

RATFA Bulletin

Rochester Area Task Force on AIDS

November 2008

BARACK OBAMA ELECTED PRESIDENT



What Does He Say About HIV/AIDS?

"These new figures should bring new focus to our efforts to address AIDS and HIV here at home. As president, I am committed to developing a National AIDS Strategy to decrease new HIV infections and improve health outcomes for Americans living with HIV/AIDS. Across the nation, we also need to prevent the spread of HIV and get people into treatment by expanding access to testing and comprehensive education programs. This report also demonstrates the need for more timely data about HIV transmission so that we can effectively evaluate prevention efforts. Combating HIV/AIDS also demands closing the gaps in opportunity that exist in our society so that we can strengthen our public health. We must also overcome the stigma that surrounds HIV/AIDS – a stigma that is too often tied to homophobia. We need to encourage folks to get tested and accelerate HIV/AIDS research toward an effective cure because we have a moral obligation to join together to meet this challenge, and to do so with the urgency this epidemic demands."

Statement on the CDC's HIV/AIDS Report, August 3, 2008

What Will He Do About HIV/AIDS?

Implement a National HIV/AIDS Strategy: Obama has pledged that, in the first year of his presidency, he will develop and begin to implement a comprehensive national HIV/AIDS strategy that includes all federal agencies.

Fix the Nation's Health Care System: 47 million Americans are uninsured in this country. Barack Obama is committed to signing universal health care legislation by the end of his first term in office that ensures all Americans have high-quality, affordable health care coverage.

Bring Medicaid Coverage to Low-Income, HIV-Positive Americans: Obama is a cosponsor of the Early Treatment for HIV Act, which would help provide Medicaid coverage to more low-income, HIV-positive Americans. The bill would also increase the number of people who receive the medications necessary to treat HIV infections.

Fight Disparities in Minority Communities: Barack Obama is committed to targeting resources to promote innovative HIV/AIDS testing initiatives in minority communities and partnering with a wide-range of community leaders from churches to community organizations. But we must also tackle the scourge of poverty where HIV and AIDS proliferate.

Improve Quality of Life for Those Living with HIV/AIDS: Obama is a strong supporter of the Ryan White Care Act (RWCA). Throughout the recent reauthorization of the RWCA, Obama worked closely with RWCA service providers, the Chicago Department of Public Health, and the Illinois Department of Public Health to analyze and find ways to improve the program for Illinois and for the nation. Obama will continue to protect the multifaceted care upon which RWCA beneficiaries depend.

Promote AIDS Prevention: In addition to assuring access to treatment, Obama believes we need to increase the focus on preventing new infections. We cannot keep pace with treatment needs if we don't also focus on prevention.

Assure Adequate and Safe Housing for Those Living With HIV: Obama supports increased funding for Housing Opportunities for People with AIDS (HOPWA) and other pertinent housing programs

Expand Funding for Research: Barack Obama will expand funding for research, especially for prevention options including a vaccine and microbicides.

Expand Access to HIV/AIDS Testing for Pregnant Women: In the Illinois State Senate, Obama sponsored the successful Prenatal HIV Prevention Act, which ensures that every health care professional who provides health care services to a pregnant woman will provide HIV counseling and offer HIV testing.

World AIDS Day December 1



WORLD AIDS DAY AWARDS

The following people will be receiving awards at the World AIDS Day Luncheon on December 5:

- ❖ **NYS Commissioner of Health Award** – Sady Fischer (ARI)
- ❖ **Jill Gonzalez Health Educator Award** – Positively Alive Woman's Support Group (ACHC)
- ❖ **HIV Clinical Provider** – Dr. Susan Cohn (Strong's ID Clinic)
- ❖ **Supportive Provider** – Letty Padilla (Huther Doyle)
- ❖ **Community Advocate** – Stacey Estrich (City of Rochester)
- ❖ **HIV Program** – Clinical Education Initiative: Tom DellaPorta & Dr. Amneris Luque
- ❖ **Rural Advocate** – Joan Cain (Arnot Ogden Medical Center/Ivy Clinic)

WORLD AIDS DAY EVENTS

Circle of Life - December 1, 2008 at GEVA. This annual World AIDS Day benefit performance directed by Thomas Warfield, PeaceArt International Inc. will take place at Rochester's GEVA Theatre. Tickets are \$15 and proceeds will benefit area children whose lives are affected by AIDS. [It is hoped enough funds are raised that may enable a summer camp program for them to be re-established.] This event is sponsored in part by the HIV Vaccine Trials Unit at the University of Rochester Medical Center and is open to the public. However, tickets are encouraged to be purchased in advance. HIV prevention, testing, treatment and HIV vaccine research information will be made available. Start time is 7:30pm. Call 585.482.0778 for more information.

AIDS Memorial Quilt Exhibit - December 2 thru 8, 2008. The third annual display of three selected quilt panels from The NAMES Project Foundation will be on exhibit at EQUAL=GROUND'S Coffee, 750 South Ave., in Rochester NY 14620. This event is FREE and open to the public. HIV prevention, testing, treatment and HIV vaccine research information will be made available. For more information about the selected panels, visit www.aidsquilt.org and search for panel numbers #2328, #4892, #5513. For more information about being a sponsor for this event, or to learn about events planned at this location in conjunction with the exhibit, contact John White at 585.242.7840.

