

THE POSITIVE QUARTERLY

A Publication by and for the HIV/AIDS Population of the State of Michigan

January-March 2003

Volume 5, Issue 1

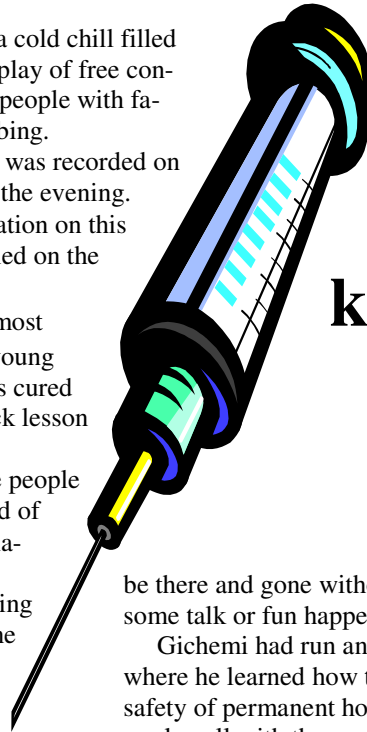
Every Tuesday and Thursday, from 5 pm to 7 pm, volunteers descend on Heartside Ministries in downtown Grand Rapids and turn the storefront church into a temporary haven for another type of charity work whose mission has come under scrutiny nationally, but whose value is evident to those who work with them and use their services. The Positive Quarterly wrote about the harm reduction/needle exchange program created by HIV/AIDS Services, Inc. (HAS) when it was readying to open in June of 2000. Clearly it was time to revisit the program and see how well it was being accepted by both clients and community.

On the evening of my late October visit to "Clean Works," a cold chill filled the air. Taking his place near the front door overseeing the display of free condoms, lubricant and safe-sex literature, Rick Otterbein greeted people with familiarity and, more often than not, a joke and good-natured ribbing.

His helper, Diane, tended to the logbook where information was recorded on which kind of, and how many free supplies were taken, during the evening. While there would be just a handful of clients visiting the operation on this night, it was clear that clients were treated with respect and relied on the consistency the program brings to their lives.

Opportunity for education in such a setting was apparent almost immediately. Seeing all the safe sex material on display, one young black man said he had "heard for sure" that Magic Johnson was cured of AIDS. Rick promptly corrected the mistake and gave a quick lesson in the difference between undetectable viral load and cure.

Down a back hall into a smaller more private room is where people know they will find condoms, wound care and hygiene kits, and of course, clean needles. This is where outreach program coordinator Anthony Gichemi conducts the business of receiving used needles and syringes and distributing sterile ones. Clients coming to access the program for the first time must bring in at least one dirty needle and syringe for exchange. In return they initially receive ten clean needles and syringes; future exchanges are a one-for-one swap. The process is so discreet that clients can



**Dedication,
 innovation
 key to needle
 exchange
 success**

be there and gone without notice, especially if there's some talk or fun happening up front.

Gichemi had run an orphanage in Nairobi, Kenya, where he learned how to steer street children into the safety of permanent housing. Those negotiating skills work well with the needle exchange program as well.

On that cold night, Clean Works exchanged 376 syringes and gave out two bleach kits from the private back room. Up front, 3 black males, 4 black females and one white male got an assortment of safe sex materials: 152 male condoms, one female condom, 29 dental dams, 86 lubricant packages, 1 brochure, 4 wound care kits and 2 hygiene kits.

Grand Rapids seems to quietly understand the nature of needle exchange programs. HAS program manager, Jan Koopman, says her quarterly reports to the city commission never get a response one way or the other. October 2002's report showed increases in needles exchanged and number of exchanges, which signals growing awareness of the program. Cumulatively they have served 2,352 clients and exchanged 16,259 needles in 538 exchanges.

Substance abuse counseling is offered discretely in the back. Initially, most clients prefer to keep it a secret if they are considering treatment, says Clean Works substance abuse counselor, Mary Briggs, of Alcoholic Outpatient Services. One person who was exploring treatment options had paid her a visit that evening.

Michigan's newest needle exchange program, almost two years old, is administered by HIV/AIDS Resource Center (HARC) in Ypsilanti. Unlike Grand Rapids' permanent location, Donald Davis, the program outreach (*Continued on page 5*)

An open letter to the Detroit HIV/AIDS Community

Dear Friends,

Our mission today is to encourage you to take better care of yourself and our children. By just doing that today, you will also take the first step in taking care of our communities and cities.

