

Rights Here, Right Now

a report from the
XVIII International AIDS Conference
Vienna, Austria

by the
Black AIDS Institute



Our People
Our Problem
Our Solution



Rights Here, Right Now is a publication of the Black AIDS Institute, 1833 West Eighth Street, Los Angeles, California 90057-4257, 213-353-3610, 213-989-0181 fax, info@BlackAIDS.org, www.BlackAIDS.org.

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DECIDING MOMENT:

"HE DIDN'T HAVE A CONDOM.
I STOPPED."



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WE  **AIDS**

Rights Here, Right Now

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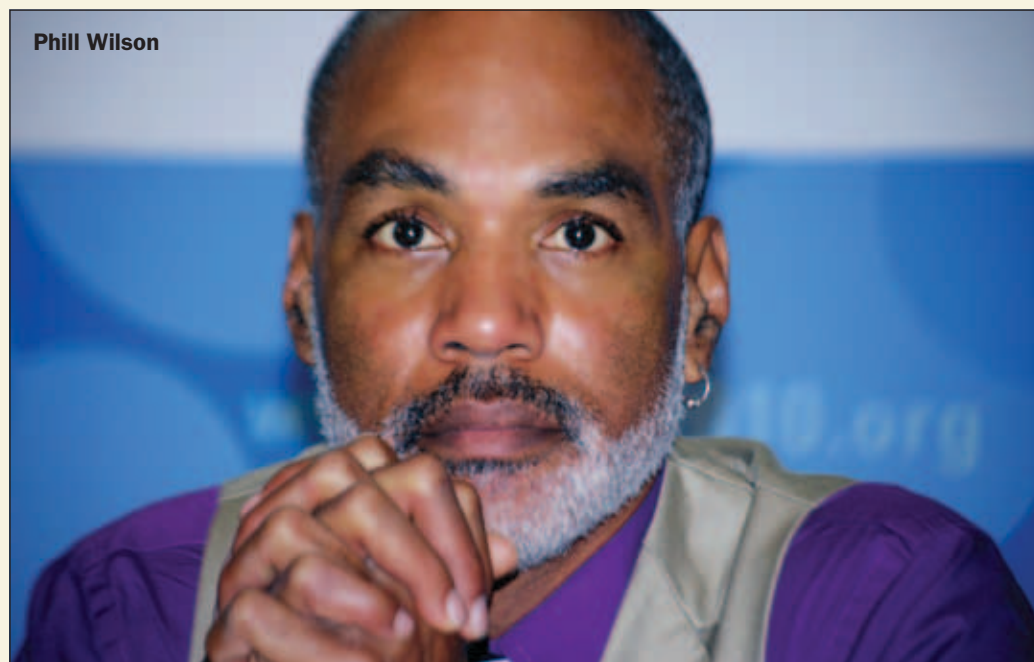
The Year of the Black

By Phill Wilson

In the weeks since the Black AIDS Institute's delegation of journalists, activists and people living with HIV/AIDS left the International AIDS Conference (IAC) in Vienna Austria, I've been sorting, filtering and putting into perspective our experiences and memories of the week. By the end of the conference we were exhausted, but we were also extremely inspired. I don't think I was alone in wishing every Black person in America could have participated in this year's IAC gathering. Many of the major findings and stories of this year's conference were about Black people. It was, if you will "the Year of the Black." The purpose of this report is to share with you as many of the highlights of the Vienna conference as the pages of this report will allow.

A GOOD BEGINNING

Even before the conference began, we learned about new breakthroughs that might help in the development of an HIV/AIDS vaccine. Researchers identified three antibodies that when combined provide protection against 99 percent of strands of the virus, and the primary antibody was found in a Black man.



Phill Wilson

A few days before the conference opened, President Obama released the first U.S. National HIV/AIDS Strategy. The strategy explicitly calls for focusing on the most at risk populations including Black Americans, men who have sex with men and people living in the south and north east. From our point of view all three of these vulnerable populations are disproportionately Black. The epidemic among gay and bisexual men is disproportionately Black, with young Black gay men at particularly high risk. Likewise, the epidemics in the south and northeast are primarily driven by high rates of

Blacks living in either urban centers or poor Blacks in the rural south.

The first major story of the conference was about race, poverty and AIDS. To make sure that this story was characterized and contextualized in an accurate way, a delegation of Black journalists met with a representative of the CDC to provide a Black perspective on this study. In the United States, at least, you cannot disengage poverty from race. Not only are they of a whole cloth, they are causal, in fact, while Black people do not come close to making a majority of poor people in America. Studies about race

and poverty in urban inner cities have to ask the question, "Who is poor in inner city America?, and Who gets AIDS in inner city America?" It's not an accident that both groups of people are overwhelmingly Black.

The third and most moving experience of this conference is the story about microbicides. This story is important for women, and it's particularly important for Black women across the Disapora and in Africa. The majority of the women impacted by HIV are Black women. The fact that this extremely elegant clinical trial and presentation were performed completely by

South Africans exposes the lie and the stereotype that Africa can't deliver quality science. That was a wonderful experience.

The fourth leading story of the conference was PrEP, Pre-Exposure Prophylaxis. PrEP involves using a biological barrier in people who are HIV-negative to prevent HIV transmission. PrEP is most likely to be a strategy employed in populations where there are disproportionately high rates of HIV infection like Black America, the Caribbean and Sub-Saharan Africa.

The next time this body gathers will be in Washington, D.C. There's no way that conference cannot focus primarily on Black people. So the road to AIDS2012 in Washington D.C. has already begun.

IMPORTANCE TO BLACK AMERICA

These are just a few of the stories from the XVIII International AIDS Conference included in this report. We've attempted to include stories that would be of particular importance to Black America from the activities presented by the African, Black Diaspora Global Network to the U.S. government's delegation to the con-

ference. In our small way, the report attempts to chronicle the role of the CDC (including conversations and presentations by Dr. Kevin Fenton and Dr. John Merman), NIAID, HRSA, and U.S. based community based organizations as well as looking at what the pharmaceutical industry is doing. There are stories about Black leadership from the Honorable Barbara Lee, Dr. Helene Gayle (the Chair of the President's Advisory Council on HIV/AIDS), Jeff Crowley (director of the White House office of National AIDS Policy), and philanthropist, Sheila Johnson.

