

# PWA Advisory Group Newsletter

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## DETROIT HIV TOWN HALL MEETING HELD TO ACCESS PUBLIC OFFICIALS

A HIV Town Hall meeting August 2 in Detroit allowed people living with HIV and AIDS an opportunity to meet and discuss concerns with people who can make a difference in HIV/ AIDS program development and funding.

Attending the event were representatives of federal, state and regional government. U.S. Rep. John Conyers, of Michigan’s 14th Congressional District in which this Town Hall meeting was held, said citizens need to become educated about the political process and to work with elected officials, explaining the special needs of HIV-positive people.

Congressman Conyers strongly encouraged HIV/ AIDS community members to hold similar meetings in other Michigan congressional districts so fellow lawmakers will become better educated about critical problems faced by HIV-positive persons.

“There are people who don’t care about this epidemic,” Rep. Conyers said. “Unless you are holding someone accountable, nothing is going to change.”

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## PWA ADVOCATES CALL FOR MORE FEDERAL FUNDING TO PROTECT THREATENED HIV/ AIDS PROGRAMS

The need for HIV service and prevention program funding continues to grow, yet Federal funding has basically remained at the same levels for years, say PWA community leaders. Funding for programs such as the AIDS Drug Assistance Program (ADAP), part of the Ryan White CARE Act, must therefore be increased to keep pace with existing service needs and added needs of people recently diagnosed with HIV and AIDS.

Federal AIDS funding was initially adopted as “emergency” legislation, explains Gary Karch, a member of the national AIDS Treatment Advocacy Coalition. Unfortunately the HIV/ AIDS pandemic has not gone away but gotten far worse, so it is important that program funding be converted into entitlements rather than short-term emergency appropriations.

Towards this effort, several Michigan PWAs spent two days in Washington, DC, as part of the AIDSWatch Advocacy Drive during May. The advocates had appointments with legislators and staff members from 15 Michigan congressional offices, discussing issues such as Ryan White CARE Act funding, increased funding for ADAP, ideology replacing science in Centers for Disease Control and Prevention initiatives, the Minority AIDS Initiative, and our world-wide responsibilities to the HIV pandemic.

For information about the federal funding crisis and its impact throughout the country, check the National Association for People with AIDS (NAPWA) website at [www.napwa.org](http://www.napwa.org) and the AIDS Treatment Advocacy Coalition website at [www.atac-usa.org](http://www.atac-usa.org).

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## MI-POZ PROVIDES FIRST HIV LEGISLATIVE TRAINING

The Michigan Positive Action Coalition (MI-POZ) is a group of people with HIV/ AIDS advocating for persons living with or at risk of this disease. Its goal is to increase grassroots leadership and participation by PWAs in legislative activities through training and capacity-building. MI-POZ also seeks to increase legislators' knowledge, accountability and responsiveness to issues that affect their constituents living with HIV/ AIDS, leading to more support of HIV care and prevention activities.

“One of the goals of MI-POZ is to inform PWAs and the community at large of legislative and health policy issues which impact HIV prevention and care,” says Program Director Mark Peterson. “MI-POZ serves as an independent voice of PWAs, free from restrictions on speech or activities. MI-POZ acts as an informed, educated and empowered group of citizens.”

Developing more advocates within the HIV community was the focus of MI-POZ's first legislative training session Aug. 16, provided with support of the Michigan AIDS Fund. This training taught the structure of federal, state and local government and gave suggestions for effective ways to communicate issues to elected officials.

Ferndale, MI, City Councilman/ Mayor pro-tem Craig Covey told participants the importance of remaining upbeat, clear-cut and brief to make a good impression during personal visits with elected officials. He also cautioned persons making legislative contacts not to exaggerate issues or to threaten officials as these severely damage your credibility and often create resistance to the official helping with HIV/ AIDS issues in the future.

MI-POZ Legislative Director Rick Otterbein described the legislative process and how HIV programs fit within the federal budget process. He reviewed the many steps that go into passage of a law and/ or the federal budget, and gave speaking points about HIV and AIDS for government officials during legislative visits.