A Community Forum on the Impact of AIDS - December 2, 2008 at Aeon Baptist Church, the Rochester affiliate of the Black Leadership Commission on AIDS, Inc. (BLCA), Black Men Latino Men Health Crisis, Inc. (BMLMHC), and Monroe County Health Department will sponsor a community forum where the most recent information about AIDS will be shared. A guest presenter from the Black AIDS Institute, Los Angeles CA will provide an update on the 2008 International AIDS Conference. This event is FREE and open to the public. HIV prevention, testing, treatment and HIV vaccine research information will be made available. This event takes place at Aeon Baptist Church, 175 Genesee Street, Rochester and start time is 6:00pm. Call 585.889.5151 for more information, ask for 'Dawn'.

A Healing Prayer Service - December 2, 2008. Please join us in remembrance and hope. Service begins at 7pm at Saint Mary's Church, 15 St. Mary's Place, near Washington Square, in downtown Rochester NY. Persons of any or no faith denomination are welcome to attend. HIV prevention, testing, treatment and HIV vaccine research information will be made available. This event is FREE and open to the public. For more information, call the Celebration of Life Planning Committee at 585.568.8391.

Living Better and Stronger Lives - December 3, 2008. Workshops for persons living with HIV will take place at 1350 University Ave., Rochester NY and include: "Finalizing and Legalizing Your Wishes", "Empowering YOU to Advocate", and "The Working and Power of Faith in HIV/AIDS". Workshops begin promptly at 11am, and conclude at 3pm. HIV prevention, testing, treatment and HIV vaccine research information will be made available. This event is FREE and lunch will be provided. However, advance registration is required by calling Steven Price at AIDS Rochester Inc., Phone: 585.442.2220. Email: sprice@aidsrochester.org OR Rev. Robert Arrington, Phone: 585.568.8391 or Email: robpray7@yahoo.com.

Sharing The Spirit of Hope - December 4, 2008. Come hear the voices among us, people whose lives have been affected by HIV/AIDS. Pastor Rev. George Nicholas is the keynote presenter. This World AIDS Day Interfaith Service is FREE. It begins at 7pm at The Church of St. Luke & St. Simon Cyrene, 17 S. Fitzhugh St., Rochester NY and is open to the public. Persons of any or no faith denomination are welcome to attend. HIV prevention, testing, treatment and HIV vaccine research information will be made available. For more information, call 585.546.7730.

Annual World AIDS Day Luncheon - December 5, 2008. This annual luncheon is sponsored by the Finger Lakes Health Association on behalf of the Rochester Area Task Force on AIDS, Inc. (RATFA). RATFA is a collaboration with hundreds of members representing a variety of ASO, CBO, HBO offices throughout nine counties of Western New York State and within the Rochester Ryan White Region. This event acknowledges the year long dedication of HIV outreach workers, counselors, providers and community volunteers. HIV prevention, testing, treatment and HIV vaccine research information will be made available. For more information, or to make your agency's advance reservation, call 585.461.3520.

Health Fair at Monroe Community College, Brighton Campus: December 8, 2008 [10am]
AIDS Community Health Center (ACHC) and Monroe Community College will host a World AIDS Day Health Fair at MCC Brighton Campus from 10am-2pm. This special event will raise awareness about HIV/AIDS and will provide information about risk-factors, prevention, early detection, testing and HIV vaccine research. Free confidential rapid HIV testing will be available and a range of collaborative activities will be held throughout the student center during the event. This event is FREE and open to the public. For more information, contact Michelle Karch by phone at 585-244-9000 x459 or by Email: mkarch@achcrochester.org <<mailto:mkarch@achcrochester.org>>

Town Hall Meeting - Local Solutions to Local Problems: December 11, 2008 [10am]
MOCHA Project Inc., in collaboration with the Gay Alliance of Genesee Valley (GAGV), will convene this event to address the local rise in HIV diagnoses this past year. The first session will consist of a panel discussion with medical and allied professionals, a direct service provider, a community agency ally and a consumer. The afternoon session will assemble as working groups to develop solutions based on the panel recommendations. Direct service providers, consumers, community partners and all concerned individuals are welcome. The goal is to create local solutions to local problems. This event begins at 10am and will end at 4pm. This event is FREE and open to the public. Lunch will be provided, however advance registration is required. For more information, and to register, please contact Judith Bauman by phone at: (585) 420-1400, x24 or by Email: jbauman@mochaproject.org.

Conference for Women December 13, 2008 [9am]
Action for a Better Community-Action Front Center's HEART Coalition will host this event at Unity Health-St Mary's Campus, 89 Genesee St., Rochester NY in the East/West Auditorium. This event is FREE and open to the public. However, advance reservations before December 11th are encouraged since Food, Entertainment and Prizes are planned. The conference will begin at 9am and ends at 1:30pm. HIV prevention, testing, treatment and HIV vaccine research information will be available. For more information, call Isabel at 585.262.4330 x3118 or Email: irosa@abcinfo.org before December 11.