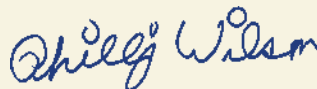
SPECIAL THANKS

We want to thank our partners in this effort, from the community-based organizations we worked with like BEBASHI, My Brother's Keeper, and the St. Hope Foundation, to corporate partners, Merck, EMD Serono and Tibotec.

We are at a crossroads now: a lot of the tools necessary to end the AIDS epidemic are in place. It's up to us to pick up those tools and to use them efficiently, effectively and compassionately to bring about the end of the AIDS epidemic in our communities. On

behalf of the journalists, activists, youth, and people living with HIV/AIDS that lost sleep and t-cells to bring you this report, I hope you find it interesting, inspiring, but most important, I hope it helps you be better at doing your work. We look forward to getting feedback from you and working with you on future projects. Until then, please take care of yourself and your blessings.

Yours in the struggle,



Phill Wilson
President and CEO
Black AIDS Institute

Finding Our Voices, Claiming Our Power

By Hilary Beard

When I was asked to lead the Black AIDS Institute's Black media delegation to the 2010 International AIDS Conference in Vienna in July, I assumed that I would work in the background as an editor often does. I would assemble the team, research, plan, assign, edit, and coach writers as they penned their pieces, and if lucky, I would attend a few sessions and perhaps even write a little. Our journalist team would be out front, researching and reporting on issues important to Black people worldwide, particularly Black Americans.

But on Day Two the groundbreaking CAPRISA microbicide research (see pages 14, 16, 20, 52 and 55) captured my attention. Women the world over struggle to protect themselves from HIV/AIDS, in part because of unequal gender dynamics and demographics; greater authority often rests in men's hands, increasing women's infection risk. Many African American women experience this reality, as they seek to love, bear children and build families in communities decimated by our government's "war on drugs" and its consequent criminalization of Black males, whose incarceration wrenches men

from relationships, families and communities in devastating numbers—wreaking havoc upon millions and costing America dearly, a price that it doesn't acknowledge it pays.

I wanted to know how this microbicide would play, not just in Peoria (or Pretoria, for that matter), but in Black Philadelphia—Pennsylvania and Mississippi. Would women use it under real-world conditions, in which they may fear not only losing love, but jeopardizing their economic stability, placing their children in harm's way, experiencing verbal, emotional or physical abuse, and or experiencing less of such a basic human pleasure in their (often anguishing) lives?

I, too, have experienced such trepidation—in my case worrying that my persistence about using condoms might strain a romance, but nothing more severe than that. I am well educated, provide well for myself, don't have children to worry about and have never been abused. Such privilege demands that I advocate for others. Both the Bible and African proverbs guide me: To whom much is given, much is required.

"What does the microbicide taste like?" I asked

a friend who attended the session where the researchers had announced their results.

"I don't know," he replied, "I wanted to ask but was chicken shit."

FEELING "NO WAYS TIRED"

We both knew that lives lay in the balance. If women—and hopefully, men—are one day to use such a gel, their partner cannot detect it nor can it interfere with the sexual experience. Someone needed to inquire what the gel tasted like, whether feeling timid or not. The South African principal investigators were not faint-hearted and had not backed down despite failing on seven previous attempts. The Black South African female clinical trial volunteers hadn't chickened out, but rather had risked the wellbeing of their most intimate selves in an effort to end AIDS' devastation. My parents hadn't wavered after deciding that our family would integrate our neighborhood despite neighbors' threats to burn down our home. My great-great grandmother, enslaved in Georgia, had fearlessly chopped off her own big toe, undercutting her market value after hearing that she would be sold away from

her children—a lineage that would, in time, include me. I knew that, if necessary, I would leverage this heritage. The question would be asked in the press conference that afternoon.

But how does a Black woman pose such an indiscreet query in the presence of men whom she does not know and a media that consistently exploits her likeness and refuses to see beyond Black women's body parts? Might asking dishonor me, my race or my ancestors whose bravery had forged my pathway into that room? Could my honest question be distorted into a shameful, but all-too-common, image: Black woman hyper-sexualized? And what would Jesus do?

SERVING THE WORLD

During the press conference the taste question hung in the air—no journalist asked the obvious. I summoned the courage to pose it myself, but a Black woman can't just walk up to a mic and say, "How does the microbicide taste?" Or can she? I asked my friend and mentor Linda Villarosa, whose pedigree includes *Essence* magazine and the *New York Times*, for advice. She sug-

gested asking the researchers to describe the gel's properties. *Perfect!*

My turn. "Last question; quick question; quick answer," the moderator said.

As I deep-breathed the voice in my head recited the Marianne Williamson line that I'd memorized years earlier (and often erroneously attributed to Nelson Mandela's inaugural address): *Your playing small doesn't serve the world. There's nothing enlightened about shrinking...*

"Can you characterize the nature of the gel for me, please? What does it look like? What does it smell like? What's the touch-feel? How does it taste? Take me through the five senses," I said.

Then principal co-investigator, epidemiologist Dr. Quarraisha Abdool Kareem, startled me by inviting me to the dais to see for myself. A panelist passed the applicator to me and I squirted a dollop of gel into my hand. When I looked up I found myself encircled by TV cameras, digital cameras,

notepads and pens, a sea of (mostly) white faces lined up several rows deep.

Then I witnessed something remarkable: Black women, followed by several white men, shoved their way through the reporters to sample the gel for themselves. Stunned and now humbled by what their determination implied, I placed a small blob into several hands then displayed my microbicide-filled palm to the cameras.