Persons wishing to take part in future legislative trainings are encouraged to join the Michigan Positive Action Coalition (MI-POZ) list-serve to receive notice of when upcoming sessions will take place can send a blank e-mail to: [updates-subscribe@mi-poz.org](mailto:updates-subscribe@mi-poz.org) and a confirmation e-mail with instructions on how to use the list-serve will be sent to you.

Further information on AIDS issues can be obtained from MI-POZ online at [www.mi-poz.org](http://www.mi-poz.org). To learn more, you can also call MI-POZ Program Director Mark Peterson at (248) 545-1435, ext. 106, Legislative Director Rick Otterbein at (616) 581-4003, or Media Director Gary Karch at (269) 684-3859.

**We need increased federal support to meet the needs for domestic and global HIV prevention, care and treatment, research and housing. All people at risk of HIV infection deserve comprehensive prevention and education just as all people living with HIV deserve comprehensive care and treatment. We must expect nothing less from our nation, our President or our state government. We have failed miserably.**

**Congress makes many decisions that affect people with HIV/ AIDS. To protect your interests, you need to take action. Policymakers often claim that the reason for their inaction on matters is that they aren't "hearing from home" on the issue. Let's not give them that excuse. You never know when an issue may resonate with the elected official or their staff person. You are a legitimate voice.**

Rick Otterbein, Legislative Director

Michigan Positive Action Coalition

## VOTE AGAINST PROPOSAL 2: A THREAT TO EQUITY AND FAIR TREATMENT



BY RICK OTTERBEIN

On November 2, 2004, you will be asked to vote “yes” or “no” on Proposal 2 to amend Michigan’s Constitution.:

“To secure and preserve the benefits of marriage for our society and for future generations of children, the union of one man and one woman in marriage shall be the only agreement recognized as a marriage **or similar union for any purpose.**”

I feel compelled to request that you become an active ally in defeating the ballot initiative that would institutionalize discrimination against lesbian and gay people in the Michigan Constitution. I emphasize the last six words of the ballot initiative because, regardless of how you feel about the issue of same gender marriage, we believe that those words alone should lead you to vote “NO” on amending Michigan’s Constitution. Both Federal and Michigan law already define marriage as the union of one man and one woman, but those last six words would create new Michigan law. Those words create a Constitutional bar to any legal recognition of the relationships of same gender couples, including the possibility of civil union legislation and including existing domestic partnership benefits at least those offered by public entities like Michigan municipalities and universities.

**If passed, the initiative would represent the first time that our Michigan Constitution has been amended to enshrine, rather than to eliminate, discrimination against a group of individuals.**

Even if, with your help, we defeat this ballot initiative, same gender marriage will remain prohibited in Michigan. If, however, this ballot initiative succeeds, the highest law of Michigan will have singled us out for permanent, second-class citizenship. We cannot expect ever to achieve in Michigan any measure of legal protection for our relationships through the eventual enactment of civil union legislation because, by our state Constitution, any such legal recognition would be prohibited “for any purpose.” Indeed, we can expect that any domestic partnership benefits that already have been extended by public employers will be eliminated and benefits extended by private employers may be eroded. Michigan will be recognized as an inhospitable environment for lesbian and gay citizens.

I take this matter personally because our sons, daughters, nieces and nephews and their friends are reminded daily that their relationship does not enjoy any of the myriad legal protections automatically conferred on opposite gender couples from their wedding day. They are denied more than 1,400 state and federal rights and responsibilities that are linked to civil marital status, including Social Security survivorship benefits, inheritance rights, income and state tax benefits, legal priority to make medical decisions on a spouse’s behalf, and even the unquestioned right to visit a hospitalized spouse. If this Constitutional Amendment passes, we will be foreclosed even from seeking legal parity in Michigan.

Please join me in the effort to defeat this Michigan Constitutional amendment. Please vote “NO” on November 2. The only purpose behind the proposed amendment is to discriminate. Please contact your family and friends and ask them to vote “NO” as well.

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### **HIV Town Hall Meeting** *continued from page 1*

Consumers expressed concern about the manner in which federal funding is used in the Detroit Eligible Metropolitan Area (EMA). Michigan Positive Action Coalition (MI-POZ) spokesman Mark Peterson expressed concern about distribution of Ryan White CARE Act funds in the Detroit EMA, and spoke of the need for additional and timely allocation to funded agencies to provide direct care.