The Task Force gives a retreat once a year. Its purpose is to allow HIV positive individuals a chance to mingle, to meet other PLWH/A, to share stories, cry, heal and educate ourselves, and just to have one wonderful weekend out of the year. Some PLWH/A have never had the opportunity to go to a retreat before, and because of this, we try to make their weekend one to remember.

The Task Force had its inception in a group of passionate and committed people, predominately MSMs who, in 1994-1995, screamed loud enough to ensure that PLWH/A across the board received the best in services, medical attention, care and respect. Out of this effort came the Task Force retreats. These retreats were designed to cater to positive individuals, providing the best hotel accommodations available.

Unfortunately, many of the original Task Force members are no longer here, but the effects of their fight and struggles for adequate services continues. Some of these people lost the respect of their families, because they only wanted that all persons who were positive be treated with dignity and respect. Today my wife and I, along with other PLWH/A, sit on the Task Force, and we look very colorful: Black, White, Latino, straight, gay, women, men and youth.

We fight hard so that my sisters and brothers in Detroit, east and west, can be part of a glorious weekend of sharing meals, caring, learning, gathering information to empower ourselves, and also meeting and mingling with PLWH/A from all walks of life, and all other parts of the state. We plan these events so we can dance, sing, interact with other races and genders, and just have fun.

But I have seen too many incidences of people complaining about things that are free to begin with, gifts that others worked hard to provide for this event. I hear cries and moans, and we sometimes forget that no one owes us anything. We get what we get because someone else fought our battles already. You are getting a free weekend vacation that most of us alone would not be able to afford, and yet some of you ultimately find something to complain about.

If you look around, and pay close attention to what is going on around you, you will begin to notice that monies of funding sources are being cut, including retreats for positive people. Unnecessary room charges, rooms reserved but never used, uneaten food, and theft - all this we all have to ultimately pay for. You may think you're taking from the hotel, but you're really taking from yourselves and every PWA who will suffer because of your ungrateful and selfish behavior. Folks are tired, as with the women who fought to have child care, and then someone wants to bring grandkids, nieces and nephews, Pookie and Dem.

I've been to many retreats and would have loved nothing better than to have the opportunity to bring our sick grandbaby with us, to have fun and play and let her see what her grandparents do while they're away from her; but to keep things on the straight and narrow, we went along with the rules and left her at home. We all have problems and issues. Know before hand that there is to be no alcohol or drug use on site. It is only fair that you think about others, and not assume that these free retreats will go on forever.

Think about the struggle of others in Africa and South America, who don't have ADAP, Medicare, Medicaid, food pantries and vouchers, or a regular doctor. Think about when you complain about the free chicken dinner with dessert that you didn't buy. Think about all those starving orphan babies whose parents died of AIDS who won't see a clean cup of water in their lifetime. Think about the incarcerated woman who can't get cream for nine months to treat an itchy yeast infection, and who has to depend upon everyone else on the cell block to be good so that she can get her pills.

What about the people not infected with HIV who fight for you and educate others because their lives have been touched by the strong fighting AIDS advocates who wanted their church to hear their concerns. A healing service was put into place in Detroit, on the second Sunday of each month, for just that purpose, for all those who need healing, especially those who were positive. Very few positive persons have gone to support this event.

Some of us only want a hand out, not a hand up. Remember that when God made us, it was in his own image. We are good and bad. Everything is a struggle, but the struggle is for everyone, not just you. Listen to that good side of you and hear it every time you screw up. Every time you wake up from a blow, drunk or disappointed, you say today, "I'm going to do better." Listen to that good side; that's the Godly side. We all know right from wrong; we just feel better doing what comes natural to us.

If we are in dirt, we get to those same dirt friends around us, or some that are even lower than us, so we can say "I'm not so bad." We are treated a certain way because we have become used to someone calling us negative names, so we act out those negative names. "Bitch" so we act like it, "crack head" so we smoke it, "drunk" so we drink it.

You are more than that. Much more. Listen to the Godly side that states, "I'm going to stay clean and sober and not steal anything from anyone!" When you are trying to do the right thing, folks will always ask what is wrong with you rather than what is right with you; but when you are right, you never have to look back.

**Sincerely,
Felix and Paula Sirls**



Without data you're just another person with an opinion...