BRILLIANT OR BASIC?

But my ancestors warned me not to sample the gel. "Your job is done," they whispered. I left the on-camera taste-testing to somebody else. With the media's attention elsewhere, I examined the microbicide discreetly: it is clear, odorless, the consistency of KY jelly and has a slightly saline, body-like flavor. A woman could use it without her partner knowing. (It has not yet been tested for men.)

Afterward a white South

African television cameraman told me that my question was brilliant—a right-brain question in a left-brained room. Perhaps. Yet I had merely asked what any woman who might use the gel would want to know. The fact that I needed to pose the question at all underscored the importance of my presence in that room and of our delegation's vital role at the conference.

Of course, I was not the only Black journalist who brandished a braver voice that week. Each member of our delegation became progressively powerful. Whether refuting mainstream media claims that poverty, rather than race, drives the U.S. epidemic, demanding the same advance access to experts that mainstream outlets obtain, or representing underserved people by voicing their interests, we asserted ourselves as analysts and advocates for Black people throughout the Diaspora.

The international AIDS community took note. People inquired who we were and why we had come, considered our perspectives, honored our concerns, granted late-night interviews and even admitted being unable to address all of our queries because they'd never considered questions like them before. Opened eyes and honest dialogues proved that we'd earned universal respect.

UNTYING OUR TONGUES

Whether overseas or in the United States, publicly or in our bedrooms, the AIDS epidemic requires us to step beyond our comfort zones. We must be braver

than we've been before; we must locate our most powerful voice. Black people, in particular, must start expressing the previously unspeakable, communicating about subjects we've never discussed before and advocating for ourselves, our loved ones and our communities. We each must find the courage to ask:

■ Is this a monogamous relationship?

■ Do you know your HIV status?

■ When can I see your HIV-test results?

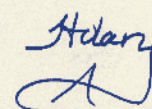
■ Why don't we use a condom?

■ Father, mother, uncle, auntie, sister, brother, have you spoken explicitly to your son, daughter, friend, loved one about the steps they must take to avoid becoming infected—and are you engaging in those behaviors as well?

■ Leader, what actions are you taking to help end this epidemic?

If my Vienna experience taught me anything, it taught me this: As our community finds its collective voice, the world will treat us with the respect we deserve. We will end this curse upon Black communities. In the process our offspring will witness our courage, empowering them to conquer the plights they will face during their lifetimes. At that point people like me will step from the spotlight and return to the background. But not until then.

Still adjusting to the limelight,



Hilary Beard
Editor-in-Chief
Black AIDS Weekly



AIDS is a Black—and Poor—Disease

CDC Report Demonstrates Link between Poverty and HIV risk, and a Widespread HIV Epidemic in America's Inner Cities

By George E. Curry | from BlackPressUSA.com

Phill Wilson, president and CEO of the Black AIDS Institute, has good reasons for describing AIDS as a Black disease. Although Blacks are 12.8 percent of the U.S. population, they represent 45 percent of all people infected each year with HIV, the virus that causes AIDS. Black women represent 66 percent of all new HIV cases each year among women, a study conducted in five major cities found that 46 percent of gay and bisexual Black men have contracted HIV, compared to 21 percent of similar white men, and although Black teenagers are only 15 percent of U.S. teen population, they account for 68 percent of all new AIDS cases among teens.

In what it calls the first federal study of its kind, the Centers for Disease Control and Prevention has now added poverty as another factor—at least for heterosexuals living in poor, urban communities in the United States—likely to increase the risk of becoming infected with HIV.

“The study reveals a powerful link between poverty and HIV risk, and a widespread HIV epidemic in America's inner cities,” Dr. Kevin Fenton, director of CDC's National Center for HIV/AIDS, Viral Hepatitis,

STD and TB Prevention, said in a statement. “In this country, HIV clearly strikes at the economically disadvantaged in a devastating way.”

FIRST TIME STUDY

The CDC findings were released here at the biennial international AIDS Conference. The study, conducted in 2006 and 2007, included more than 9,000 heterosexual adults aged 18 to 58, about 77 percent of whom were Black. Specific census tracts in 25 communities with a poverty rate of at least 20 percent were selected to be studied. The CDC report combined data from census tracts in 23 of the 25 cities, including Atlanta, Washington, D.C., Newark, St. Louis, New Orleans, Dallas, Detroit, Philadelphia, Los Angeles and Seattle. It did not provide data on the individual cities.

Although the CDC has conducted major studies on HIV prevalence rates among gay and bisexual men as well as drug users, this is the first time it has conducted a separate study on heterosexuals living in poor urban communities.

Researchers were surprised to discover that although African Americans overall have disproportion-

ately high HIV- infection rates, there was no significant racial or ethnic gap among heterosexuals living in poor urban neighborhoods.

“Within the low income urban areas included in the study, individuals living below the poverty line were at greater risk for HIV than those living above it (2.4 percent prevalences vs. 1.2 percent), though prevalence for both groups was far higher than the national average (0.45 percent),” the CDC said in a statement. “There were no significant differences in HIV prevalence by race or ethnicity in these low income urban areas: prevalence was 2.1 percent among Blacks, 2.1 percent among Hispanics, and 1.7 percent among whites.

“By contrast, the U.S. epidemic overall is characterized by severe racial/ethnic disparities: the HIV prevalence rates for Blacks is almost 8 times that of whites, and the HIV prevalence rate among Hispanics is nearly 3 times that of whites.”

RISK FACTORS

In an interview with a group of African American reporters assembled by the Black AIDS Institute, Dr. Jonathan Merimin, direc-

tor of the CDC's Division on HIV/AIDS Prevention, stated, “There is nothing biological that has caused African Americans to have such a disproportionate rate of HIV infection. It's the social, it's the economic, it's the epidemiological environment in which people live.”

He added, “There are multiple factors associated with HIV infection in the United States.

One of the main factors is race. In addition, even among African Americans, poverty is also a risk factor, as it is with others.”