These funding concerns were acknowledged by Jewell Martin, administrator of the Detroit Department of Health and Wellness Promotion HIV/ AIDS program. Southeastern Michigan HIV/ AIDS Council (SEMHAC) vice-chair Elizabeth Dawsey also reported on the way SEMHAC directed funding for Detroit and the six surrounding counties of the EMA.

Speaking on behalf of the Michigan Department of Community Health (MDCH) was Division of HIV/ AIDS-STD Director Loretta Davis-Satterla, who reinforced the importance of advocating with lawmakers to ensure AIDS program funding is not further compromised. Debra Szejda, Manager of the MDCH HIV/ AIDS Prevention and Intervention Section (HAPIS), reported that the federal government had proposed flat-funding for HIV prevention programs for the coming fiscal year, following a cut in recent months. She also described some of the new AIDS prevention programs being funded through HAPIS for the coming fiscal year.

Other topics discussed included the importance of faith-based organizations and the religious community in the fight against HIV and AIDS, voiced by Gospel Against AIDS co-founder Rosalind Andrews-Worthy and the availability of HIV-related resources in the Detroit Community AIDS Library reported on by Linda Draper from Wayne State University.

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# SIXTH ANNUAL PWA CONFERENCE REPORT

BY FELIX SIRLS

The 6th annual People With HIV/ AIDS (PWA) Conference was held May 21-May 23, 2004, with more than 150 people in attendance. Our theme was “*Standing Up, Stepping Out, and Living Out Loud.*” It was held in Ypsilanti, Michigan, at the Marriott Eagle Crest. The facility was very well selected; its rooms were nicely appointed and the food was also very good with many choices.

Participants were chosen from applicants, with priority given to persons who had most recently been diagnosed and had little previous experience with the HIV/ AIDS community. There were new PWAs from every demographic group *standing up* when they would have otherwise sat down, inspired to *step out* to their communities and *living out loud*, simply by telling family members and others of their HIV status.

The opening candlelight ceremony, plaque dedication and poem recitation were very special. The opening plenary session was a timeline discussion about the struggles and challenges PWAs face from stigma and discrimination associated with being HIV-positive. It allowed participants to work together and discuss ways that in the future we could prevent HIV and AIDS in our communities.

Other sessions included: Meds & Molars; Understanding Your Meds; HIV and Hepatitis C Co-infection; Legislative Advocacy; HIV Over 50; Shadows of Stigma; Prevention for Positives; Return to Work; a 12-step meeting; and open discussions about living with HIV for women, heterosexual men and gay men. There were also an affinity session to allow PWAs to talk with doctors, nurses and presenters one-on-one.

There were wonderful prizes donated for the raffle, and we want to thank those who donated or solicited for donations. The closing ceremony included an affirmation that stated our differences and diversity are what makes us all a family.

There were so many new PWAs who simply jumped in when needed, to assure the conference was successful, or willing to assist on future planning bodies. The PWA Advisory Group, Conference Committee, and MDCH-HAPIS staff were all very instrumental to making the conference run as smoothly as possible. The PWA Advisory Group would like to thank everyone who worked so hard in the planning and implementation of this conference, and to all who participated in the event. Planning for the 2005 conference will begin soon, and community members are encouraged to participate in the process. Watch upcoming newsletters for information.

## A Tribute to A Friend and Leader in the Fight Against HIV

*Each of us touch many others in our time on Earth, and are remembered with love and sadness when it is our time to depart. Following is a tribute to the life of CHOW Director Shawne Parker from his close friend, Rosalind Andrews-Worthy.*

### About My Friend...

Schawne was born January 7, 1967. Academically he excelled, winning a full scholarship to General Motors Institute. He later transferred to Michigan State University, earning a Bachelor's degree in Chemistry in 1992.

Professionally, Schawne became President of Men of Color in 1993, and in 1995 became Patient Advocate at the Detroit Medical Center. He left that position to pursue his interest in public health, specifically HIV/ AIDS, at the Detroit Health Department. This led Schawne to become Director of Community Health Outreach Workers, Inc. (CHOW). He furthered his calling to combat the spread of HIV/ AIDS by helping to start Gospel Against AIDS in 1996.