Our thanks to Eve Mokotoff, Chief of HIV/AIDS Epidemiology for the Michigan Department of Community Health, for contributing this article.

Michigan's HIV/AIDS Surveillance program is a nationally respected program that provides us with data that are used to design and target prevention and care programs. The number of reported AIDS cases also forms the basis of the Ryan White CARE Act formula and determines how much money the state gets each year in these funds.

Beginning sometime between 2004 and 2007, the formula will change to use all reports of HIV infection, including AIDS, as the basis of that formula. Consequently, it is in our interest to make sure reporting is as complete as possible.

When Michigan's HIV reporting law was passed in 1988 it excluded the laboratories from the requirement to report HIV. This is in contrast to every other infection that is diagnosed with a laboratory test. In the late 1980's and early 1990's, this was not a problem and HIV reporting was integrated into the clinically based AIDS reporting system. This means that reports for

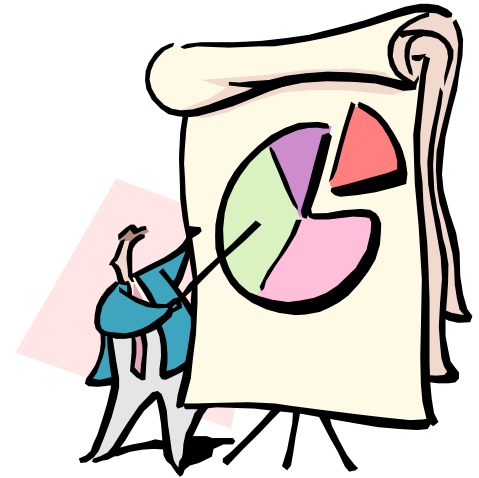
HIV and AIDS were obtained from the sites that diagnosed HIV, as well as the physicians' offices and hospitals where people with HIV/AIDS go for care.

However, as health care has become increasingly decentralized, this approach has resulted in under reporting of HIV to the health department. Consequently, the state health department is planning to request that the law be changed to require the labs to report HIV.

What about anonymous reporting? Michigan, like many other states, supports anonymous counseling and testing sites at local health departments, community based organizations and other locations where someone can come in off the street and get a test done without giving their name.

Unlike other states, however, Michigan law has a provision for anonymous reporting from doctor's offices—a setting that is not anonymous, i.e., your doctor has your name, address, etc. The health department has no intention of taking away this anonymous option.

Although the law states that an individual patient can request anonymous reporting from any physician, in practice there are a few offices/clinics in the



...until your opinion becomes data

state that routinely report HIV without

a patient name. MDCH plans to notify these offices that they will need to submit the specimen for HIV antibody testing without the patient's name.

The PWA Task Force supports this effort. Once the new state administration is established next year, the state health department will request that a bill be introduced to the legislature to make this change. Once a bill is introduced to request this change, the Task Force will be writing a letter of support

February event targets educating state legislators on HIV/AIDS

The Task Force will once again be working with the HIV/AIDS Alliance of Michigan (HAAM) to hold educational sessions with members of the Michigan legislature on February 18—19, 2003. This event is being held to educate elected officials on how their decisions impact the lives of those living with HIV. Since 50 percent of the 2003 legislature is newly elected, this program is vital to ensure that HIV care and prevention in Michigan is properly addressed.

The Task Force body does not include enough members to represent every legislative district, but past events prove that legislators listen more closely to persons who live in their districts. With this in mind, all persons infected or affected by HIV/AIDS are encouraged to become involved. Task Force members will help educate interested persons on the legislative process and accompany them to visits with legislators. Participants will be staying at the Radisson Hotel in Lansing, where pre-meeting sessions as well as debriefing and wrap-up sessions will be held.

Task Force member Rick Otterbein saw the need for statewide education and molded this event after the annual AIDS Watch event in Washington, DC. His efforts were instrumental in the formation of a permanent Task Force Legislative Education Committee, which he currently chairs. The existing yearly HAAM event provided the opportunity for a collaborative effort.

Interested persons may locate their regional Task Force representative at www.mipwa.org, or call 517-241-5926.



Balanced budget on backs of needy is terrorism

Nearly 3000 people died in terrorist attacks on our nation in 2001. As heinous and unconscionable as that act was, the World Health Organization said worldwide that same year three million people died from AIDS. And once again, the administration of the richest and most powerful nation on earth proposes flat funding for national and global AIDS programs. In an effort to rid the world of one form of terrorism, it is apparently okay to inflict terrorism of another type.