NETWORK NEWS

COMMITTEE REPORTS:

- **Consumer Involvement Committee (CIC)** is working on designing a brochure for case managers to give to their clients. Members will be traveling to Geneva in December to attend the PLWH/A support group there. The Network will host the Christmas Lunch and our local members will acquaint them with what CIC does.
- **Care Coordination Committee (CCC)** is working on updating the Resource Directory. Once the information has been gathered a new pocket size directory will be created. CCC has postponed the next Case Conference until the Spring.
- **Policy, Advisory/Education Committee (PAEC)** is researching information on their three priority issues: changes in HIV Testing laws; administration of DHHS benefits; and health care reform in the prison system. Presentations will be made to the General Membership at upcoming meetings.
- **Rays of Hope** held its annual Latino AIDS Awareness Day Health Fair at MCC's Damon City Campus. Eighteen agencies participated and 42 people were tested for HIV.

NOTE: There will be no General Membership meeting in December due to the WAD Luncheon. See you on January 15, 2009.

RURAL TASK FORCE NEWS:

- **Finger Lakes Task Force** is bringing a HIV+ speaker to Geneva High School On November 21. They are expecting 700 students. Baskets of red ribbons with an attached card of HIV/AIDS local statistics will be distributed around the county, to libraries, banks, or organizations the week prior to WAD. They will be made available through December 5.
- **Livingston County Task Force** held a very successful workshop for parents and guardians on October 22. It was titled *A Stranger in Your Home* and dealt with Internet Safety.

NATIONAL NEWS

"High Rate of HIV Cases Is 'Wake-Up Call' for Philadelphia"

New numbers based on 2006 CDC data show an estimated 1,400 Philadelphians are newly infected with HIV each year. Philadelphians are being infected at a rate more than 50 percent higher than New York City residents and five times the national average, according to the data. More than 16,000 city residents already have HIV/AIDS.

Over half of new infections in the city are transmitted through heterosexual contact; a third are the result of men having sex with men; and 13 percent stem from needle sharing, the new federal analysis shows. Cases are strikingly high among African-American men, and rates are rising rapidly among black and Hispanic women.

The overall local picture, say experts, shows a disease that is being spread by people who do not consider themselves to be at high risk and until recently have not been the primary target of prevention efforts.

While needle exchange has helped reduce infection rates among the city's IV drug users, "We don't have that many interventions for other populations," said Kathleen Brady, medical director of the Philadelphia Health Department's AIDS Activities Coordinating Office (AACO).

"We need to ask ourselves, 'Where are these folks [at high risk] and how can we reach them?'" said David Acosta, prevention coordinator for AACO, which funds two dozen local agencies.

Syphilis is exacerbating the situation. The number of black HIV patients co-infected with syphilis is high, said Karam Mounzer, medical director of the Jonathan Lax Center, the city's largest HIV clinic. Syphilis increases the odds of acquiring and transmitting HIV, as well as the speed with which HIV infection progresses. (Source: CDC HIV/Hepatitis/STD/TB Prevention News Update, Tuesday, October 28, 2008).

"Condoms Trump Abstinence in Obama Global AIDS Policy"

The co-chair of Barack Obama's advisory committee for women's health said the president-elect will reverse US family planning and HIV prevention policies that have linked global funding to anti-abortion and abstinence education.

Susan F. Wood, a research professor at George Washington University School of Public Health, said Obama "is committed to looking at all this and changing the policies so that family planning services - both in the US and the developing world - reflect what works, what helps prevent unintended pregnancy, reduce maternal and infant mortality, prevent the spread of disease."

George W. Bush, on his first day as president, reinstated the so-called "Mexico City Policy" barring US assistance to organizations that use funding from any source to provide abortion counseling or referral, lobby for abortion access, or perform abortions except in cases of rape, incest or a threat to the woman's life. Bush also denied more than \$200 million in funding to the UN Population Fund on the grounds it supported coerced abortions in China, a charge UNPF denies.

Under the President's Emergency Program for AIDS Relief (PEPFAR), the United States provided more money to fight AIDS in poor countries during the Bush years than under any previous administration. However, critics say program restrictions on condom education have hurt prevention efforts.

"The US administration has certainly succeeded in demonizing condoms rather than showing that they can be part of prevention of both unplanned pregnancy and [STDs]," said Gill Greer, director general of the International Planned Pregnancy Federation.

But Valerie Huber, executive director of the National Abstinence Education Association, countered that PEPFAR's emphasis on abstinence and fidelity "has been shown to have demonstrable success in Africa." "It would be more than unfortunate if that policy was changed," she said.

Mitchell Warren, executive director of the AIDS Vaccine Advocacy Coalition, called the focus on abstinence "naïve and dangerous." "Everyone pretty much expects we'll see a return to a true science-based response to HIV under Obama," he said. (Source: CDC HIV/Hepatitis/STD/TB Prevention News Update, November 11, 2008).