While we worked side-by-side, we rarely if ever talked about work. Schawne was a friend in the true meaning of the word. We never took for granted the time that we spent together so we spoke about those things that were important in our lives. Our time was a time reserved for upliftment and encouragement.

I can tell you that he was a man of character and commitment. What mattered most to him was his family and close friends. I know that he loved Marius. And from that love he was considering adopting a child.

“Do you think that I would make a good father?” he asked me.

“Are you kidding? Of course you would!” I responded, surprised that he would even ask the question.

“I just want to be a good role model,” he said.

Articulate and dignified, Schawne's ancestral nobility could not be denied. It just came naturally to him. He was a leader and a trail-blazer, both vulnerable and strong. He was these things are more—worthy of any young man's respect.

Schawne made his transition on June 26, 2004. His grandmother, who loved him dearly, almost immediately followed him on the same day.

I loved my friend so I admit to being “biased.” I can only see the good. If we learn anything from Schawne's untimely homegoing, let us all savor every moment we have with our loved ones, give them their flowers while they are living. Our friends are gifts to be cherished, and for us to be “biased” about, and for us to see the good in them. Missing you my brother... Rosalind

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## DEPRESSION AND PEOPLE WITH HIV/ AIDS:

BY LYNN R. ALLEN, MA, CSW

There is an illness physicians often forget is commonly associated with HIV and AIDS, and is far more common than realized. Studies of people living with HIV and AIDS find that nearly three out of four HIV-positive people experience clinical depression at some point in their illness. Further, a third of physicians do not routinely even ask about their patient's emotional concerns, missing an opportunity to identify problems, improve the person's quality of life, and enhance long-term survival.

Meanwhile, many HIV-positive people are embarrassed to talk about their emotional problems, thinking them to be signs of weakness or just part of HIV disease. But choosing not to report your feelings of sadness and despair can make it impossible for your physician to make referrals to ease emotional suffering, or to recognize medical problems that are easily eliminated by changing treatment.

What makes depression different than just feeling sad? Everyone has feelings of sadness and grief, but the major difference is when these feelings cause long-term changes in your ability to find enjoyment in life, and interfere with normal activities. The risk is that depression can contribute to people making terribly self-destructive decisions without even recognizing their consequences, up to and including killing themselves.

If you have been feeling chronically tired; have trouble concentrating, making decisions or remembering things; have problems getting to sleep or are oversleeping; have been gaining or losing weight without trying; have been feeling irritable and/ or have recurrent thoughts of death that continue several weeks, you should talk about them to your doctor. That is especially true if you are feeling that life is no longer worth living and are considering suicide.

It is important to realize that many HIV-related conditions and medication side-effects can mimic depression. For example, a common side-effect of several HIV medications is severe fatigue and/ or anemia which can resemble clinical depression. A specific HIV drug called Sustiva is well-known for causing side-effects like chronic nightmares and depression. Since most PWAs are on combinations of several such drugs, they may experience their negative side-effects as serious emotional problems.

A large number of HIV-positive people are co-infected with Hepatitis C, which often causes fatigue and lack of appetite, among other symptoms. Hepatitis treatment may include interferon injections that are notorious for causing flu-like illness and emotional malaise until your body adjusts. Some people experience severe side-effects as long as they take interferon treatments.

Medicine side-effects aside, some people feel upset because each dose of their HIV medicine reminds them of being infected, and treatments involving injections may trigger a relapse of substance abuse. Discuss these feelings with your physician, and remember that not taking your HIV medicine as prescribed lets the virus become resistant to many antiretroviral medications, leaving you with fewer and fewer weapons against progression of HIV to AIDS.

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## BLACK, BEAUTIFUL & ALL BUSINESS

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front for everyone to see. HIV is 100 percent preventable, and abstinence is the only way to absolutely prevent HIV. Along with the media our message should encourage our teens that it is OK to be virgins."

Ms. Hall criticized government officials who want to concentrate all HIV prevention funding on abstinence programs, though. "We know people are sexually active at all ages," she explained, "so a better strategy is to provide people the information and skills they need to protect themselves during sex."

Another problem is that the news media often confuses HIV and AIDS, she said. She is also concerned that the media has mistakenly suggested that HIV and AIDS are less a problem or threat because there are so many new medications that can slow HIV disease progression. "But what people are not told is that more and more new HIV infections are diagnosed within the community each year, despite medical advances and prevention programs, giving people a false sense of security."

