(continued from page 11)

Under the proposed rule, immigrants with HIV would still be rendered inadmissible and subject to waiver requirements (need for a family member, private health insurance, etc.), HIV+ travelers seeking a waiver would still be limited to visits of 30 days or less.

In addition to upholding and explicating existing provisions of the current regulation, the DHS proposal, released November 5th, introduces some new and troubling criteria. Among the most troubling is the requirement that applicants forgo the opportunity to apply for an extension of their stay, a change in nonimmigrant status, or an adjustment of status to that of permanent resident, as written, this would mean: Travelers would not be permitted to extend their stays in the U.S. beyond 30 days, should the need arise.

Should an applicant have the opportunity to apply for a work visa, they would have to return home to do so and would probably be denied.

Applicants would not be allowed to apply for a green card within the U.S. if entering under this waiver.

The HIV Nondiscrimination in Travel and Immigration Act of 2007

Legislation was introduced in August 2007 by Representative Barbara Lee that would strike the provision of the Immigration and Nationality Act that renders people with HIV inadmissible to the U.S. It would not end the ban, but merely return authority for that determination to HHS. It would, however, mandate an HHS review of all policies regarding the continued listing of HIV/AIDS as grounds for inadmissibility. HHS would then be required to report its findings to Congress and to make them available to the public.

Conclusion

While the Lee bill is a small step in the right direction, ultimately, both of these measures are distractions. Neither the bill nor the proposed rule lifts the HIV ban or provides relief to HIV+ non-green card holding residents or travelers. We must be steadfast in our demand to the administration and to Congress: the policy must be overturned in its entirety.

The HIV entry bar compromises the entire HIV/AIDS progressive movement. First, it immobilizes HIV-positive immigrants who may be afraid (and with good reason) to come forward and be visible community leaders in the fight. Second, it keeps people who should be working together to stem this epidemic apart, unable to convene in too many places where travel bans are in place. Some advocates without permanent resident status cannot leave countries where the ban exists to travel to conferences for fear they will not be able to re-enter. Finally, it keeps alive the age-old myth of the menacing, diseased, “alien.” Despicable as this foreigner-as-contaminant construction is in itself, it also furthers a false sense of protection – HIV is outside, external, and we can keep it that way.

As long as the HIV entry bar stands, very little will change for HIV-positive travelers or immigrants to the U.S. Lifting the bar is just the first step. In the last 10 years, Congress has passed several laws that criminalize HIV+ immigrants and travelers; make it all but impossible for many to access housing or healthcare; and/or limit options for asylum and appeal; The Patriot Act, The Homeland Security Act, The Welfare Reform Act, The Illegal Immigrant Reform and Immigration Responsibility Act – these have all had catastrophic consequences for immigrants with HIV. Ultimately, we’re going to have to beat back each of these assaults if we are serious about protecting and expanding the rights of HIV+ people.

(Gradus Writer: Nancy Ordover, PhD, Assistant Director, Research and Federal Affairs at Gay Men’s Health Crisis)

International Alliance of Patients’ Organizations (IAPO) Seminar on Public Health and Intellectual Property

On November 6, The AIDS Institute was one 33 organizations from 17 countries to attend the International Alliance of Patients’ Organizations (IAPO) Seminar on Public Health and Intellectual Property in Geneva, Switzerland. The seminar was held concurrently with the meeting of the World Health Organization (WHO) Intergovernmental Working Group on Public Health, Innovation and Intellectual Property (IGWG). In 2003, the WHO tasked an independent commission with analyzing the relationship between intellectual property rights, innovation and public health. The WHO Commission on Intellectual Property Rights, Innovation and Public Health (CPHR) published its report in April 2006, raising global awareness of problems around innovation and access to health products, especially in the developing world. The report, the first of its kind, mandated by the WHO, and produced by an independent commission, analyzed the relationships between intellectual property rights, innovation and public health In May 2006, WHO Member States asked WHO to establish an Intergovernmental Working Group on Public Health, Innovation and Intellectual Property (IGWG).

The IGWG is coordinated by the WHO Secretariat for Public Health, Innovation and Intellectual Property based at the WHO headquarters in Geneva. Members of the IGWG include representatives of all WHO Member States (the United States is a member), representatives of recognized expert stakeholder organizations such as Medicins sans Frontieres (MSF) and the Bill and Melinda Gates Foundations, representatives of other UN agencies such as the United Nations Conference on Trade and Development (UNCTAD) and the United Nations Children’s Fund (UNICEF), representatives of international organizations like the African Union and the European Commission, and representatives of civil society organizations with whom the WHO has official relations such as the Global Forum for Health Research and the International Pharmaceutical Manufacturers Association.