INTERNATIONAL

Global Financial Crisis Could Harm HIV/AIDS Funding, Piot Says

The current global financial crisis could harm HIV/AIDS funding and increase the factors that make people vulnerable to the disease, UNAIDS Executive Director Peter Piot said during an event at the Center for Strategic and International Studies. According to Piot, as rising food and energy costs drive more people into poverty worldwide, the factors that drive the spread of HIV also could increase. "That must have an impact on the spread of HIV, although it's not so clear," he said, adding that it is certain that low-income countries will be more affected by and vulnerable to the financial crisis when it comes to providing HIV/AIDS treatment. For example, 100% of the cost to provide 50,000 HIV-positive people in Rwanda with antiretroviral drugs at the end of last year was paid by donors -- such as the [Global Fund To Fight AIDS, Tuberculosis and Malaria](#) and the [President's Emergency Plan for AIDS Relief](#) -- according to Piot. He added that Brazil receives no donor funding to provide similar treatment services to its HIV-positive citizens.

Countries likely will not feel the effects of the financial crisis on HIV/AIDS "in the next six or 12 months because of commitments that have been made in better times," Piot said, adding that he wonders if it will be possible to continue enrolling 700,000 to one million people in drug treatment programs over the next few years. "If not, deaths will go up again, deaths from AIDS, no doubt about it," he said, adding, "We estimate that even if (funding) continues at the same level, deaths will go up to about three million per year by 2011."

Piot also praised the Bush administration and Congress for continuing PEPFAR, which he said is an "unprecedented program that has saved millions of lives." Piot added, "It is quite rare in international development that you can count so easily, you can measure, the impact of actions, and yet this has been the case when it comes to what PEPFAR has done, and it's unprecedented in international development."

In addition, Piot commended President Bush and Secretary of State Condoleezza Rice for their comments at the recent White House summit on international development about how the U.S. should not reduce aid. "I hope that the next president will follow along the same lines," Piot said.

Jennifer Kates -- vice president and director of HIV policy at the Kaiser Family Foundation -- said it is difficult to assess how the financial crisis will affect future funding levels. "How the financial crisis plays into that, we still don't know," she said.

Piot will leave his position at UNAIDS at the end of the year to head the new Institute for Global Health at [Imperial College London](#) (Source: [Kaiser HIV/AIDS Daily Report](#), October 29, 2008).

WHO Says HIV/AIDS-Related Deaths Will Peak in Next Five Years, Then Decline

The [World Health Organization](#) in its updated Global Burden of Disease report reduced an earlier forecast of HIV/AIDS mortality rates. According to WHO, the number of HIV/AIDS-related deaths worldwide is expected to peak in the next five years -- from 2.2 million in 2008 to a maximum of 2.4 million in 2012 -- before declining to 1.2 million in 2030.

WHO previously had said HIV/AIDS-related deaths would rise from 2.8 million in 2002 to 6.5 million in 2030, assuming that antiretroviral drugs reached 80% of HIV-positive people worldwide by 2012. Colin Mathers, WHO coordinator for epidemiology and the burden of disease, said, "Deaths (from HIV/AIDS) will continue to increase somewhat for a few years ... by 2030 they would have declined from current levels today". Mathers added that the report "builds in the revisions to HIV mortality and more optimistic projections of HIV deaths that" WHO and other U.N. agencies have "produced, which suggest that the epidemic may have peaked, or will peak in the next five years or so, and then AIDS deaths will start to decline."

The study also predicts that the percentage of deaths worldwide linked to noncommunicable diseases will increase from 60% to 75% by 2030. It adds that this means people will live longer and increasingly die from cancers and heart disease rather than infectious diseases at an earlier age. According to the report, the leading causes of death worldwide are heart disease, stroke, pneumonia, chronic respiratory disease, diarrhea, HIV/AIDS and tuberculosis (Source: [Kaiser HIV/AIDS Daily Report](#), October 29, 2008).

Increasing Number of Countries Criminalizing HIV Transmission

Some health officials are concerned that a growing trend to criminalize the transmission of HIV will undercut gains made in the fight against the virus worldwide. According to a recently released report from the [International Planned Parenthood Federation](#), 33 countries are considering legislation that would prosecute people who transmit the virus, and 58 countries already have similar laws or use existing laws to prosecute HIV transmission. Paul de Lay of [UNAIDS](#) said he is concerned that such laws, if "applied badly," could lead to policies that force people to undergo HIV testing or cause people to hide their HIV status. He added that this could move the epidemic underground, allow the virus to spread undetected and "set us back and do incredible damage."

Seven West African countries have passed such laws since 2005. The West African laws vary in extremity -- just exposing a person to HIV, regardless of if the virus is transmitted, is a crime in Benin, and Tanzanian law carries a possible sentence of life in prison for intentional transmission.

Although some critics argue that laws criminalizing the spread of HIV are necessary for individuals who are "maliciously" spreading the virus that many experts argue those are extreme cases. Osborne said, "The criminal law is a blunt instrument. If you put everyone in prison with HIV, then you think you've controlled it. But you haven't dealt with the issues around the intimate behaviors that spread HIV."

Thirty-two states in the U.S. have laws that make HIV transmission a crime, and experts approximate that thousands of people throughout the country have been charged with spreading the virus. In addition, 16 people in the United Kingdom since 2001 have been prosecuted for HIV transmission, and a Canadian woman in 2005 was charged with criminal negligence and aggravated assault for transmitting HIV to her infant while pregnant. Richard Elliott, executive director of the [Canadian HIV/AIDS Legal Network](#), said criminalizing HIV transmission in wealthy nations like Canada, the United Kingdom and the U.S. "sets a

poor example," allowing other countries to "think this is an appropriate or desirable way to deal with HIV". (Source: [Kaiser HIV/AIDS Daily Report](#), November 13, 2008).