The above comparison was made by philosopher Charles K. Fink, writing in Z magazine (September 2002). He disclosed that the military budget of \$366 billion was "larger than the combined military budgets of Europe, Japan, South Korea, Australia, Russia, China, and all potential enemies or 'rogue' nations, such as Iran, Iraq, and North Korea." Miguelina Leon of the National Minority AIDS Council said the budget "includes the largest single-year increase for defense in two decades but fails to increase funding for the Minority HIV/AIDS Initiative, the Ryan White CARE Act programs and HIV prevention programs at the CDC."

Let's put aside AIDS concerns for a moment and touch on human rights issues in general. Just visualize what some creative bookkeeping could do. As Fink attributes, World Vision said it would only take three days' worth of military budget - approximately \$4.6 billion - to provide access to clean drinking water for all the people in the world. The \$285 million spent on one B-1 bomber could immunize 575 million children against chicken pox, diphtheria and measles. Fifty cents can feed a hungry child for two days, and a child's life can be saved from dehydration with a pill that costs a mere penny.

Back home in America, daily terrorism for PWAs is as common as a morning cup of coffee. Emergency housing assistance programs, for instance, often require the tenant to already be late with their rent and to have received an eviction notice before assistance can be obtained. Such stress is not good for T-cell counts nor viral loads. But one of the more disturbing and insulting situations exists with many state AIDS Drug Assistance Programs (ADAP).

Paradoxically, successful drug therapies that keep people alive, combined with a continuous flow of newly diagnosed individuals, has caused an increased need for ADAP access. Idaho, Nebraska and Wyoming have closed their programs to new enrollees. Alabama boasts a waiting list of 175. Six other states have waiting lists as well. Others plan draconian restrictions soon.

North Carolina has one of the country's meanest eligibility standards. Anyone making one cent over 125% of poverty level, \$11,075 annually, is ineligible. Realize that's gross pay. A quick and dirty calculation averages that top pay to be about \$756 per month take home. Now subtract the cost of medications and you get - presto! - not even enough to pay for the medicine! (The word is still out on what an adherence specialist would do with this one - let alone a HOPWA budget counselor.)

What the above scenario does is force people to continue to work without medications until they get so completely sick that they lose their job and have to apply for Medicaid. So one way or another, the country will have to pay for their care, either up front in relative good health (for about \$14,000 a year) or at the back end, after ill health has arrived, and much more expensively (about \$34,000 a year). Am I being paranoid, or does forcing people to succumb to an illness when proven treatment options exist sound like federally-mandated genocide to you as well?

Michigan's PWAs have more to be thankful for. A generous and - for the moment - solvent plan has guidelines that allow earnings at 450% of poverty level, which is a monthly income of \$3,323 per month. For a family of two, \$4,478; three, \$5,633; four, \$6,788; and five, \$7,943. If your job includes insurance, the program can also help with co-pays.

Speaking of terrorism, headlines glorified the "terror insurance bill" as some panacea that will save the country in case of another attack. In truth, it means that any amount over \$90 billion worth of damage will be covered by the government. Meaning you. With money they took from your ADAP program. Or Wyoming's. Or North Carolina's. But at least the insurance companies who overcharged you your whole life won't go bankrupt.

Michigan's Persons Living with HIV/AIDS Task Force was proud to be among 122 co-signers of a letter in support of adequate ADAP funding and the Ryan White CARE Act. Now you, our readership, must do your part as well. If ever there was a time when individual voices are needed, this is it. On all fronts, AIDS funding is continuously in danger as politicians find ways to balance record state and federal budget deficits on the backs of their most emotionally, financially and physically disenfranchised citizens.

We encourage you to get on first-name basis with your newly-elected officials today, and to keep up that relationship on a monthly or more often basis. You have the right to call the White House too. The number is 202-456-1414. Ask for George.

-Gary Karch

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(Continued from page 1) education and needle exchange coordinator, uses a van to move between locations. While the city of Ann Arbor allows needle exchange programs, Ypsilanti's law against drug paraphernalia forces them to operate only in townships.

Davis focuses on locations worked out with regular clients, who then let others know about the program. Davis extols the benefit of treatment, and makes offers of referrals "every time" he does an exchange. The HARC program currently has 35 registered clients. Fifteen of them visit regularly every week. Some bring in as many as 50 to 100 syringes at a time, and do not visit weekly.