"There is this notion that HIV drugs are working so well that people are not using protection," Ms. Hall said. "The media has spread messages that say people are living longer, not how many people have died in the last year of AIDS-related illnesses. But people are still dying."

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## A Message from the PWA Advisory Group Newsletter Editor:

Given the upcoming major election and the many issues affecting all Americans, including people living with HIV and AIDS, this newsletter has a strong focus on political action and issues such as funding that affect AIDS prevention and service programs.

Also featured is information that might be of interest or very important to your health and happiness, an article recognizing the hard work an advocate leaving Michigan has done to help people living with HIV, reports on recent PWA meetings, and the problem of experiencing depression while living with HIV with some potential solutions.

If you would like to read more about issues discussed in this newsletter, and/ or other information about HIV and AIDS, you may want to check out the following computer websites:

**www.thebodypro.com** for information about HIV and AIDS medical matters

**www.mihivnews.com** for information about federal, state and local HIV news

**www.michigan.gov.mdch** for information about HIV programs of the Michigan Department of Community Health, DHAS, HIV/ AIDS Prevention and Intervention Section

**www.nimh.nih.gov** for information about mental health issues

**www.napwa.org**; for information from National Association of People With AIDS, and

**www.mi-poz.org** for information from Michigan Positive Action Coalition.



Thank you for reading our newsletter. We hope this issue is of interest and use to readers, and welcome feedback, contributions and story suggestions for future newsletters.

Send input to the PWA Advisory Group Newsletter, Lynn R. Allen, editor; c/ o Michigan Department of Community Health, 2479 Woodlake Circle, Okemos, MI 48864.

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## DEPRESSION AND HIV/ AIDS

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When everything seems futile, trying to escape through drinking and drug use often makes things worse, preventing you from doing anything to make your situation better. The ultimate escape, suicide, eliminates any possible path to happiness and causes terrible pain to everyone who cares for you. Fortunately, there are alternatives to these self-destructive choices, people you can seek to help you through your pain and to help you make life more manageable. If you feel such pain, call your physician, your community mental health telephone crisis number, or your AIDS service organization case manager to assist with that contact.

Doctors, either primary care specialists or psychiatrists, may provide help by prescribing anti-depressant medicines. There are many types of anti-depressants available, but one thing to remember is that nearly all of them take two or three weeks to take effect, or “kick in.” Some people lose patience and stop taking their medicine after a short time, defeating the purpose of treatment. Another thing to consider is that many people need to try several anti-depressants before they find the one that is most effective. Keep in mind these medicines are usually helpful once they take effect and the best drug is found.

Many mental health professionals recommend “talking therapies” such as psychotherapy or counseling in addition to, or rather than, anti-depressive medication. Many believe the best success comes from a combination of medicine and psychological counseling. Therapy or counseling can be obtained from licensed psychologists, social workers or counselors. It can be helpful by giving an opportunity to identify and work through problems with an objective and unbiased professional. Generally speaking, counseling helps people specify a number of goals for a happier life, figure out what barriers exist to these, and find resources and activities to assist attaining your goals.

Participating in HIV support groups and/ or 12-step groups can be another release from hiding your HIV status, or other things that bother you. Many people feel better talking about problems with others who share their concerns. They find they are not alone and often learn ways to deal with problems with other group members. Check with your HIV case manager for such referrals.

The bottom line is that living with serious conditions like HIV and AIDS is tough enough without the added burden of emotional pain and despair. Get help to begin or continue the process of emotional healing. It takes time, but happiness is worth the trouble.



## **Black, Beautiful and all Business: Two Female PWA Leaders Speak Out About African-American Community Concerns**

By Lynn R. Allen, Newsletter Editor

Studies reveal that African-American women are being especially hard-hit by HIV, with increasing numbers of new infections occurring each year through heterosexual sex with HIV-positive men. In fact, the Michigan Department of Community Health (MDCH) reported in a recent publication that 56 percent of Michigan women with HIV were infected through heterosexual sex. Additional studies show the proportion of diagnosed HIV cases in Michigan women has more than doubled in the last 10 years.