"Gates Foundation Seeks Out Nontypical Research to Fund"

Recently, the Bill & Melinda Gates Foundation announced it is granting 104 researchers in 22 countries \$100,000 each to explore unusual approaches for tackling diseases - including HIV/AIDS and TB - as well as other global health issues. The \$100 million earmarked for the program, called Grand Challenges Explorations, will be distributed over a five-year period. The grantees were selected from 4,000 applicants who completed a two-page Web-based application. The selection committee will review each scientist's project in one year; those that look most promising can apply for \$1 million grants. The foundation expects about six grantees will evidence enough progress to be considered for the larger grants. "We recognize that most of these things are not going to pan out," said Tachi Yamada, president of global health at the foundation. The grants are a small fraction of the approximately \$3 billion the foundation disburses annually from its \$35 billion endowment.

(Source: CDC HIV/Hepatitis/STD/TB Prevention News Update, Monday, October 27, 2008).

Grim HIV/AIDS Figures for Caribbean

Recent figures released as part of the Caribbean Launch of the 2008 UNAIDS Global Report show HIV/AIDS epidemics in the region appear to be stabilizing.

"We have made some headway against HIV in the region," said Dr. Michel de Groulard, acting director of UNAIDS' Caribbean Regional Support Team. "But we still have a long way to go to ensure that our response is as effective as it should be and that our prevention strategies really work and reach those who need them most."

Last year, 230,000-270,000 people were living with HIV/AIDS in the Caribbean, while 20,000-25,000 were newly infected. At the end of 2007, an estimated 30,000 people with the disease were receiving antiretroviral treatment in the region - a 50 percent increase over 2006, when 20,000 were on ARVs.

While AIDS remains one of the leading causes of death among people ages 25-44 in the Caribbean, the "scaling up of [ARV] treatment could be reducing the number of HIV-positive people progressing to AIDS and eventually dying of AIDS-related illness," said UNAIDS. But the agency noted that in many areas, "prevention success has not kept pace with treatment success." "This is especially the case among the most vulnerable populations such as sex workers, men who have sex with men, and crack cocaine users."

Caribbean epidemics occur in the context of high levels of poverty and unemployment, gender and other inequalities, and HIV/AIDS stigma, "all of which can fuel the spread of HIV as well as hinder efforts to control the epidemics," said UNAIDS.

"There is, too, a need for the development of more effective surveillance systems so that the region can truly know its epidemic," UNAIDS said. (Source: CDC HIV/Hepatitis/STD/TB Prevention News Update, November 10, 2008).

NEWS YOU CAN USE

Food Subsidies Available in Rochester

Have you heard of **Angel Food Ministries**? Angel Food Ministries is a non-profit, non-denominational organization dedicated to providing food relief and contributing to benevolent outreaches in communities throughout the United States. By buying food from first rate suppliers at substantial volume discounts, Angel Food Ministries is able to provide families with approximately \$65 worth of quality nutritious food for \$30. Angel Food Ministries does not use out-of-date food or inferior products.

There are no restrictions, conditions or forms to fill out to purchase Angel Food. The food relief program is open to one and all. **Anyone** may purchase an unlimited number of boxes of Angel Food by placing an order with a local Angel Food host site. There are 7 sites in the city of Rochester and one each in Ontario, Scotsville and Webster. For more information Google Angel Food Ministries or ask your case manager.

Help with Heating Bills

If you are having difficulty paying your RGE bill, call them at 1-877-266-3492.

The **Red Cross/RG&E Heating Fund**, administered by the American Red Cross Greater Rochester Chapter, is an emergency energy assistance program which specifically targets those who are not eligible for government assistance programs, such as the Home Energy Assistance Program (HEAP). In response for the need for additional fuel assistance, the fund has now been expanded to offer the Matching Incentive Payment Program (MIPP), which can help clients reduce past due amounts. Through MIPP, RG&E will match payments customers can make towards past due amounts.

For more information on eligibility guidelines, contact your local chapter of the American Red Cross during the cold weather season. In Monroe County, **call 585-241-4474**.

Statehealthfacts.org Adds Updated Data on HIV/AIDS Funding

Updated Data About HIV/AIDS Funding, Statehealthfacts.org: The Web site recently added updated data, collected in partnership with the National Alliance of State and Territorial AIDS Directors, on federal funding streams for HIV/AIDS for fiscal year 2007. The data represent the most up-to-date national and state-level data available on all major federal funding streams for HIV/AIDS in the U.S. The data include funding by state from the Ryan White Program, CDC, the Substance Abuse and Mental Health Services Administration, the Housing Opportunities for Persons With AIDS program and the Office of Minority Health (Source: Kaiser HIV/AIDS Daily Report, November 3, 2008).

"Abstinence-Only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy"

In the United States, the "role that sex education plays in the initiation of sexual activity and risk of teen pregnancy and sexually transmitted disease (STD) is controversial," the authors of the current study explained. "Despite several systematic reviews, few epidemiological evaluations of the effectiveness of these programs on a population level have been conducted."