Your Task Force has signed on in support of adequate funding levels and proper needs prioritizing concerning important national and global initiatives in the past few months. Check out the following:

- **Proposal for US Presidential Global AIDS Initiative;** Supports funding to implement comprehensive treatment plan for three million people with AIDS by 2005. Ensures prevention services and financial resources to fight all major diseases. Insists on comprehensive debt cancellation for impoverished nations and locally-determined processes to ensure results are channeled to social needs.
- **Full Funding and Support for Prevention Programs;** Access to safe sex information and condoms, using science not politics for program guidelines, build strong partnerships and improve community-based strategies. Position presented at December CDC conference in Atlanta. The Task Force was one of 62 signing organizations.
- **Endorsement of Early Treatment for HIV Act;** Allows states to extend Medicaid coverage to pre-disabled people living with HIV. Assures access to care for thousands of low-income people. Preserves health of people longer; and ultimately saves taxpayer dollars by avoiding serious expensive illnesses in persons with HIV.
- **Support for AIDS Drug Assistance Program** funding level increases by at least \$162 million for FY 2003. Michigan's PLWH/A Task Force is one of 122 co-signers. See editorial for more ADAP info.

Fund raising efforts by Whirlpool Corporation of Benton Harbor for children from the former Berrien County AIDS Council clients had been successful for two years. This has continued even when the BCAC board of directors collapsed and CARES from Kalamazoo took over their contract in the summer of 2002. Despite the shaky economy, Whirlpool employees once again demonstrated true Christmas spirit in providing approximately \$10,000 in gifts and cash to 53 children and 26 families of the Benton Harbor location. Zina Darling, who coordinated the effort for three years, says they want to bring attention to the high incidence of HIV infection in Berrien County. Whirlpool employee groups including gay and lesbians, Asians, African Americans, Hispanics, American Indians, and women helped in the effort. *Does your organization have a good Christmas story? Let us know and you could find your ASO's efforts reported in these pages next year.*

In Detroit, The Community Health Awareness Group (CHAG) coordinates a needle exchange program and harm reduction out of a 1993 step van that visits ten sites in Metro Detroit. The van averages two locations per day. Like Ypsilanti, word gets out on time and location.

Unlike other areas where it is illegal, Detroit allows persons to have a card identifying them to legally be in possession of drug paraphernalia. "They're exempt from prosecution," says Davis.

CHAG is starting a new substance abuse referral program described as "pre-treatment counseling," where the client is helped to prepare for the rigors of treatment. An identity card will be used to verify clients' participation in treatment and increase the possibility of retaining family unity over foster care or other options.

Vivian Mary Cloud heads the needle exchange program for CARES of Kalamazoo. She operates the program out of her own personal car, which she drives to townships outside city limits of Kalamazoo, Battle Creek and Benton Harbor.

All three cities have regulations against drug paraphernalia, including needles. CARES' program is Michigan's oldest, and its employees helped Grand Rapids create their program.

Through her eleven county excursions and countless townships, Cloud often finds herself checking to make sure she is standing on the right side of the street, and hence in the right township where she can operate. She leaves messages with soup kitchens that she is in town, and then drives around where she knows clients will show.

Plus, the CARES toll free number, 800-944-2437, is distributed liberally. Sharp containers are left off for persons to take to active houses. Filled containers are picked up on later visits.

The CARES program averages 200—400 needles exchanged per month and keeps a steady contact with 35 people. Cloud picks Benton Harbor as the area with the biggest need.

The American Medical Association, the National Institutes of Health, some former surgeon generals, and other persons and organizations of note have determined that needle exchange programs are indeed effective.

A UC Berkley/UCSF study that compared cost to the American taxpayer of our politician's failure to support needle exchange to the cost of needle exchange and the money saved by it, concluded that a federally-funded needle exchange program would save \$833,794,000 annually in 1997 dollars. [More recent figures were unavailable but assumedly would be even more cost effective.]

Hopefully data acquired on programs such as Michigan's will help support the efficacy of needle exchange programs and usher in a new pragmatic standard on national and state levels.

One thing seems to be clear: politicians who know nothing about the realities of drug addiction should leave these programs alone so others can quietly accomplish the delicate and sensitive outreach their efforts require.