According to the National Poverty Center at the University of Michigan, 24.7 percent of Blacks lived below the poverty line in 2008, compared to 23.2 percent of Hispanics, 8.6 percent of non-Hispanic whites and 11.8 percent of Asians. Poverty was defined in 2007 as an individual with an annual income of approximately \$10,000 or less.

“What's surprising about these results is that if you are living in these areas and your household income is less than \$10,000 a year, you're seven times more likely to have HIV than if you're in these areas and your household income is greater than \$50,000 a year,” said Merimin, whose depart-

Kevin Fenton



ment supervised the study.

Phill Wilson of the Black AIDS Institute looked at the numbers from another perspective.

He said, “The study tells us that when other racial and ethnic groups face the same social determinants of health as Blacks—the social and economic conditions within which they live and that impact their well-being—their HIV rates rise to similar levels as those of Blacks, even for whites whose rate of infection is normally substantially lower than rates for both Blacks and Latinos.”

The link between poverty and HIV is an intriguing one that raises critical questions about access to health care, the socio-economic standing of sexual partners and the impact one’s environment has on contracting the virus.

CDC officials acknowledge that additional research needs to be conducted now that a direct link has been clearly established between poverty and HIV.

“Why poverty is associated with HIV infection among African Americans and even more so, perhaps, among white Americans and Latino Americans?” Mermin asked, rhetorically. “That’s something we need to look at.”

George E. Curry is a former Washington correspondent and New York bureau chief for the *Chicago Tribune* and was editor-in-chief of *Emerge* magazine.

Q&A with Kevin Fenton

The Centers for Disease Control and Prevention released a study of over 9,000 heterosexual adults living in high-poverty areas of 23 cities nationwide. One of the findings: HIV prevalence rates in urban poverty areas did not differ significantly by race or ethnicity.

We asked Kevin Fenton, M.D., Ph.D., director of CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, to give us some insight into what the study means.

Bottom line: Is the study saying that the high rates of HIV in African Americans are due to poverty, not race?

No. A better bottom line would be that poverty is a factor which is driving the high rates of HIV that we’re seeing in African Americans and other minorities in our inner cities. We know there are individual factors: for example, high rates of unsafe sex, injection drug use, having multiple concurrent partners, high STD rates. We know there are health system factors, for example, poor access to quality services. And then social determinants of health drive vulnerability to the epidemic, including poverty, cultural factors, racism, discrimination, poor education. This study confirms that poverty is a strong determinant of HIV rate and risk, particularly in the inner cities of the U.S.

Is the implication that wealth may protect you from HIV?

Not necessarily. In fact, in the very early days of the epidemic, wealth was a risk factor for HIV because with wealth you were able to travel, you were able to move between cities that had high incidence of HIV, or you may have had resources to participate in risky activities, for example, purchasing sex. In some societies, wealth may be associated with having multiple concurrent partners. You have more money, so you’re more socially desirable.

But clearly what this study is saying specifically in the U.S. context is we can show that poverty is an equalizer in these inner city areas. If you’re poor and Black, your rate of HIV is equal to if you’re poor

and Hispanic, which is equal to if you’re poor and white.

Seventy-seven percent of the people in the study were Black and only four percent were Caucasian. Were you at all concerned about comparing such a small group of Caucasians to such a large group of Blacks?

No, because it reflects the reality of inner city life in the United States. And statistically we have enough in each cell to do the comparison.

Are there assumptions about why poverty is driving HIV?

We’re working the causal pathways. If you’re poor, you may have to participate in transactional sex [selling sex] to survive. We know that in poor parts of the country we not only see high rates of HIV but also high rates of STDs and those are co-factors for HIV. Poor areas also have high rates of injection drug use and other types of risk behaviors. Poverty is also related to quality, location and access to health services. In poor parts of many cities, community health centers, quality of private doctors are all going to be factored into increasing vulnerability to HIV.

I know the results can’t be generalized to non-urban poverty areas, but is that something you might look into later? Other socio-economic strata?

Absolutely. This is one of the things we’re committed to looking into at the CDC. We have a very good handle on those individual level determinants I mentioned earlier. We have a less good handle on the social determinants of health. So, for example: How is poor education attainment driving the epidemic in the U.S.? How are high rates of incarceration driving the epidemic in African Americans. This [poverty] study is one of a series of studies we’re doing at CDC.

—Lynya Floyd

Lynya Floyd is the senior editor covering Health and Relationships at *Essence* magazine.

What Will HIV Look Like in 2015?

Plans Call for Reduction in New Infections, Decrease in PWAs Who Don't Know It, Increase in Speedy Care for Newly Diagnosed

By Lynya Floyd | from Essence.com

What a difference five years can make. Or can it? Last week, Barack Obama unveiled the U.S.'s first National HIV/AIDS Strategy, which plans to significantly lessen the impact of the epidemic in America by 2015. And they're not vague about what success would look like when it comes to a disease that's the number one killer of Black women 25 to 34.

In just five years time, the strategy plans to: reduce the annual number of new HIV infections by 25 percent from 56,300 to 42,225.

Another goal: Decrease the number of people living with HIV who don't know it from 21 percent to 10 percent.

A third: Increase the proportion of newly-diagnosed patients linked to clinical care within three months of their diagnosis from 65 percent to 85 percent. And that's not even half of all the goals that have been set.

At the 2010 International AIDS Conference in Vienna, several key leaders in the HIV/AIDS community gathered to discuss the national strategy. "This is a bit of a poker game and the feds have anted up," noted Dawn Averitt Bridge, founder of The Well Project, a not-for-profit corporation which educates and supports HIV+

women and their caregivers.

In the past, the government has received significant criticism for not putting forth a plan to combat a disease epidemic that infects 1.1 million Americans. "But this is the first win in a series of challenges we have before us. There's a real opportunity for us to expand and see things happen in a way they haven't before," she added.