Part of the struggle to stop spread of HIV in our community is fought by dedicated people living with the disease, and two Michigan women have been particularly active in that struggle. Both do community outreach to help others learn to remain free from the virus, are worried by what they see happening, and stress the need for more HIV prevention messages aimed at, and designed for, at-risk African Americans.

“HIV is hitting the African-American community very hard,” Michigan HIV/ AIDS Advisory Council (MHAC) Community Co-chair Paula Sirs reports.

“African-American women represent 73 percent of infection among women nationally,” adds MHAC member and community advocate Selvy Hall. “The statistics are a lot lower than what is real.”

Both women agree HIV case reporting is missing a large number of people, making statistics less reliable.

“Either way, the numbers are increasing rather than decreasing,” Mrs. Sirs said. “There are many people being left out and not counted...and numbers will never be correct until the stigma and fear are removed.”

“In communities of color what is happening is what has always happened, only exacerbated by history and economics,” Mrs. Sirs explained. “There is a lack of communication, sex education and guidance; the family structure is under attack. My opinion is that most HIV-negative people feel that they are not at risk.”

Of course, that is not exclusively an African-American problem, she continued.

“As I watched the Democratic National Convention on C-SPAN and saw Hillary Clinton introduce her husband, it occurred to me that she could have been considered a high-risk heterosexual,” Mrs. Sirs said. “Say one of the ladies Bill Clinton had an affair with was HIV-positive? She is one of many women—Black, White, Asian and others—who have faced infidelity. Thank God she didn’t become infected like so many other women.”

If people with HIV are unaware of their HIV status, or will not disclose their infection to sexual partners, it becomes all the more important that people take steps to protect themselves through use of latex condoms and careful choice of partners—but that is not always easy or possible when people cannot control their partner’s behavior, or fear abandonment and loneliness.

“Burdens faced by many women, especially women of color, often put them at greater risk of HIV infection,” Mrs. Sirs said. “In many Black families, the women have to be both Mom and Dad. At the end of the day she just wants to be loved, but there are not many men to choose from. She will either stay with the person she’s with, or find a friend to spend some time with. Health is the last thing on her mind.”

“We need workshops dealing with continued behavior change to curtail the spread of HIV back into communities,” Mrs. Sirs recommended. “If there are no programs to deal with prevention—with mental and social behavior—the cycle will continue.”

Both Mrs. Sirs and Ms. Hall believe the increase in new cases, especially among African-American women, reveal a need for more and better HIV prevention programs. “Lack of funding is always a problem,” Ms. Hall said. She identified the need for people-friendly media that everyone can read, and especially for more peer advocates to work in the community and speak with at-risk groups.

She reinforced that advocates be members of the target groups—“people who look like me”—and that it is easier for at-risk people to accept and understand prevention messages written at their educational level.

“When I give workshops, I don’t announce they are about HIV, but about health issues or safer sex,” Ms. Hall said. “Otherwise, people push the messages off because they believe they ‘don’t apply to me’.”

Prevention programs should reach out to people at greatest risk, with HIV-positive persons teaching HIV 101 in all places of employment, and especially to members of the news media, Ms. Hall recommended.

“If that could happen, we would be doing the world a justice,” she said. “My hope is to make this world a HIV-friendlier place to live in. African-American women would benefit greatly.”

Increasing HIV prevention messages on television would be another important strategy, a way to help people who might not be reached otherwise, they agreed. “An excellent way to get the word out is to have celebrities speak out about HIV and AIDS,” Ms. Hall said. “We get lots of calls from that.”

However, she is also concerned that the news media often misinterpret the HIV information they are given. Another problem she cited is the practice of labeling people rather than identifying high-risk behaviors that transmit HIV. These practices prevent people from knowing enough to make good decisions.

“People of all colors should be aware that HIV truly doesn’t discriminate,” Mrs. Sirs said. “The messages should always be out

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## Michigan Advocacy Exchange Program Becomes History; Kendra Kleber's Legacy of Legal Advocacy Will Live On

By Lynn R. Allen, Newsletter Editor

Michigan's HIV community is losing one of its greatest advocates with the departure of Kendra Kleber, President and Director of legal services for the HIV rights-focused Michigan Advocacy Exchange (MAX), which will be closing its doors. Ms. Kleber will be returning home to New York at the end of September to spend time with her family.