One element of success seems to be "hands off is best." Let's help keep it that way. **-Gary Karch**



Information on syphilis helpful in controlling epidemic

Recent disclosure of Detroit's high rate of syphilis infections made a workshop on this hot topic a priority for many of those in attendance at Michigan Department of Community Health's annual STD & HIV conference. Task Force member Selvy Hall shared with **The Positive Quarterly** important information about this serious disease.

Detroit is "Number One" in the United States for new infections, which are expected to reach a total of 500 by the end of 2002. These numbers are not accurate since a lot of doctors and clinics might not report their cases. 90% of statewide infections are in Detroit. Other counties with new infections are Wayne, Jackson, Macomb and Oakland. 43% of Oakland County's infections are MSM.

Syphilis is caused by a bacteria and is treatable. Risk factors include sexual activity with multiple partners, sex for drugs, sub-

stance abuse, and mother to child infection at birth. It is curable if treated within one year with a single dose, and with larger doses for infections over a year old.

In primary stage syphilis, complications include chancres which appear 10 to 30 days after infection, for up to 90 days. The lower labia is most common location for infection in women.

Secondary stage infection occurs within six weeks to six months and includes rashes which may appear on the chest, palms of hands, and/or bottom of feet in 75% of patients. Usually this will dry up and disappear, but this does not mean the infection has gone away. The first year of infection, the disease is in an "early latency" period, which means you are still infectious to others. "Late latency" (after one year) is not infectious to others, but is obviously still serious. Current infections reported 337 diagnoses at primary and secondary stages, and 153 at early latency.

Genital sores incurred can increase risk for HIV transmission. Cardiovascular complications can also be expected.

Since 1998, half of Detroit's primary care clinics have closed, inhibiting treatment of the epidemic.

Every seven to 10 years a rise in new infections of syphilis seems to occur in Detroit. In 2001 there were 379 cases; in 2002 (up to the date of the conference), 388 were reported.

"I personally felt that more could be done to get this information out to the community and surrounding areas," Hall said, emphasizing that there is no one area or pocket where infections occur. "When they state the effect in the Detroit area, they need to also look at how Pontiac and Detroit socialize in great numbers. This means the epidemic will continue to spread, as it is being passed back and forth between communities." Hall also voices concern that there is only one agency, Gospel Against AIDS, partnered with the Detroit Health Department (DHD) regarding the epidemic.

There is only one STD clinic in Detroit. When asked if they had thought about satellite offices, the response was that they "had never thought about it." Eight to ten employees with DHD work on this issue. None were trained to draw blood at the time of the conference. Data collection only includes employment status, and does not address economic and various other information. No data is collected by risk factors.

The Center for Disease Control strategy is to enhance surveillance, strengthen community involvement and partnerships, expand clinic and laboratory services, and enhance health programs. 700 warning letters were sent out to providers in Wayne County. Training sessions for trainers have

The Task Force recently learned their website has been added to the list of links at <http://www.cellscience.com>.

This site is a rapid access international biomedical directory relating to AIDS, cancer, diabetes and Cystic Fibrosis, with A-Z listings for over 4,000 treatment centers, research institutions, charities and hospitals. Find Michigan's PLWH/A Task Force website under the Index listing of charities and support groups.

ADAP eligibility re-determinations will begin again with packets mailed February 1 to all those currently on ADAP. Eligibility period ends March 31. Questions? Call ADAP offices at 1-888-826-6565.

Good News! Eligible income levels for clients applying for the Dental Demonstration Project has increased to 450% or less of federal poverty level. That means an income of \$3,323 per month for a family size of one, \$4,478 per month for two, \$5,633 per month for three, \$6,788 for four, and \$7,943 for a family of five. Income levels include earned (employment) and unearned (SSI, SSDI, disability, etc).

The Rural Center for AIDS/STD Prevention's national conference, "HIV/STD Prevention in Rural Communities: Sharing Successful Strategies III" will be held March 28 - 31, 2003, Indiana University Memorial Union, Indiana University, Bloomington, Indiana. Its goal is to present model, rural HIV/STD prevention education programs, with emphasis on information exchange and lessons learned. Feedback has been good from past attendees. For directions, conference descriptions, registration, hotel information go to website: www.indiana.edu/~aids or call 812-855-1718 (voice), 800-566-8644, 812-855-3717 (fax), or email: aids@indiana.edu.