CREATING ACCOUNTABILITY

The White House was clear that this isn't just a federal government initiative. It's going to take efforts from local governments and communities. And, let's be honest, you. What can you personally do to make the five-year-goal a reality?

"Demand that your congressmen hold up this strategy," suggests congresswoman Barbara Lee (D-CA) who has attended the last six international HIV/AIDS Conference, including this one in Vienna. "Hold them accountable at the ballot box."

"We need to take advantage of opportunities to educate and inform Black women," suggests C. Virginia Fields, President and CEO of the National Black Leadership Commission on



Barbara Lee

AIDS (www.nblca.org). "We must go into areas where we find larger segments of Black women such as our sororities, our civic organizations, the National Coalition of 100 Black Women, The Links. They have conferences every year. It's up to us to get the information out there. Encourage people to get tested and be involved on many levels."

"We Black women are often the central figure in our families. We can set the example by getting tested and knowing our HIV status," suggests Deborah Parham Hopson, Ph.D., R.N., associate administrator for HIV/AIDS in the U.S. Department of Health and Human Services' Health Resources and Services Administration. "If we are negative we

can protect ourselves by practicing safe sex. We can be the example for our sons, daughters, nieces and nephews. We can talk to them so they know the things they can do to stay negative."

Lynya Floyd is the senior editor covering Health and Relationships at Essence magazine.

Topical Medication Makes HIV History

Breakthrough Microbicide Research Paves Way for Female-Controlled HIV Protection

By Linda Villarosa

In a groundbreaking study, a gel made using an anti-retroviral drug was found to be effective in reducing a woman's risk of becoming infected with HIV. This is the first time in history that this kind of topical medication, known as a microbicide, has worked, despite many earlier trials. The research broke yesterday at the International AIDS Conference in Vienna and is widely believed to be the biggest news that will come out of the 6-day event. Though the results will need to be confirmed and a product won't hit the market for at least a few years, this news marks a major stride for women around the world, particularly in Africa and in African American communities. It will finally offer a female-controlled way for women to protect themselves in the sexual arena, where men, too often, call all the shots.

"This becomes a self empowerment resource for Black women, who are disproportionately impacted among all women with HIV," says C. Virginia Fields, president and CEO of the National Black Leadership Commission on AIDS. "This would provide a much-needed tool in our arsenal against HIV, given that there are so

few effective interventions targeting women of color. Ideally it will stem the tide of increased infections."

A MAJOR COUP

The study of 889 uninfected Black women aged 18 to 40 in rural and urban KwaZulu-Natal, South Africa, found that the gel containing the HIV drug tenofovir (currently prescribed in pill form under the trade name Viread) cut infections by 39 percent. Among the women who used it consistently and correctly, the results were even better: 54 percent effectiveness. Either way you look at it, in the science world these numbers signal a major coup.

The researchers also noted that genital herpes risk dropped by 51 percent, which was a surprise. Actually, said epidemiologist Salim S. Abdool Karim, Ph.D., who with his wife, Quarraisha, also an epidemiologist, led the study team, the results were a surprise. Seven of their previous trials over many years, he explained, had failed.

"When we sat down at the table to finally see the results, it hit us—this works—and we were stunned. In fact, we didn't say anything for a full minute," said Dr. Salim

S. Abdool Karim, director of the Centre for the AIDS Programme of Research in South Africa (CAPRISA), located in Durban. Late last night, he and his wife spoke to a small delegation of Black journalists who had traveled to Vienna. The two researchers of color provided this exclusive access to assure that African Americans got the full story the night before the couple presented their results to the full conference. When the scientists unveiled their findings at 1 p.m. Vienna time, thousands listened. Even the overflow room was full, as participants crowded around screens in the hall, applauding as Drs. Abdool Karim spoke.

HOPE FOR WOMEN

This kind of breakthrough is urgently needed. In sub-Saharan Africa, where the epidemic is most dramatic and deadly, 22.4 million are living with HIV and every year millions more become newly infected. Women account for almost two-thirds of those living with HIV in the region, and young women, often poor and powerless, bear the brunt of the epidemic. South Africa, where the study took place, has more people living with HIV than any country

in the world.

Dr. Quarraisha Abdool Karim explains that the research grew out of frustration at not being able to offer protection to women who would come into clinics where she worked in South Africa. "When they asked us what can we do to protect ourselves, we had nothing to offer them," she said. "Abstinence? They were married or in a stable relationships—no. Behavior change? They were faithful, but not sure about their partners' faithfulness. Condoms? Men don't want to wear condoms, and at the time there was no female condom.

"So today, although we don't have the microbicide," she continued, "the results signal hope for women that they will have something that is 39 percent more effective than nothing."

A LONG TIME COMING

In the United States, the disease continues to ravage African Americans. A number of communities have rates of infection as high or higher than in some African countries. Black men and women represent only 13 percent of the population, but account for almost 50 percent of people living with



Quarraisha and Salim S. Abdool Karim

Q&A with Salim and Quarraisha Abdool Karim

The Black AIDS Institute conducted an exclusive interview with the scientists at the International AIDS Conference to discuss their exciting new findings and to find out what the results mean for Black women worldwide.

Why is this new gel so significant?

Salim: Once confirmed and implemented, tenofovir gel has the potential to alter the course of the HIV epidemic. By our estimates, we could prevent 1.3 million new HIV infections and more than 800,000 deaths over the next 20 years in South Africa alone.

How long did it take for you to create it?

Salim: It took eight trials. [When we finally saw our results,] there was a bit of disbelief because we'd been battered by repeated studies that had just not shown anything. It's been a hard road. You have to have a certain level of doggedness to stay in a field where you take knocks every time you do a study and it doesn't work. You begin to question the wisdom of why you're even doing this.

How effective is the gel?

Salim: Our study shows a 39 percent protection against HIV overall and 50 percent protection from HIV after one year of tenofovir gel use. In women with a high adherence, it shows 54 percent effectiveness. And it also shows a 51 percent reduction in HSV-2, otherwise known as genital herpes.