The IAPO Seminar began with an overview of Member States IGWG submissions facilitated by Dr. Durhane Wong-Rieger, President and CEO of the Institute for Optimizing Health Outcomes, President of the Canadian Organization for Rare Disorders, and Head of Consumer Advocare Network, a national network to provide a common voice for patient organizations. Two panel debates followed the overview: first, “Intellectual Property, Innovation and Neglected Diseases” which featured Mark Engelman, Head of the Intellectual (continued on page 13)
Property Team at Hardwick’s Chambers Law Firm, London, England, Philip Stevens, Health Program Director, International Policy Network, London, Dr. Victor Nickolson, Managing Director of the Top Institute Pharma, a recently founded public-private partnership in which all Dutch Universities, University Medical Centers and over 30 small, medium and large biopharmaceutical and biomedical companies collaborate in innovative research development, and Antony Taubman, Acting Director and Head of the Global Intellectual Property Issues Division of the World Intellectual Property Organization (WIPO). The second panel debate, “Neglected Patients: Barriers to accessing Healthcare”, which featured Dr. Solomon Nwaka who is a representative from a WHO Member State and member of the IGWG, Mr. Kin-ping Tsang, founder of Retina Hong Kong, a patient self-help organization for people affected by Retinitis Pigmentosa, and Tendayi Westerhof, Executive Director and founder of Public Personalities Against AIDS Trust (PPAAT), an organization actively engaged in addressing HIV/AIDS stigma in Zimbabwe by making use of public personalities through developing programs directed at educating the public on HIV related issues. Mr. Obatunde Oladapo, co-founder of the Positive Life Association of Nigeria (PLAN), was scheduled to participate on this panel, but was unable to obtain a visa to travel. The seminar ended with a workshop, “What Can Patient Groups Do?” It featured a case study of a patient group response to the IGWG presented by Virginia Ladd, President and Executive Director of the American Autoimmune Related Diseases Association.

On Wednesday, November 7, The AIDS Institute also participated in an advocacy day at the Palais des Nations, the headquarters for the World Health Organization. Although the International Alliance of Patients’ Organizations is a member organization of the WHO, IAPO members were prevented from participating in the general assembly discussions (as were every organization that had submitted comments opposing the recommendations of IGWG), but we granted access to public passes to observe the proceedings from the gallery. Seizing the opportunity to engage some of the delegates, copies of The AIDS Institute’s public comments on the IGWG recommendations previously submitted to WHO during the public comment period, were distributed to the Ethiopian delegation and several other individual delegates encountered in passing. The discussions and negotiations between member states bogged down over the language in each paragraph of the draft document and little progress, if any, was made toward adoption of the recommendations during the first two days of the meeting and it was speculated that it would be a protracted process to reach an accord on the proposals.

The AIDS Institute was also a guest at a Biotech briefing entitled, “From Biotechnology Innovation to Global Health Solutions: Solutions for Diseases Affecting Developing Countries” that was held at the Pavilion of the Ecole Hoteliere which also on the Palais. This briefing ran concurrent to the meeting of IGWG and was very well attended by delegates from the member states and global advocates from around the world. The panel included representatives from the Centers for Disease Control and Prevention (CDC) and other international research and development organizations.

As a member of IAPO, The AIDS Institute is connecting with policy advocates from around the globe. Our network of partners is growing and we are gaining name recognition and credibility as an advocate for rational global health policies. (James Sykes)

Uganda: Still a Prime Example?

Over the past 20 years, the HIV prevalence rate in Uganda has decreased from 30% to 4% due to intensive educational programs that implement the “Abstinence, Be Faithful, and Use Condoms” (ABC) strategy. The nation has been a sterling example to other sub-Saharan African countries on how to deal with the epidemic. Unfortunately though, the ABC program is beginning to backfire, and rates are starting to swell once again.

Money given to President Museveni’s government through PEPFAR is usually filtered through faith-based organizations that endorse abstinence-until-marriage, and sometimes even anti-condom tactics. The First Lady, Janet Museveni, is a strong proponent of sending messages to younger generations about abstinence being the only way to prevent HIV infection. She also supports the many billboards displayed throughout the country discouraging condom use.

In 2004 the Ugandan government issued a nationwide recall of condoms that were being distributed free of charge in health clinics, because they were allegedly low-quality. It was later found that there was in fact nothing wrong with the condoms, yet millions of them were destroyed and discarded anyway.

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South Africa is enriched with many fascinating experiences, many world-renowned people, and many amazing places. It is the only place in the world to house two Nobel Peace Prize winners on the same street. The only nation in the world with three capital cities: Cape Town, the largest of the three, is the legislative capital; Pretoria is the administrative capital; and Bloemfontein is the judicial capital; and the only place on this earth where you can look out of God's Window.

The most outstanding things about South African culture is that it is not one single culture, but rather a range of different cultures representing every level of a very stratified community. Hybrid mixtures of these different cultures also exist, making South Africa one of the most culturally diverse countries in the world. South Africa is often called the "Rainbow Nation" as a metaphor to describe the country's newly developing multicultural diversity.

One could say that South Africa is a study in contrast. The country's socially progressive policies are rare in Africa, as it will legalize same-sex marriage by the years end and for a country that speaks openly about problems of war, genocide, famine, political corruption and HIV/AIDS, South Africa has the largest economy in Africa, and the 24th largest in the world, which in turn makes it the most socially, economically and infrastructurally developed country on the continent.

My journey throughout South Africa made for an unforgettable experience and what I discovered was an Africa that looked like me. (Ivy Turnbull, Board Member)

The Africa I Thought I Knew

Whenever I thought about Africa I thought about, the horrors of the slave trade, the brutality of apartheid, the first reported cases of HIV/AIDS back in 1984 and the estimated 25 million Africans infected with the HIV virus today. The ongoing problems of war, genocide, famine, political corruption and the HIV/AIDS epidemic made it difficult for me to understand why the continent is so important to the world and why I should care about what happens to its people.