The National Organizing Collective announces the National Gay Men's Health Summit 2003, held at the Sheraton Capital Center in Raleigh, North Carolina, May 7 -11. This event grew out of previous summits in Boulder, Colorado and other local and regional health summits targeting gay male populations. Opportunity exists for other interested persons to become involved in creating a stronger, more visible grassroots movement that tackles a range of health concerns. For information on housing and registration, see website: www.gmhs2003.org. For general information and questions, contact Jim and Ian at 919-829-3981 or email: gmhsummit@yahoo.com. Postal address is: Gay Men's Health Summit 2003, PO box 25642, Raleigh, NC 27611.

Female HIV infections are everyone's problem...

Acknowledging the long term concern of increased HIV infection in female populations, the Task Force was prompted recently to promote the status of the female issues workgroup to a permanent committee.

This committee's overall goal will be to "advocate and assist women in educating themselves regarding care, clinical research, and caring for their families through prevention and care services statewide," said Linda Searcy, committee chair.

Specific objectives include: holding a female institute at the 2003 retreat, committing to one-on-one advocacy with other women, talking to female support groups in committee members' regions and throughout the state, making themselves available for speaking engagements with female audiences, and developing educational training for

empowering other HIV positive females.

Discussion has been held concerning the need to provide women with the skills needed to effectively convey their message to the media, i.e., television and newspaper interviews. Persons offered this option have had to weigh the comfort level they share with family and friends with the larger step of announcing their status to local, regional and statewide audiences.

The group hopes to address concerns such as fear of disclosure to the public, being open about their status to intimate partners and fear of rejection, in a Female Institute being developed for the 2003 Task Force retreat March 28th—30th.

Recognizing that women's issues are everybody's concern, the committee is also open to any male or trans-

gender input.

If you have a concern you would like the Female Issues Committee to discuss, feel free to contact members through the Task Force website located at www.mipwa.org.

Check out the National AIDS Treatment Advocacy Project website for information on women's health issues and HIV at www.natap.org. Select the Women and HIV Section from the main menu to find current treatment information, reports and studies ranging from assessing the quality of your medical care to gynecological problems, mother to child transmission, pregnancy concerns, adherence, fat accumulation, hypertension, and clinical trials. A must-see for the pro-active female!

War on Drugs adversely affects minority health, harm reduction programs

*As a member of Michigan's PLWH/A Task Force, I was fortunately able to attend a conference called: **Breaking the Chains: People of Color and the War on Drugs** earlier this year. I benefited by gaining new insights and information, which I share here with my peers.*

By Derrick Anderson

The war on drugs has disproportionately affected people of color in many ways, causing critics to call it the "New Jim Crow." African Americans, for example, only comprise 12.2 percent of the population and 13 percent of drug users, yet African Americans comprise 38 percent of those arrested for drug offenses, and 59 percent of those convicted for drug offenses.

Once arrested, people of color are treated more harshly by the criminal justice system than whites. The best-known example of the disparity in sentencing is that between crack cocaine and powder cocaine sentences. Crack and powder cocaine have the same active ingredient, but crack is marketed in less expensive quantities and in lower income communities of color.

Another explanation for the disparate effects on people of color is racial profiling. Racial profiling is the law enforcement practice of substituting skin color for evidence as grounds for suspicion. Once released from prison, felony disenfranchisement laws often perpetuate the disparate effects felt by people of color. 1.4 million African American men have permanently lost their right to vote because of a felony conviction even though their sentences have been served.

People of color also disproportionately face health risks due to the war on drugs. Despite the proven success of needle exchange programs in reducing the spread of HIV, AIDS and Hepatitis C, most states do not allow them to operate legally. (See related article on Michigan's needle exchange programs on page 1.)

According to the Centers for Disease Control and Prevention, African Americans account for 37 percent of all AIDS cases, and 41 percent of those cases are injection-related. Latinos account for 19.2 percent of all AIDS cases, and more than 44 percent of those cases are injection-related. Yet, African Americans only comprise 12.2 percent of the population, and Latinos comprise only 11.9 percent of the population.

Supporting drug policy reform, whether it is ending minimum sentencing, fighting racial profiling, or pushing for sound public health policies, will benefit all people who are negatively affected by the war on drugs. Due to the racial injustice caused by the drug war, supporting drug policy reform will also help end racial inequality. (The above is a synthesis of a drug policy alliance article which can be found at: www.drugpolicy.org.)

The disproportionate impact of drug policy reform, in tandem with the disproportionate impact of HIV/AIDS on communities of color, exposes a subpopulation that must be engaged sensitively and innovatively with the messages of primary prevention and care.

