888-232-3299***, then enter document number 130043 and a return fax number. ◇