The only way to answer this question was to embark on a journey to the motherland. Along with several colleagues, (and my sister), I set out to discover an Africa that I thought I knew.

My journey took me throughout the country of South Africa and its cities of Johannesburg, Pretoria, the suburb of Atteridgeville (Jazz City), Soweto, Kruger National Park, Graskop, Durban, Cape Town, and Zambia, where the greeting of “welcome home my sister” still echoes in my ear.

Here I found a breathtakingly beautiful country where 11 languages are recognized as official, where community leaders include rabbis and chieftains, rugby players and returned exiles, where traditional healers ply their trade around the corner from stockbrokers and where housing ranges from mud huts to palatial homes with swimming pools.

For more information about The AIDS Institute's Global Program Please contact James Sykes, Global Program Coordinator at jsykes@theaidsinstitute.org or 202.835.8373
The WIN Project Update

The WIN Project conducted several events recently. On November 2, 2007, the 2nd HIV/AIDS Women’s Health Summit was held in Orlando, Florida at the Winnie Palmer Hospital for Women and Babies. There were 27 people in attendance and the target audience was healthcare providers, specifically physicians and nurses treating women with HIV/AIDS. The purpose of the training was to examine the healthcare needs of women with the disease, treatment adherence, review the DHHS guidelines and identify specific needs of women and pregnancy. Additional Health Summits will be conducted in Alabama and replicated in other areas as requested. For more information, contact Michelle Scavnicky at MScavnicky@theaidsinstitute.org.

On November 10, 2007, The WIN Project conducted a workshop panel presentation during the United States Conference on AIDS held in Palm Springs, California. The purpose of the workshop was to provide an overview of the work of the WIN Project as well as highlight the ongoing work of the WIN Partner Network organizations relative to addressing the unique needs of women and HIV/AIDS. The participants engaged in didactic discussion around the importance of addressing the specific needs of women with HIV/AIDS and utilizing partner or collaborative networks to enhance their efforts.

For more information on the WIN Project, contact Michelle Scavnicky at MScavnicky@theaidsinstitute.org or Suzanne Miller at SMiller@theaidsinstitute.org.

You Are Invited

The AIDS Institute’s Women Informing Now! (WIN) Project presents:

Women’s HIV and Health Policy Forum
December 14, 2007
Rayburn House Office Building, Room 2168
Washington, DC

For more information or to RSVP, contact: WIN@theaidsinstitute.org
HIV Prevention In The United States: Is 2008 A Cause For Hope, Or A Cause For Alarm?

Shhhhhhhhh. In contrast to the earlier days of the HIV epidemic in the US when every meeting, every conversation, every Op-Ed was loud, loud, loud, so many of our conversations about domestic HIV issues are merely whispers in 2007. Recently, there has been much whispering about whether Presidential candidates might listen to evidence-based HIV/AIDS policy suggestions if such recommendations were stippled to the right persons in the various campaigns. Clearly some campaigns have their ears perked up; at least major two candidates have now issued refreshingly bold, evidence-based HIV/AIDS campaign platforms. Oddly, several other candidates (in both parties) are almost silent on one of the defining issues of our time; indeed, it is hard to discuss social injustice in the United States without discussing HIV/AIDS and it is hard to conceive of someone being the President without an ability to confront social injustice in the nation. As I find this hear silence both deafening and troubling, I hope you will include me in the following exercise. Below is a description of what I would hope to see at a minimum in all campaign platforms regarding HIV prevention in the US (as HIV prevention is inextricably linked with HIV treatment and housing, I will briefly touch on those topics as well).

It is time to once again in this epidemic to turn up the volume.

Platform Point 1: The Epidemic is Still a Crisis in the US: There is a new HIV infection roughly every 13 minutes and a death due to AIDS roughly every 1½ hour in the U.S. Of the 1 to 1.2 million persons living with HIV in this country, about ¼ do not know it – and if you don’t know you are infected, you can not even begin to attempt to access lifesaving treatment. But even if you do know you are living with HIV, there is no guarantee of treatment; only about ½ of the people who need highly active antiretroviral therapy get it in the U.S. There are also devastating racial/ethnic disparities in the epidemic. African Americans are hit with over ½ of the new HIV infections in the US, but account for only 13% of the population.

Platform Point 2: A Comprehensive HIV/AIDS Plan is Urgently Needed: Despite a call by the United Nations for all countries to have one comprehensive, strategic AIDS plan, amazingly we find ourselves with no one in the U.S. The next President should direct the Secretary of Health and Human Services and the Secretary of Housing and Urban Development to jointly develop one coordinated HIV/AIDS plan covering all agencies under their supervision. This plan would be developed in partnership with key non-federal stakeholders with HIV/AIDS expertise and experience, and would describe how HIV prevention, care, treatment and housing should be coordinated in the U.S. This evidence-based plan must provide pathways to the goals of substantially lowered HIV infections in the US, increased access to high quality care and treatment for all persons living with HIV, increased homelessness among persons living with HIV, and decreased health disparities. In particular, this plan must identify effective strategies to lessen the devastations impact of HIV/AIDS in African American communities. This plan would supersede CDC’s interim plan calls for “at least” a 10% reduction in HIV by 2010, “at least” a 10% decrease in the number of persons at risk for acquiring or transmitting HIV over the same time frame, an increase from 75% to 80% in the proportion of persons living with HIV who are aware of their serostatus, and an increase from 50% to 65% of the persons newly diagnosed with HIV who are linked to appropriate care. These goals do not reach nearly far enough to effect the dramatic changes needed in the HIV epidemic in the US. CDC asserts that these interim milestones are “realistic” in a time of increased challenges and limited resources. I would assert, however, that the national plan should tell us what is necessary for the protection of the public health (and identify the resources needed to get there) ... not what is doable given the status quo.