Concerns remain, but most test counselors agree new rapid HIV test improves options

by Bill Quinn

Long-awaited approval of the new OraQuick blood test by the Food and Drug Administration (FDA) has finally arrived, and the agency hopes the new option will “substantially increase the number of people seeking testing and decrease the number of tested persons who never return for their results.”

The new test produces results in about 20 minutes, cutting waiting times by 70 minutes. The procedure will still need to be performed in a medical office, and will not be available for home use. The FDA said the test detects HIV antibodies 99.6 percent of the time, but added that positive results still should be confirmed with a conventional lab test.

The new test can only be performed at approved sites whose technicians have been trained in accordance with special guidelines. The federal government supports companies to apply for a waiver that would allow them to use personnel with minimal training to administer the tests, and urged the manufacturer, OraSure, to apply for the waiver.

Upon learning of the OraQuick 20 minute HIV test, the “light went on upstairs,” and I decided to take a closer look at the pros and cons of this possibly life altering test. I decided to contact some of our local case managers, outreach workers and prevention specialists for their opinions.

The recently approved rapid HIV test has been given a “thumbs up” by many of those in the front lines. According to Mary Breeden, case manager at Bay Area Social Intervention Services, Bay City, “It’ll take that two-week waiting period out in which a person is on pins and needles as they wait for their test results. However, who’ll be doing the counseling to the people who are given a positive test result?” Her coworker, Tim Neal adds, “It’ll benefit those doing street outreach in soup kitchens and substance abuse and community

centers by having their results known in less than a half hour.”

“It’s great and about time. Clients have been asking for a quicker turn around for test results,” states Holly Joseph, health educator for the District Health Department #10, Ludington.

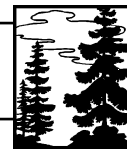
Not all HIV frontline workers are as enthused, however. Mindy Beecher, outreach specialist at YOUR Center, Flint, notes, “Extensive training for those who are testing is necessary. We go through five days of training doing role playing exercises which include how to give a positive test result, as well as pre and post test counseling.”

Some doctors praise OraQuick as an easy way to reach high-risk people who might never visit a health clinic—or return to one to collect their test results. Critics, however, say many people actually benefit from a days-long wait for test results because it gives them time to reconsider their high-risk behavior.

HIV prevention officials at the Centers for Disease Control and Prevention (CDC) say OraQuick will allow health workers to test a broader spectrum of people. It also may eliminate the portion of patients, 30 percent, who get tested but never come back for the results. Twenty-five percent of those with HIV in the United States do not know they have it, said Rob Janssen of the CDC’s division of HIV/AIDS prevention.

This test has its benefits as illustrated, and knowledge is power. One scenario not addressed is the “window period.” This is the time that it takes for HIV antibodies to appear in the blood. This can take from three to nine months from the time of exposure to bodily fluids. Therefore, prevention measures may be compromised, if a negative test result is revealed. A couple may be just a “cocktail away” from making a decision that could later cost them with their lives.

Retreat 2003 will pamper “Mind, Body and Soul”



Expect special emphasis on wellness and relaxation at this year’s Task Force-sponsored retreat. Sessions on acupressure and massage are planned, and Michigan’s own Felix Sirls plans to guide us through healing meditation. The Task Force is also proud to announce the participation of renown orator and traditional Nigerian Chief Uwa Onyioha Osimiri. Chief Osimiri has worked extensively on international issues, conducts management, leadership and cultural workshops for children, and has written several books on spiritual self actualization and communicating with God.

A personal trainer will be available to answer questions regarding maintaining overall health and muscle mass, and to address issues related to wasting and lipodystrophy. Workshops on AIDS 101, medication adherence issues and drug side effects will once again be facilitated by Dr. Peter Gulick of East Lansing. This year we introduce Dr. Ireneo Diaz and Becky Spears, RN, both from the VA Medical Center in Battle Creek, who will lend assistance throughout the retreat.

Expect a workshop on how to navigate the world wide web, information on legislative educational advocacy in Lansing, and a separate institute on women’s issues. One popular event returns...an “open discussion” session, where retreat attendees engage in proactive dialogue.

The retreat will be held at the Treetops Resort of Gaylord, March 28-30, 2003. Priority goes to first-time attendees, but if you are willing to be put on a waiting list, please contact Belinda Chandler at 517- 241-5926. Last minute availabilities often occur due to illness or other problems.