Quarraisha: One in five sexually active people globally have HSV-2, and if you have HSV-2 you have double the risk of getting HIV.

What do your findings mean for Black women throughout Africa and the United States?

Quarraisha: We used a slide [in our presentation] that shows the distribution of HIV infection in the U.S. in 1985, and then in 2006. It shows how heterosexual transmission has increased from 3 percent to 31 percent [of infections among Black American women]. So we've seen a big

change in the face of the epidemic [in the U.S.], where women feature much more than they did about a decade ago.

Salim: We all recognize and understand the importance of women—in particular, young women—bearing the brunt of the HIV epidemic in Africa. Tenofovir gel potentially adds a new approach to HIV prevention, as the first that can be used and controlled by women. It can help empower women and help them take control of their bodies to help protect against their risks of HIV infection.

Who participated in the study?

Salim: All the women are Black. We recruited from two clinics in predominantly Zulu-speaking communities in rural and urban areas near Durban.

Quarraisha: The age range we were screening was 18 to 40 years. The mean age was 23.2 years old. The majority of the women over 25 were already infected by HIV.

Is it safe to use?

Salim: Our findings show no substantial safety concerns, although there have been some reports of minor diarrhea. There is [virtually] no tenofovir resistance and we found it is safe for Hepatitis-B infected women. The 51 babies born during the study had no congenital abnormalities.

What's next in this process, and how long do you think it will take for the gel to come to market?

Salim: Additional studies are urgently needed to confirm and indeed to extend the findings of this study for safety and effectiveness, so this study is the first step. But I would be disappointed if it were not available to women three years from now.

—Tomika Anderson

Tomika Anderson is a freelance writer based in Brooklyn, New York. Her work has appeared in *Essence*, *POZ*, *Real Health* and *Ebony* magazines, among others.

HIV and just about half of new infections. Sixty-four percent of all women living with HIV/AIDS are Black and the diagnosis rate is 19 times higher than it is for white women. A government study released in March found that 50 percent of Black women have genital herpes.

The vast majority of African American women contract both herpes and HIV during heterosexual sex, most often from men they are married to or at least seriously involved with. This point strikes at the heart of why a woman-controlled form of protection is so important.

"This lets women take control of their own sexual health, instead of depending on husbands and boyfriends to protect them," says Vanessa Johnson, deputy executive director of the National Association of People with AIDS.

"It also potentially gives women living with HIV/AIDS a valuable means of not transmitting their HIV to others," continues Ms. Johnson, who contracted HIV from a former boyfriend and has been living with HIV for 20 years. "We have high hopes." Experts aren't sure whether this product protects against either female to male or anal transmission of HIV. This study didn't look at either.

It's a long time coming, said Eleanor Hinton Hoytt, president and CEO of the Black Women's Health Imperative. "Since the mid-1990's when the promise of microbicides was first introduced, we have watched HIV infection rates skyrocket among women worldwide," said Ms. Hinton Hoytt, whose nonprofit organiza-

tion is located in Washington, where the HIV rate is highest in America.

"This is a major breakthrough in addressing an unmet need for women—a female-controlled HIV and STD prevention method. If this vaginal gel proves to be safe, available and affordable, we may finally be closer to shifting the power dynamics that have fueled the HIV epidemic and, more importantly, closer to saving women's lives."

Participants in the study were sexually active and applied the gel both 12 hours before and 12 hours after sexual relations. It is inserted into the vagina using a plastic applicator. Half of the women used a product that contained the drug, while the other half received a placebo gel with no medication added. Sixty of the 444 women who used the placebo contracted HIV, compared to 38 of the 445 women who used the gel containing tenofovir became infected. The area where the study participants come from is considered the "epicenter of South Africa's explosive HIV epidemic," where women engage in infrequent but very high-risk sex with migrant men.

KEEPING EXPECTATIONS IN CHECK

Despite the promising results, experts advise women to celebrate, but cautiously. "This is great news, but it is not 100 percent effective," said Dr. Hilda Hutcherson, a clinical professor of obstetrics and gynecology at Columbia University and author of a number of books, including *Pleasure: A Woman's Guide to Getting*

the Sex You Want, Need and Deserve. "We must continue to recommend condoms for protection against HIV.

"I think this will be most useful for married women who feel that they can't use a condom, but might be suspicious and want that bit of protection without demanding condom use," Dr. Hutcherson added. "However, I would personally demand the condom if I thought my husband was cheating."

It's important to remember that most Black women in the U.S. with HIV contracted it from men who didn't know they were infected with the virus. One in five Americans aren't aware of their HIV status, and Blacks are believed to be less likely to know. A woman who has no idea her partner is positive wouldn't have reason to use the gel.

Though the study pointed to the gel's safety, best to keep expectations in check until more is known, urges Gail E. Wyatt, Ph.D., a UCLA professor of psychiatry and biobehavioral sciences and associate director of the UCLA AIDS Institute. "If confirmed, the microbicide has potential to save women's lives, but the research needs to be carefully read and understood," said Dr. Wyatt, also author with her husband of the book *No More Clueless Sex*. "The efficacy of the trial is promising, but the study also needs to be replicated in America before passing judgment.

Dr. Abdool Karim says he'll also feel more confident once the results are repeated. Another project called the VOICE study is currently looking at 5,000 African women, comparing a gel compound with HIV medication in pill form. Findings

are expected in 2013.

"In the scientific community, we need to think about what it is going to take for all of us to work together to make this a reality," he said. "I would be disappointed if we were not able to make a microbicide tenofovir gel available in three years."

In the meantime, in Vienna, conference attendees are buzzing with the news, scientists and advocates alike.

"The microbicide trial results are fantastic. Women deserve a win," says Ebony, a young HIV-positive African American woman living in Amsterdam and attending the conference as an activist. "A microbicide gives women choice and control; however, the work can't end there. We still need the female condom and male condoms to prevent unwanted pregnancies and other STIs and a non-antiviral microbicide that can meet the needs of women living with HIV."