Platform Point 3: Appropriate Investment is Vital: We must ensure adequate funding to address HIV prevention, treatment and housing in the US. Congressional appropriations for HIV prevention have gone down each year since FY2002 (when adjusted for inflation), this is crucial because it has been shown that since the mid-1980s, HIV prevention funding levels predict HIV incidence in the future. Not everyone in need of HIV treatment receives it in the US, and people have died on AIDS drug waiting lists in this nation just last year. Even funding for the very important Minority AIDS Initiative has stalled. Funding for this initiative was started by Congress in FY1999 to address the crisis that is HIV/AIDS in the African American community; however, it has been flat-funded since FY2002 (when adjusted for inflation). As a mere starting point to addressing these unmet needs, we must immediately bring HIV prevention and Minority AIDS Initiative funding back to FY2002 levels (adjusted for inflation). Furthermore, we must endeavor to fully address unmet HIV/AIDS prevention and housing needs. Further, we must endeavor to adopt the recommendations of the IOM panel on public financing of HIV care which suggested a federal entitlement program for persons living with HIV below 250% of the federal poverty level and a sliding scale buy-in provisions for those above this level. (Disclaimer: I served on this IOM panel on HIV care.)

Platform Point 4: Accountability is Essential: In return for adequate investment to achieve necessary HIV/AIDS goals, it is fair and appropriate for the next President to require accountability from Federally-funded HIV prevention, treatment and housing programs. One possible strategy for doing so would be to ask a revitalized Presidential Advisory Commission on HIV/AIDS to carefully develop and publish an annual report card on HIV/AIDS in the U.S. The Commission could annually report on the relevant goals from the comprehensive national plan, the investment in programs to meet the goals, the programs selected by federal agencies for implementation, and data on the level of effectiveness of these programs. Further, the Commission (based on the data and with extensive input from prevention partners in federal agencies, health departments, community-based organizations and clients) should provide annual suggestions for mid-course corrections.

Platform Point 5: No Rest Until Goals Are Obtained: The goal is to have made real, demonstrable, substantial changes in the HIV/AIDS epidemic in the US by the end of the next President’s first term in office. The next President should be prepared to lead the efforts in fighting the domestic HIV/AIDS epidemic by using science, community input, measurement of achievement, and corrections as needed to ensure success... and that probably means turning up the volume.
National Organizations Coordinate Efforts To Renew Attention To HIV/AIDS Issues

The leaders of national HIV/AIDS organizations are coordinating efforts to focus renewed attention to HIV/AIDS issues in the United States. They have contacted the presidential candidates of both parties regarding important issues related to the AIDS epidemic in America that they would like to discuss with the candidates, and supplied a statement that they collectively developed to all presidential campaigns. Together, as leaders of national AIDS organizations, they advocate on behalf of people living with HIV/AIDS, their families and caregivers and their providers of medical care, social services, housing, nutrition, and support services. They also advocate for advances in research and prevention.

According to the statement, "One of our overarching concerns is the lack of emphasis on domestic HIV/AIDS in the media, among elected officials, and the general public in recent years. While we value the emphasis on our nation’s contributions toward addressing HIV/AIDS in the developing world, we also believe that a focus on the domestic epidemic is critical. Without such a focus, we will not effectively address the epidemic’s prevention, healthcare access, and research issues in our own nation. We want to work with all presidential campaigns to raise awareness about the domestic epidemic, provide information and data, and discuss how HIV/AIDS will be addressed in healthcare reform proposals." The statement of key HIV/AIDS issues is attached, along with a media contact from each national HIV organization involved in this effort.

The organizations participating in this effort are:
- AIDS Action
- AIDS Alliance for Children, Youth & Families
- The AIDS Institute
- American Academy of HIV Medicine
- amfAR, the Foundation for AIDS Research
- Association of Nutrition Services Agencies
- CAEAR Coalition
- HIV Medicine Association
- National Alliance of State and Territorial AIDS Directors
- National Association of People with AIDS
- National Minority AIDS Council
- National AIDS Housing Coalition
- Sexuality Information & Education Council of the United States
- Title II Community AIDS National Network

Marylin Merida has been active in the fight against HIV/AIDS for almost 20 years. Since 1992, Marylin has been the Program Planner/Analyst for the Florida Family AIDS Network (FAN) at the University of South Florida. FAN is a Title IV/Part D funded program. There, she is responsible for developing, expanding, and implementing a successful community-based Ryan White HIV/AIDS program model. Function as the liaison between the Principal Investigators, Executive Committee, Community Advisory Board and staff of a $1.285 million dollar federal grant. Cultivate and expand new collaborative relationships with community-based agencies to enhance a coordinated system of care for a three-county area. Conduct on-site monitoring of subcontract agencies’ progress toward achieving program goals and objectives and submit written recommendations to senior administrators and subcontract agencies based on programmatic findings. Establish and maintain communication linkages among various collaborating agencies and programs. Assist in grant preparation, writing and implementation of recommendations from program evaluation.