Among 1,719 never-married heterosexual adolescents ages 15-19 who participated in Cycle 6 (2002) of the National Survey of Family Growth and reported on formal sex education received before their first sexual intercourse, the authors compared the sexual health risks of those who received abstinence-only and comprehensive sex education to those who received no formal sex education. Population-based estimates were generated using weighted multivariate logistic regression.

Adolescents who received comprehensive sex education were significantly less likely to report teen pregnancy compared to those who received no formal sex education. No significant effect of abstinence-only education was observed. Abstinence-only education did not reduce the likelihood of engaging in vaginal intercourse, while comprehensive sex education was marginally associated with a lower likelihood of reporting having engaged in vaginal sex. Neither abstinence-only nor comprehensive sex education significantly reduced the likelihood of reported STD diagnoses.

"Teaching about contraception was not associated with increased risk of adolescent sexual activity or STD," the authors concluded. "Adolescents who received comprehensive sex education had a lower risk of pregnancy than adolescents who received abstinence-only or no sex education." (Source: *Journal of Adolescent Health* Vol. 42; No. 4: P. 344-351 (04..08)::Pamela K. Kohler, RN, MPH; Lisa E. Manhart, PhD; William E. Lafferty, MD).

HIV RESEARCH

Antiretroviral Treatment Should Start Earlier, Study Says

People living with HIV should begin antiretroviral treatments earlier than what current guidelines recommend, according to a large new study presented on Sunday. According to the *AP/Yahoo! News*, current guidelines by the International AIDS Society-USA and the government recommend that patients who are not showing symptoms of the virus delay treatment until their CD4 T-cell counts drop below 350 per milliliter of blood.

Physicians traditionally have delayed antiretroviral treatment for HIV patients to avoid the treatment's side effects, which can include heart and cholesterol problems, diarrhea, nausea and other conditions. Robert Schooley, infectious disease chief at the University of California-San Diego, said, "There was this thinking, maybe the drugs were worse than the disease. If you could wait as long as you possibly could wait, you would have fewer side effects."

The new study, however, shows that a treatment delay can nearly double the risk of death in the next few years. The study's findings were reported at a conference held by the American Society of Microbiology and the Infectious Diseases Society of America. The National Institute of Allergy and Infectious Diseases helped provide funding for the study.

For the study, researchers led by Mari Kitahata of the [University of Washington](#) examined information in the [International Epidemiology Databases to Evaluate AIDS](#), a global network of HIV clinics from 1996 to 2005. Researchers looked at records for 8,374 healthy HIV patients with CD4 counts of 351 to 500 who had never taken highly active antiretroviral treatments. Thirty percent of the patients began antiretroviral treatment, and the remainder delayed treatment until their CD4 counts dropped below 350. The study shows that the patients who delayed treatments were 71% more likely to die during the course of the study period than those who began treatments early.

Schooley, who helped write the current guidelines for AIDS treatments and acts as a consultant for several companies that make antiretroviral drugs, said the new study and others like it "have all shown the same thing -- that we were starting too late" and need to continue treatments when they have been started. "The data are rather compelling that the risk of death appears to be higher if you wait than if you treat," Anthony Fauci, director of NIAID, said. He added that treatment guidelines committees are "certainly going to look hard at these data next time they meet". (Source: [Kaiser HIV/AIDS Daily Report](#), October 27, 2008).

Studies Examine Use of Modified CD4+ T Cells, Vaccine To Fight HIV/AIDS

A new therapy that involves engineering an HIV-positive individual's own immune system to fight the virus more effectively has been developed by researchers at Adaptimmune in Oxford, England. The therapy involves genetically engineering CD4+ T cells, called "assassin" cells by the researchers, which were able to recognize other cells infected with HIV and slow the spread of the virus. If the therapy -- which worked in laboratory tests -- is effective in humans, it could provide a new method of treating HIV. The therapy was detailed in a study published recently in *Nature Medicine*.

Researchers began to pursue a different approach to a traditional HIV vaccine after investigating a patient who had "resisted his HIV infection particularly effectively." Researcher Bent Jakobsen said, "When we tested the T cells from this patient, it looked as if he was responding to a number of those variants that normally escape the immune system." In developing the therapy, the *Guardian* reports that the researchers first isolated the T cell receptor protein, which can recognize HIV antigens, and then improved its ability to recognize HIV further by randomly mutating it. The therapy will involve taking blood samples and adding an engineered virus that contains genes for the improved T cell receptor. A patient's T cells then take up the genes and are thus equipped with the improved receptor. These cells are then injected back in the patient.

James Riley, a University of Pennsylvania researcher involved in the study, said that not only could the engineered T cells see HIV strains that had escaped detection by natural T cells, "but the engineered T cells responded in a much more vigorous fashion so that far fewer T cells were required to control infection." Researcher Andy Sewell of Cardiff University said, "In the face of our engineered assassin cells, the virus will either die or be forced to change its disguises again, weakening itself along the way".

A clinical trial of the therapy will take place next summer among 35 participants at the University of Pennsylvania.