Linda Villarosa directs the journalism program at City College in New York. She has covered the International AIDS Conference five times.

Prejudice Remains Obstacle in Epidemic

Global Health Leaders Say Criminalization Exacerbates HIV Epidemic Among Black Gay, Bisexual, Other MSM

By Rod McCullom

From pre-conference events to the massive human rights march through downtown Vienna, world leaders, public health experts and HIV activists honed in with laser-like precision on a common message at The 18th International AIDS Conference in Vienna: The ongoing persecution and criminalization of gay, bisexual and other men who have sex with men—MSM, in public health shorthand—is undermining efforts to control the global HIV/AIDS pandemic. Chief among the obstacles: More than 80 nations have laws that still criminalize same sex behavior. In some of these countries, conviction can even result in the death penalty, reports UNAIDS.

PRONOUNCED ACROSS AFRICA DIASPORA

Further exacerbating the problem, according to a report by Planned Parenthood, “58 countries have laws that criminalize HIV or use existing laws to prosecute people for transmitting the virus. Another 33 countries are considering similar legislation.”

The trend is “even more pronounced” across Africa and the Diaspora, said Joel

Gustave Nana, executive director of the Johannesburg, South Africa-based African Men for Sexual Health and Rights (ASMSHer). The West African laws vary in extremity—just “exposing a person to HIV, regardless of if the virus is transmitted, is a crime in Benin, and Tanzanian law carries a possible sentence of life in prison for intentional transmission,” reports *Medical News Today*. While the overall life for Black MSM may be better in North America, there are drawbacks. The United States and Canada lead the world when it comes to prosecuting people who infect or expose others to HIV, a surprising new study reveals. Black men have been disproportionately targeted with these prosecutions. A Black, gay, HIV-positive Michigan man was recently as charged as a bioterrorist for allegedly biting a neighbor’s lip during a scuffle, *Black AIDS Weekly* reported in June.

“The prosecutions are arbitrary,” said Nana, in an interview after a press conference organized by The Global Forum on MSM & HIV. The day before the conference officially opened, the Global Forum held a 24-hour event to address the soaring global rates of MSM seroconversions.

A Runaway Epidemic
“The stigma, discriminatory laws and criminalization of HIV transmission encourage the spread of this disease,” adds Nana. “Why should someone seeking testing or medical advice come forward if you could be arrested? There is no incentive.”

The fear of “coming out,” pop culture which celebrates homophobia and churches and churchgoers that demonize gay Black men compound the problem for Black MSM in America, the Caribbean and Africa.

“This is the context in which you have a runaway, dangerous HIV epidemic in Jamaica,” adds Dr. Robert Carr, the co-chair of the International Council of AIDS Service Organizations (ICASO). “There is a clear link between religious condemnation, criminalization, stigma and HIV infections. We see this all the time in the Caribbean.”

CONDEMNATION = DEATH

Carr adds: “Politicians and church leaders endorse homophobic violence. Police refuse to protect MSM or are complicit or directly involved in the violence,” he said, referring to a

now-infamous incident of a 2,000-strong mob surrounding several gay men and stoning them. The police were called to the scene and the officers also struck the young men.

Carr sighs. “With Jamaican MSM infection rates at 32 or 33 percent, it became obvious that you couldn’t do effective HIV work in this context.”

Although a state sponsored, religious-based terror campaign has targeted African MSM from Algeria to Zimbabwe, there are some positive developments to report from AIDS 2010.

“We now have 14 countries out of 54 that include men who have sex with men in their national HIV strategic plans,” AMSHer’s Joel Nana said. “It doesn’t mean the services will be delivered to those populations, but it is an acknowledgment. That’s a first step.”

“Kenya was the first African nation to include MSM in their national HIV strategy,” Nairobi-based peer educator Job Akuno told *Black AIDS Weekly*. Akuno is a counselor with the Nairobi-based SHAP, Scaling Up HIV and AIDS Prevention, partially funded by PEPFAR, the President’s Emergency Plan for AIDS Relief. “That was in 2006.

DISPARITIES

Poor Likeliest to Get HIV

Blacks, Gays Likeliest to Be Poor

By Ramon Johnson | from About.com

But ... it seems like we are rolling back on some of the gains that we made.'

"Kenya is starting to look like one of the countries that we should look up to," Nana adds. "The HIV movement is more open to include MSM. And there is a strong MSM movement in Kenya, too. It is one of the few countries in Africa where a MSM organization was able to place an ad in the newspaper for the International Day Against Homophobia on May 17."

Akuno says the HIV Prevention and Control Act criminalizes deliberate HIV transmission. "The sentences are up to 10 years. No one has been prosecuted, but now there is talk to make the law harsher. If you criminalize HIV transmission or only target MSM, that will further stigmatize the disease and drive many people into not wanting to know their results."

Job Akuno shrugs. "What can you do but hope for the best?"

Rod McCullom, a writer and television news producer, blogs on Black gay, lesbian, bisexual and transgender news and pop culture at rod20.com.

Since the HIV epidemic began in 1983, many have been eager to label the HIV/AIDS epidemic by who's most affected, but the fact remains that HIV is a universal problem that has devastating effects on all communities. What's of particular concern are the social-economic factors that make some communities more vulnerable to HIV infection than others.

The Centers for Disease Control released a poverty study at the 18th International AIDS Conference titled "Communities in Crisis: Is There a Generalized HIV Epidemic in Impoverished Urban Areas of the United States" that examines the impact of poverty on HIV infection rates. What they found is that in poorer communities, incidence rates among whites and Hispanics are just as high as among Blacks living in the same community. Infection rates among females and males also matched.