Over the years Marylin has been a local, state, federal and global HIV/AIDS and Health advocate in numerous forums and settings. Her extensive experience is far too vast to list here. Some of the highlights of Marylin’s impressive work includes: Experienced peer grant reviewer, evaluator and grant writer. Authored and co-authored abstracts. Presenter at local, regional and national conferences. Organized regional conference for Women’s Symposium. Serve as an expert advisor and advocate to enhance services for women, infants, children, youth and families.

Marylin’s national board memberships include: President, The AIDS Institute since 2002; Vice President, AIDS Alliance, Washington, D.C., Advisory Board Member, Children Affected By AIDS Foundation, Los Angeles, CA since 2000; Board Member, Caring for Haitian Orphans with AIDS, Inc. (CHOAIDS); Member, Ryan White Care Council, 1999-2003. Co-chair, Ryan White, Women, Infants, Children, Youth and Family (WICYF) Committee since 2006.
**INDIANA**

**A Serious Statistic: One In Three People With HIV Don't Know They Are Infected**

Most people diagnosed with HIV are caught completely off-guard. The Centers for Disease Control and Prevention estimates one in three people with HIV don't know they are infected. The reason -- a lack of regular testing for the disease. So now the CDC is trying to change that by recommending regular screening in all patients ages 13 to 64.

"We're seeing a trend of people not knowing their status. And what the CDC wants to do is prevent that from happening entirely," said Erika Chapman, HIV prevention program director 2 with the Indiana State Department of Health. HIV, or human immunodeficiency virus, is transmitted through bodily fluids. It's estimated to infect more than 1 million people in the United States and can lead to acquired immunodeficiency syndrome, or AIDS.

Indiana's state health department is launching a pilot program to standardize HIV testing in Indianapolis in that city's hospital emergency departments, unless patients specifically opt-out of the test. The hope is that if more people are tested, more will be treated and fewer new infections will arise. The feasibility of the emergency department testing program is still being studied, Chapman said, but similar programs have been implemented successfully in larger cities such as Chicago and Los Angeles. There are concerns over who would cover the cost of the testing, but Chapman said "there are so many benefits (to early detection) you can't measure in dollars and cents."

At bulk rates, testing kits could be purchased for between $10 and $15 each, she added. In Lafayette, Planned Parenthood of Indiana offers anonymous and confidential testing. It can be done through a blood draw or oral swab, which return results in about two weeks, or through a rapid-response oral swab, which gives results in 20 minutes. Monique Clesi, HIV program coordinator and disease intervention specialist, said the Lafayette facility tests between 500 and 600 people for HIV annually. The clinic also partners with Purdue University to do testing on campus.

"Testing is important," Clesi said. And while there's no cure, "with early detection, people are living with HIV for a long time. It's not a death sentence anymore."

**OHIO**

**Don't Ignore HIV Prevention**

WHEN Lucas County registers record high teen births, a rate of sexually transmitted diseases roughly double the overall state figure, and the highest HIV-AIDS infection rate in Ohio among people in their 20's, the need for education and preventative measures to reduce risky sexual behavior is evident.

So the question becomes, why is Ohio one of only two states in the union willing to pass up federal funding for programs to prevent HIV infections in young people. In this case, the reason has more to do with political pandering than public health. Ohio education officials formerly received HIV grants offered by the U.S. Centers for Disease Control and Prevention. But the state turned down the money beginning in 2000 after legislators balked at some of the CDC's sample teaching plans, which were submitted to states for consideration but were not required.

The politicians, we're told, objected to what they viewed as "explicit language" and the promotion of condom use in the CDC teacher-training guides. Their objections led to Ohio dropping out of the program altogether.

Interestingly, about the same time the state decided not to pursue the grant, the Republican-controlled legislature approved a law requiring sex education curricula to emphasize that abstinence is the only 100 percent effective protection against sexually transmitted diseases. And between then and now the number of new HIV-AIDS cases diagnosed in Ohio has grown steadily, suggesting serious problems with that approach. State education officials are expected to let another Nov. 21 deadline expire for what would be $1.25 million over five years, saying they don't have a program ready to spend the money and, besides, the legislature would have to approve any changes anyway. Wait, scratch the last part.

The explanations sound like excuses at the expense of those Ohioans who are particularly vulnerable to becoming new HIV-AIDS statistics. Blue-nosed legislators notwithstanding, Ohio should not lose out by default - again - on money that might help prevent what is among the most serious public-health threats known to mankind. The state should reconsider and go for the grant.

(Toledo Blade., Reprinted with permission of The Blade, Nov. 5, 2007)
Colorado State Researchers Work With Native American Communities to Provide HIV/AIDS Prevention and Services

FORT COLLINS - In an effort to decrease the proportion of HIV-infected people in Native American communities and prevent the spread of the disease, Colorado State University researchers are working with Native communities to initiate HIV/AIDS prevention programs and encourage HIV testing in Native communities throughout the country.