In related news, a second, unrelated report by researchers testing Crucell's experimental HIV/AIDS vaccine that is based on T cells said it was effective among six rhesus monkeys. For the study, published in the journal *Nature*, the monkeys were injected with a lethal dose of SIV, the simian version of HIV.

When injected, they were able to stop replication of the virus and remained healthy for more than 500 days after infection .

According to Dan Barouch of Beth Israel Deaconess Medical Center and Harvard Medical School, the study shows there is still hope for developing an effective HIV/AIDS vaccine. Barouch added, "Despite the disappointing setbacks in HIV-1 vaccine development this past year, our findings suggest that we're not at the end of the road when it comes to T cell vaccines". (Source: [Kaiser HIV/AIDS Daily Report](#), November 11, 2008).

New York Times Examines HIV/AIDS Among Seniors

The *New York Times* recently examined HIV/AIDS among U.S. residents older than age 50. HIV-positive people are living longer as the virus has become more manageable; however, HIV is "more aggressive" in older people because the immune system begins to deteriorate naturally as people age, according to the *Times*.

Twenty-nine percent of people living with AIDS in the U.S. are older than age 50, and the age group accounted for 15% of all new HIV/AIDS diagnoses in 2005, according to [CDC](#). Despite increased HIV prevalence among seniors, CDC recommends routine HIV screening only up to age 64 and does not emphasize HIV testing for people ages 65 and older. In addition, it can be difficult to diagnose and treat HIV effectively among seniors because many conditions that often occur in older people, such as arthritis and dementia, also can be caused by HIV, the *Times* reports.

Myron Gold, an HIV advocate who serves as the vice chair of the New York Association of HIV Over Fifty, said increased HIV prevention and testing efforts focused on seniors are needed. HIV "is not an illness about people in their 20s and teens," Gold said, adding, "This is an illness about every spectrum, from young to old" (Source: [Kaiser HIV/AIDS Daily Report](#), November 12, 2008).

Computer Science Helps AIDS Research

Computer science is giving scientists new ways to look at the virus that causes AIDS (acquired immune deficiency syndrome), perspectives that may help efforts to develop an effective vaccine and other medicines, according to the head of Microsoft's research arm. "It's really focused on new ways of thinking about how to describe and analyze systemic activities within a cell," said Rick Rashid, Microsoft's senior vice president of research, during an interview in Singapore. Computers and software are already in widespread use by AIDS researchers, but computer science is proving useful in other ways, as well. "We've been finding that a lot of underlying computer science theory, especially computer science languages, can actually be used to describe cell processes, and then the mathematics that we use to analyze programs can also be applied to analyze cell activities because there's an underlying mathematical relationship," Rashid said. (Source: [Computer World](#), November 7, 2008).

BROTHER'S KEEPER

Rome Film Festival Premieres Film Inspired by U.N. Millennium Development Goals

A collection of eight short films inspired by the United Nations Millennium Development Goals -- which include targets to reduce the spread of diseases such as HIV/AIDS, tuberculosis and malaria -- premiered at the third annual Rome Film Festival. The film, called "8," contains segments made by eight different directors that focus on themes such as poverty, hunger, child mortality, the environment and education. One of the segments features the life of an African man living with HIV. The segments alternate between "settings of hardship and disease" in developing countries and scenes from wealthy nations to "underscore either the wealth gap or the universality of goals such as gender equality and environmental sustainability"

Wim Wenders, one of the directors, said that the "movie is directed to people, audiences will see it, some of them will engage themselves," adding, "A lot of people who will see the film will understand the urgency of the Millennium Goals, but the solution is only with governments, because they have to act as they promised". Wenders also said that the eight filmmakers hope the film will "incite as many people as possible to act for us and get their governments to honor their commitments." He added, "My fear right

now with the (global) financial crisis is that in the end ... it will make some of the nations be ever less willing to come up with what they've promised. I'm afraid the bill will be paid by the poorest." "8" was shown out of competition at the Rome Film Festival, which took place in the last week of October. (Source: Kaiser HIV/AIDS Daily Report, October 27, 2008).

JOB OPPORTUNITIES

Case Management Technician (Spanish Speaking) at AIDS Rochester, Inc.

Minimum Qualifications

Associates degree in health or human services plus one year of qualifying human services experience including case management or casework with persons who have HIV infection, a history of mental illness, homelessness or chemical dependence, **OR** a High School diploma or GED and two years of qualifying experience. Requires the ability to relate to people of diverse backgrounds, cultures, races, sexual orientations and gender identities or expressions. Ability to speak Spanish required. Computer efficiency is required. Must have a reliable vehicle and meet the agency driving policy requirements for this position, including but not limited to a valid NYS driver's license and proof of required automobile insurance. Must be able to lift, load and unload up to 25lbs.

Responsibilities include but are not limited to:

1. Complete intakes, assessments, reassessments, and service plans.
2. Provide client-centered and comprehensive case management to HIV+ individuals in compliance with agency policies and funder requirements.
3. Identify, arrange, coordinate and advocate for services.
4. Document each client interaction comprehensively and concisely, including updating service plans, goals and reassessments.
5. Escort clients to and from appointments as needed.

Annual Salary: \$25,000. Send Resumes to: Personnel Department, AIDS Rochester, Inc., 1350 University Avenue, Rochester, NY 14607.