MAX began representing HIV-positive clients in 2000, and has received federal Ryan White CARE Act funding from the Michigan Department of Community Health since November of that year. Ms. Kleber provided legal services to between 250 and 300 clients per year, along with another 500 each year through legal training seminars. Many others have been served through the MAX website, and its anti-discrimination publications. Those who have met and become friends with Ms. Kleber know her gift of self-expression, so following is her own account of what she and MAX have done for Michigan PWAs:

"For the most part, clients have called with problems related to breach of confidentiality, medical records privacy, public and private disability benefits, discrimination by employers or landlords or health care providers or others, employment issues, prison conditions and access to care, and credit and collections problems. The type of assistance that we provided depended entirely on what the client wanted and needed, after our evaluation of the issues and the likely ramifications of each alternative response. Sometimes the client wanted a letter written to someone, sometimes they needed something far more aggressive.

MAX also serves without even knowing it. One of the things I am most proud of is the type of problem-solving that is creative, effective, and completely un-countable. For instance, three years ago we invented the Shut Up Project. This is a series of 'tools' that a person with HIV can use, on their own and without even calling us, to protect their confidentiality. One of the tools is an article that explains the right to confidentiality of HIV status under Michigan law.

Another is a letter signed by me and on MAX letterhead that is addressed to someone who is talking about a person's HIV without permission. The letter is designed to let them know they are breaking the law, and that they really should just 'shut up.' And the last tool is a little card that could be left laying around where a blabber could find it, which has brief information about the confidentiality law on one side and MAX's contact information on the other side. The Shut Up Project materials are in more than 40 display racks all around the state, at health departments, doctors offices, case management agencies, substance abuse centers, and even a jail."

"MAX also has provided training on HIV-related legal rights and responsibilities," she continued. "Through the MDCH contract, the trainings were underwritten for audiences of health care providers, the staffs of AIDS service organizations, or people living with HIV. The trainings were an important part of MAX's strategy to combat stigma and to define and defend the legal rights of people living with HIV, because it has been my fervent belief that most of the time, people who do the wrong thing don't know any better. Education—explaining legal rights and responsibilities in an entertaining but crystal-clear manner—is the secret to preventing legal problems well in advance of litigation. And I believe this so strongly that I am going to continue to provide HIV-specific legal training, but now it is going to be for a fee."

Before beginning legal practice, Ms. Kleber was computer programmer, system analyst, and ran her own computer consulting company. After law school she worked for firms specializing in auto negligence, prisoner rights and police misconduct. But she says the best training she got for representing people with HIV and AIDS was working at Michigan Protection & Advocacy Service (MPAS), a statewide disability rights agency with a HIV/ AIDS advocacy program.

"At the beginning, right after law school, I noticed that there were lawyers all over the state and the country working on issues pertaining to gay and lesbian concerns," she said. "And there were tons of lawyers working on racial disparities, and gender-based discrimination, and even prisoner rights. But there were then, and there are now, still entirely too few people focusing on HIV-related legal rights and responsibilities."

"And once I got started at MPAS, I got angry with each new case," Ms. Kleber continued. "I haven't stopped getting angry yet, because it never ceases to amaze me just how much ignorance there is out there, and how it often manifests itself in really dumb, hurtful decisions. So I got started advocating for people with HIV because there weren't many others doing so, and that seemed impossibly unfair. And ever since, I've tried to turn every client or attorney I work with into an HIV justice deputy."

"I am a tool for my clients—nothing more," she said. "I tell them that I went to law school so they don't have to. But helping someone figure out how to talk to their boss, or how to handle the neighborhood gossip, or what their options are on a particular problem—that is the best way, I think, for all of us to end the stigma and move on to more important things, like finding out how much we have in common."

While she has been the "voice" of MAX since its beginning, Ms. Kleber shares the success of MAX with many others, including the agency's co-founder Chris Tabaczka, and its first board members, Derrick Anderson, Selvy Hall, and Bob Weemhoff. At the September Michigan HIV/ AIDS Council (MHAC) meeting, community co-chair Sammie Stamper deeply thanked Ms. Kleber for her service to the HIV community. "It will be impossible to replace her and she will be sorely missed."