Advancing HIV/AIDS Prevention in Native Communities is a five-year project in which Colorado State researchers work collaboratively with Native communities to mobilize their efforts to improve access to HIV/AIDS services, including prevention, intervention and the promotion of early detection and testing.

"The rates of poverty, lack of higher education, diseases, causes of death, insufficient funding and denial by tribal leaders of the impact of HIV/AIDS in their communities are all contributing factors to an increased risk for HIV/AIDS in Native communities," said Pamela Jumper Thurman, project director and Colorado State senior research scientist with the Center for Applied Studies in American Ethnicity, or CASAE.

According to a report by the Centers for Disease Control and Prevention, the number of HIV and AIDS diagnoses for American Indians and Alaska Natives represent less than 1 percent of the total number of HIV/AIDS cases reported in the United States, but when population size is taken into account, American Indians and Alaska Natives in 2005 ranked third in rates of HIV/AIDS diagnosis after African Americans and Hispanics.

This project will assess readiness levels of each community requesting services and then will assist them in the development of an action plan consistent with those readiness levels. The program is constructed around the culture of the Native people as the basic foundation of the action plan.

In the past four years, this project has served about 50 Native communities and provided presentations and workshops at nearly 60 HIV/AIDS-focused events.

"The program uses the Community Readiness Model to help Native communities to develop prevention and testing strategies that are consistent with the culture and resources of the community," Jumper Thurman said.

This program is projected to be completed in March 2009; however, Jumper Thurman is planning to continue the project for an additional five years.

CASAE's researchers received an award from First Nations Behavioral Health Association honoring the work done by the CASAE team and the Community Readiness Model, developed by CASAE and Tri-Ethnic Center researchers, as one of the 10 best "most promising" programs for Native people nationally.

(Associated Press)

Commissioner: HIV Inmates To Get More Contact With Other Inmates

MONTGOMERY — HIV-positive inmates who are segregated in units at two prisons are being allowed more contact with the general inmate population under policy changes, Corrections Commissioner Richard Allen announced Wednesday.

But the unit for men at Limestone prison near Capshaw and for women at Tutwiler prison near Wetumpka will remain segregated for "safety and prevention purposes," Allen said.

Under the changes, the inmates with the virus that causes AIDS will be allowed to visit with family members and attend religious services along with non-HIV inmates. Women in the HIV unit at Tutwiler also will be able to eat meals with other inmates, but those in the unit at Limestone won't because of space limitations, Allen said.

He said the changes came after Rep. Laura Hall, D-Huntsville, and Sen. Hank Sanders, D-Selma, wrote him in September asking that he consider desegregation. Limestone's warden polled inmates to get their views and they "overwhelmingly voted they'd like to see this," Allen said.

"People were deathly afraid of people with AIDS when this disease was new and not understood," he said. "We've just learned a lot and it was the right thing to do at this time." Allen said he's proud the system's in-prison transmission rate is almost zero and that most inmates are in better health upon release than when they were first incarcerated.

The state improved its medical treatment of inmates in the HIV unit at Limestone under a 2004 settlement of a lawsuit that said health care was so substandard it contributed to early deaths. Also, the state has worked to make improvements at Tutwiler after a lawsuit from the Southern Center for Human Rights, which continues to fight for better conditions at the 65-year-old prison. Mica Doctoroff, an advocate with the Alabama Women's Resource Network said Wednesday's announcement along with all female inmates recently being brought back from out of state facilities are positive signs.

"This is getting closer to Alabama not being in the higher echelons of the worst," she said. "Everybody needs to work to get closer to where we measure success by how few women we lock up." Alabama's prison system has been one of the most restrictive in its segregation of HIV-positive inmates, but it has relaxed its policies in recent years, allowing the inmates to participate in trade school and adult education classes with the general population. Dana Harley, a Tutwiler inmate with HIV who began serving a sentence for theft and forgery in June 2002, welcomed the policy changes, particularly the ability to see her son without the stigma of segregation. "I look forward to visiting with all the other mothers and children in the AIM (Aid to Inmate Mother's) program," she said in the prison system news release. "I have a 7-year-old, and he's had questions as to why he had to visit in another room, away from the other children."

(Associated Press)
Federal and local officials are investigating whether four Chicago patients who contracted HIV from organ transplants could have passed on the disease during the months when they were unaware of their infections, health officials said Tuesday.

The four patients contracted HIV and hepatitis C from an infected donor in January and did not know of the potential risk to their partners and close contacts until they tested positive for the diseases in the last two weeks. The infected donor had not tested positive for the diseases, likely because the infections were too recent to register on screening tests, officials believe.

Although investigators have established that no one else got contaminated organs or tissue from the donor, it's too soon to say whether the organ recipients passed on the infections to anyone else, Kuehnert said.

"That's part of the public health investigation," Kuehnert said. "It's something that we're concerned about and we're asking questions about through the [Chicago] Health Department." A spokesman with the city’s Department of Public Health said the investigation is ongoing, and there is no evidence to suggest that the organ recipients have spread the disease.