Health Promoter for *Promotores de Salud* at Ibero American Action League

Qualifications:

- * Bachelors degree in Social Work or related field.
- * A minimum of 2 years of experience working with the Latino community in health related and human services programs.
- * Bilingual in Spanish and English.
- * Excellent computer, organizational and communication skills.
- * Demonstrated ability to work with other service providers.
- * Able to provide own/client transportation
- * An equivalent combination of education and experience other than specified may be accepted by President & CEO.

Responsibilities include but are not limited to:

- * Establishes and maintains good working relationships with program staff, health care facilities, other Ibero's programs' staff and professionals from other community programs to facilitate and coordinate services for the clients.
- * Identifies Latinos in the community through outreach activities linking them to health insurance and health care services.
- * Refers and monitors clients to services in the community as needed.
- * Makes home visits, provides interpretation and transportation services as needed.

Salary: \$22,142 - \$23,571 Part-Time Position (25 Hours Per Week)

Send Resumes to: Elisa DeJesus, M.S., Vice-Pres. Family Services Division
911 East Min Street, Rochester, NY 14605

Prevention Educator at PRYD

Qualifications: B.A. or Associate degree in Health Science, Communications, Education, Sociology, Social Work or related fields. Must have two or more years of experience in service provision to youth and families, conducting workshops and outreach. A combination of demonstrated HIV/AIDS work experience of one year and a combination of youth development and HIV/AIDS prevention work experience in prevention and education will be a plus. Must be bilingual (English/Spanish) and bicultural.

Responsibilities include but are not limited to:

- Research and develop culturally and age appropriately workshop curricula.
- Organize, schedule, and conduct community workshops.
- Coordinate programmatic activities in conjunction with the Bienestar program.
- Identify “high-risk” clients and refer to appropriate resources.
- Complete required reports for Preveccion program.
- Maintain accurate records of all activities, including demographic information.
- Develop service linkages with other agencies and/or organizations in order to provide outreach and workshops.

Contact Alfredo Gonzalez at agonzalez@pryd.org.

Program Assistant/Parent Liaison at PRYD

Qualifications:

Associates Degree in Human Services, Education or a related field plus a minimum of two years experience in providing direct services to High school youth and their parents/guardians. Fully bi-lingual (English and Spanish) to successfully conduct outreach and for the development of materials presented to program participants. Experienced in coordinating activities, workshops and events.

DUTIES:

- Work closely with LPP Youth Advisors to connect with LPP youth and their parents and to coordinate activities, workshops and events.
- Develop pertinent forms in both Spanish and English for family needs assessments and referrals and linkages to other agencies.
- Arrange and conduct Parent Council meetings on a monthly basis.
- Arrange and conduct Parent as Partners Workshops series on a quarterly basis. Recruitment requirement for each workshop 50 participants.
- Collect and submit comprehensive statistical reports as assigned by LPP Director and Director of Programs to assure success of the program.
- Attend meetings as needed.
- Maintain programs' file.
- Provide support on data collecting and inputting for the program.
- Provide assistance to the Council's groups.
- Perform administrative support for the LPP program.
- Other duties as assigned to insure that programmatic outcomes of the contract are met.
- Must have reliable transportation and a valid NYS driver's license.

Contact Alfredo Gonzalez at agonzalez@pryd.org.

LPP Youth Advisor (Bilingual-English/Spanish) at PRYD

MINIMUM QUALIFICATIONS:

Bachelor's or Associate's Degree in Human Services, Education or a related field plus two years experience in providing direct services to youth, specifically in youth development. Experience with one-on-one and group counseling highly preferred. Experience with workshop development and delivery highly preferred. Computer literate a must.

Responsibilities include but are not limited to:

- Provide one-to-one youth advisement, academic advisement, service brokering and coordination to caseload of seventy LPP participants; keep accurate records of services provided.
- Arrange and conduct after-school, summer and weekend activities for program youth, including study skills workshops and college tours.

- In conjunction with the Program Assistant/Parent Liaison conduct needs assessments of the families of LPP participants; when necessary refer and link parents with services (i.e. GED and ESL classes, job readiness programs, job training and support services, etc.).
- Networking activities to facilitate recruitment of students and coordination of academic services.
- Assist in developing program literature, specifically forms relating to case management and group activities.
- Work closely with Program Asst./Parent Liaison to assure quality of services to program participants.
- Build relationships with participants school teachers, school counselors, school administrator and principal to assure quality of services to participants.

Contact Alfredo Gonzalez at agonzalez@pryd.org.

ANNOUNCEMENTS

The 2009 National Conference on African-Americans and AIDS, to be held February 23-24th 2009 at The Philadelphia Sheraton City Center Hotel, 17th and Race Streets Philadelphia PA.

Online registration at the conference website is available at www.minority-healthcare.com <<http://www.minority-healthcare.com/>> . Limited numbers of partial scholarships are available on a first-come, first-served basis. Please enquire at 443-367-0277.

Support Groups for MSMs (HIV status not asked) are now being held in Geneva, Corning, and Dansville. For more information please contact Chris Morrow at (585) 442-2220 x3063 or email cmorrow@aidsrochester.org.