The organ donor had engaged in high-risk behavior, officials said, meaning that the transplant recipients should have been tested for HIV three months after their operations, even though the donor's initial HIV test was negative. That three of Chicago’s biggest hospitals failed to follow the CDC testing recommendations after the transplants may suggest that few institutions took the risk of transmission seriously enough before now, Kuehnert said.

"It's hard to know how often recipients who get organs from high-risk donors are tested," Kuehnert said. "I don't see a downside to testing." The cases have reopened the issue of how to protect organ recipients from disease while ensuring that they get needed transplants, federal officials said. Many experts believe the infections show that organ programs should follow the lead of blood and tissue banks, which employ more extensive screening procedures that have less chance of giving inaccurate results.

Most organ banks use tests that detect antibodies for HIV and hepatitis, which can take anywhere from three weeks to several months to show up on a test after an individual has been infected. But blood and tissue banks use those tests as well as a test called NAAT, which detects a virus' genetic material directly.

Such genetic tests can accurately find a virus much closer to the time of infection. Yet applying such techniques to organ donation may be difficult. For example, blood banks typically take a day or two to process blood donations through a full battery of tests for diseases, said Dr. Ram Kakaliya, medical director for the Glenview-based LifeSource blood center. Because blood and tissue can be stored, the banks can wait while large batches are sent out for testing.

In contrast, organs can be stored only for a short time -- as little as four hours in the case of hearts and lungs, experts said. That makes it more difficult to test the organs in large batches, said Dr. James Burdick, head of the division of transplantation at the federal Health Resources and Services Administration, which oversees the national organ donation system. Burdick said he would like to see organ procurement programs adopt the genetic testing methods over time. "I predict it will happen. We're just not there today," Burdick said. "I hope it won't be too long ... maybe a year or two." Yet Burdick also said, "In the big picture the risk of obtaining a disease is a very small part of the picture for someone who needs an organ. The chances of acquiring HIV from a donor are vanishingly small, and this one case doesn't prove differently."

The CDC believes that the Chicago infections are the first instances of HIV transmission via infected organs since a North Carolina case in 1986. (Officials with the United Network for Organ Sharing had said Monday that the last case was in 1985, but on Tuesday a spokesman for the group said the CDC date is correct.) (Jeremy Manier www.chicagotribune.com)
The AIDS Institute at the United States Conference on AIDS 2007

The AIDS Institute was proud to be one of NMAC’s Partners at the United States Conference on AIDS 2007 in Palm Springs California. While there we hosted five events in addition to partnering to present several others.

Perhaps one of the most exciting nights at USCA for us was the night that Marie Kirk, member of The AIDS Institute’s Board of Directors, was awarded the Marty Prairie Award. The honor was awarded by the National Native American AIDS Prevention Center (NNAAPC) to Marie “in recognition of her outstanding voice, action, and leadership in advocating for the prevention and care of HIV/AIDS in the Native Community,” said NNAAPC Executive Director, Warren Jimenez.

On Wednesday, we hosted an all day institute entitled “The AIDS Institute – HIV Testing & Counseling: Doing it Right at Home and Abroad.” There we outlined what testing programs in the US, and those administered by PEPFAR, currently look like and how they are administered. Drs. Bernice Branson and Michelle Rose of the CDC joined the conversation in order to provide the epidemiological perspective behind the rationale for CDC revised recommendation for routine opt-out HIV testing for persons from ages 13-64. In the afternoon, the robust crowd heard about some of the latest research surrounding testing in addition to a stakeholder’s perspective. Closing the panel, Dr. Ross rejoined the panel for a discussion of testing within the African American Community.

The next day, we convened a seminar called, The Ryan White Modernization Act – Implementation, Impact & Beyond. This discussion was perhaps one of the most well attended sessions at USCA this year. The panel consisted of Carl Schmid of The AIDS Institute, Bill McColl of AIDS Action, Matt Hamilton of the L.A. Gay & Lesbian Center, Kathie Heirs of AIDS Alabama, and Christine Campbell of Housing Works. Heirs comments were unique in as much as she put a face to the HIV/AIDS challenges in the Southeast that required some of the changes to Ryan White under the 2006 modernization act. Campbell too was unique as Housing Works is preparing for the next reauthorization process by assembling a sort of grassroots network to talk to Congress.

The much anticipated Workshop that The AIDS Institute planned on hosting, Future of HIV Prevention in the United States, with Dr. Kevin Fenton of the CDC and Dr. David Holgrave of Johns Hopkins Bloomberg School of Public Health was canceled as Dr. Holgrave fell ill and was unable to attend USCA.

Thursday evening The AIDS Institute was fortunate enough to host a USCA Special Event: The Two Way Street of State Advocacy. There national and state advocates engaged in an in-depth discussion of how we can best improve communication among HIV/AIDS activists and advocates within the USA. The discussion endured beyond the allotted one hour time slot, and we went home only once threatened to be the locked into the convention center. Needless to say, the conversation endures even still. One of The AIDS Institute’s goals behind the discussion to work towards empowering local advocates both at the local and national levels.

Saturday morning, The AIDS Institute hosted its last workshop, The AIDS Institute Women Informing Now Project! There, we explained the policy objectives behind this one of a kind cross-agency partnership in addition to the research being conducted to support those objectives. WIN partners, amfAR, the Foundation for AIDS Research and the National Alliance of State and Territorial AIDS Directors, also presented on their current activities to advance the cause for responsible HIV/AIDS policies that respect the unique needs of women. (Jason Kennedy)

WEBSITE OF THE MONTH

Caucus for Evidence-Based Prevention

In an effort to advance comprehensive HIV prevention strategies and programming that reflect scientific consensus rather than ideological or political positions, amfAR has teamed with Population Action International (PAI), and the Sexuality Information and Education Council of the United States (SIECUS) to convene the Caucus for Evidence-Based Prevention.

The purpose of the Caucus is to promote HIV prevention efforts supported by sound science and to alert the policy and advocacy community when ideology, prejudice, or opinion interfere with evidence-based prevention approaches to reducing the spread of HIV/AIDS. Begun as a collaboration among amfAR, PAI, and SIECUS, the Caucus grew to include 58 NGOs by the end of the XVI International AIDS Conference in Toronto in August, including The AIDS Institute. While many Caucus member organizations are focused on HIV/AIDS services, science, and policy, the Caucus also includes secular and faith-based organizations whose missions range in scope from reproductive health and family planning to human rights to global development and humanitarian relief.

As organizers of the Caucus, amfAR, PAI, and SIECUS provided a space for members to convene, share information, and strategize throughout the conference. As a precursor to the International AIDS Conference and to mobilize Caucus members around the meaning of "scientific evidence", Monica Ruiz Ph.D., M.P.H. and Judy Auerbach, Ph.D., both of amfAR, wrote "What is the ‘Evidence’ in Evidence-Based HIV Prevention?"

To read the daily newsletters, join the discussion and see the articles about evidence, go to the blog link below.

http://community.icontact.com/p/caucus_hiv_prevention
You Are Invited

What:
The AIDS Institute’s
2007 Annual Awards Reception, honoring:

National HIV/AIDS Care and Treatment Award
- Eliot Engel, United States House of Representatives
- Ileana Ros-Lehtinen, United States House of Representatives

National Hepatitis Advocacy Award
- Michael Honda, United States House of Representatives

National HIV Prevention Award
- Maxine Waters, United States House of Representatives

Human Rights Award
- Lisa Murkowski, United States Senate

Global Health Award
- Richard Durbin, United States Senate

National Community Leadership Award
- Mitchell Warren, AIDS Vaccine Advocacy Coalition

PETERA Local Impact Award
- Noel Twilbeck, Jr., NO/AIDS Task Force

When:
Wednesday, December 12, 2007
5:30pm - 7:30pm
Horsd’oeuvres and Cash Bar

Where:
Holiday Inn Capitol
550 C Street S.W.
Washington, DC 20024
Room: Discovery I

RSVP:
RSVP@theaidsinstitute.org

1705 DeSales Street NW, Washington, DC 20036
202.835.8373 P / 202.835.8368 F
www.theaidsinstitute.org
YOU ARE INVITED

The AIDS Institute’s
Women Informing Now! (WIN) Project presents:

WOMEN’S HIV AND HEALTH POLICY FORUM
December 14, 2007
Rayburn House Office Building, Room 2168 Washington, DC
9:00 am – 4:00 pm

AGENDA

9:00am: Continental Breakfast

Moderators: Michelle Scavnicky and Suzanne Miller,
WIN (Women Informing Now!) Project, The AIDS Institute

9:30am – 10:00am: Welcome
Marylin Merida, President, Board of Directors, The AIDS Institute
Dr. Gene Copello, Executive Director, The AIDS Institute

10:00am – 11:45am: Research Panel
Dr. Susan G. Sherman, Associate Professor, Johns Hopkins Bloomberg School of Public Health
Dr. Amy R. Knowlton, Associate Scientist, Department of Health, Behavior & Society,
Johns Hopkins Bloomberg School of Public Health

11:45am – 12:00pm: Break

12:00pm – 1:15pm: Luncheon Program - GRACE (Gender, Race And Clinical Experience) Study Presentation
Dr. Debbie Hagins, Clinical Director of Outpatient Services,
Chatham County Health Department, Savannah, GA

1:15pm – 2:15pm: International Panel
Jamila Taylor, Legislative and Policy Analyst, Center for Health and Gender Equity (CHANGE)
Jacqueline Patterson, Women’s Rights Policy Analyst, ActionAID International USA

2:15pm – 2:30pm: Break

2:30pm – 3:45pm: Domestic Panel
Nancy Bernstine, Executive Director, National AIDS Housing Coalition
Monica Ruiz, Acting Director of Public Policy, amfAR, The Foundation for AIDS Research
Kellye McKenzie, Manager, Racial and Ethnic Health Disparities,
National Alliance of State and Territorial AIDS Directors (NASTAD)

3:45pm – 4:00: Closing Remarks
Jeanne White-Ginder, Mother of Ryan White
and Board Member, The AIDS Institute

RSVP and Information to: WIN@theaidsinstitute.org
Wishing you peace, hope, joy and a cure — all the greatest gifts of the season.

From the board, staff and volunteers of THE AIDS INSTITUTE

1705 DeSales Street NW
Washington, DC 20036

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