This is the first time in the U.S. that HIV is being looked at through the lens of poverty. According to the numbers, poorer people are more likely to be infected with HIV. Previous studies say Blacks are more likely to be poor. And, according to the 2009 LGBT Poverty Report by The Williams Insti-

tute at UCLA, poverty rates for LGB adults are as high or higher than rates for heterosexual adults. The think tank found that 24 percent of lesbians and bisexual women are poor compared to 15 percent of gay men, strikingly high numbers given the gay wealth misconception.

Ramon Johnson is a new media journalist and the gay lifestyle guide at About.com. He was named GLBT Person of the Year by GayAgenda in 2008. About.com was selected as 'Best Gay Lifestyle Blog' by BestGayBlogs.com.

Progress Made in Vaccine Development

Blacks Needed in Clinical Trials but Is Risk in Vaccine Studies False Positive Test Results?

By Ramon Johnson

Last week, U.S. government scientists announced their discovery of three antibodies in a man's cells, including one that neutralizes 91 percent of HIV strains. At the age of 60, this man, known in scientific circles as Donor 45, became one of the most important participants in HIV research. Donor 45 is Black, gay and has been living with HIV for 20 years. What makes him special in the field of HIV is not his gender or race or sexual orientation or age. He has a rare ability to produce antibodies that block HIV from invading his cells.

As a clinical trial participant, Donor 45's identity remains a mystery and the antibodies that he produces are under wraps. Most HIV-positive people like Donor 45 are what scientists call "elite controllers." These men and women, also known as "long-term survivors" or "non-progressors," naturally maintain viral loads, the amount of HIV virus present in their blood, at levels so low that the virus can't be detected. Somehow their bodies stop HIV from replicating. They remain healthy with undetectable loads for long periods of time without taking prescription drugs. About one to four percent of HIV-infected people are said



to be in this group.

Scientists hope to better understand why elite controllers' bodies produce antibodies that other HIV-infected people's bodies do not. Uncovering this mystery offers another step toward what researchers call a "functional cure," defined as a life free from symptoms, where the disease does not progress and prolonged antiretroviral treatment

is unnecessary. Donor 45 is of particular interest to vaccine researchers because, unlike his fellow elites, his viral load remains high whereas their viral load is typically low. Yet, even with a high viral load Donor 45's immune system is stable, a fact which offers a building block to developing an HIV vaccine, says Anthony Fauci, M.D., director of the National Institute of Allergy

and Infectious Diseases at the National Institutes of Health. "If we're ever going to get a cure for HIV," Dr. Fauci says, "we're going to have to have a patient whose immune function has some degree of integrity." Donor 45's does.

TRICKING THE BODY AND THE TEST

But the contributions of Donor 45 and other clinical-trial participants don't come without risk. A study presented at the XVIII International AIDS Conference by Lindsey R. Baden, M.D., of Brigham and Women's Hospital and Harvard Medical School in Boston, found that the test results of nearly half of the trial volunteers she surveyed yielded false-positive results. This means that many trial participants who subsequently got screened for HIV tested HIV-positive—only to discover later that their HIV-positive results were wrong; they were in fact HIV-negative. Besides the traumatic emotional impact an HIV diagnosis can have, this vaccine-induced seropositivity/reactivity may cause the person who receives an HIV-positive result to have difficulties obtaining insurance or donating blood

and organs—not to mention encounter problems with employment, military service and or immigration.

However, it isn't the test that's faulty. The diagnostic test works as it should by detecting HIV antibodies. The problem occurs because the vaccine prototype is designed to fool the body into thinking that it has those antibodies. The VISIP test picks up on the change and returns a positive test result. The HIV-positive test result is correct, yet the person is HIV-negative.

The solution seems simple: Getting retested using viral load or p24 antigen tests will show if the original antibody test was wrong. However, this is where things get complicated, since patients have to have both the health literacy and presence of mind following a traumatic diagnosis to ask for additional testing or depend on their health professional to request tests for them. This may be unlikely, particularly for volunteers with low education, or without the financial means to pay for more tests, the insurance to cover them or health practitioners open to performing them.

However, Donor 45's results suggest that the potential benefits of volunteering

for HIV trials may outweigh these and other risks. His participation unlocks a door allowing scientists to ask: Why does his body produce antibodies to HIV, and how can this information be used to get everyone else's body to do the same? While uncovering these answers could take 10 or so years, they become of special importance as we reach the 30th anniversary of the first reported AIDS case in 2011.

But if Donor 45 is a superhero of the disease, HIV is its Lex Luther. The virus is smart. It hides from the immune system in lymph nodes and lymphocytes, mutating the cells that should be fighting it off and turning them into deadly helpers. Its identity is hard to isolate and fight because unlike the flu or small pox, the HIV virus is unstable and its identity changes as it spreads. This makes developing a vaccine particularly difficult. How do scientists hit a target good at hiding and even better at changing its appearance? Is there a weapon strong or smart enough? The hope is that one day the antibodies developed from donors like 45 and elite controllers can give us the answers.

IF NOT US, WHO?

Volunteers in vaccine trials help researchers take a crucial step forward in the long journey to HIV-vaccine development. The greater the number of volunteers, the more likely that elite controllers like Donor 45 will be found. Medicines work best when they are tested on people most like those who will ultimately take them. Almost 50 percent of AIDS diagnoses and 45 percent of new HIV infections in the United States occur among African Americans. So Black participation is essential in clinical trials, and we stand the most to gain.

Trial volunteerism offers an "opportunity for leadership in the Black community," says Katharine Kripke, M.D., assistant director in the vaccine research program at the National Institute of Allergy and Infectious Diseases Division of AIDS. She notes that because African Americans are disproportionately affected by HIV, we must continue to volunteer to participate in research in disproportionate numbers.

A viable vaccine is years away, and even when one is developed, elite-controllers, long-term survivors and other HIV-positive people won't

be cured. However, Black people can play a key role in facilitating a functional cure, as has Donor 45, furthering the possibility of long-term health for the HIV-positive and another step toward ending HIV and AIDS.

Ramon Johnson is a new media journalist and the gay lifestyle guide at About.com. He was named GLBT Person of the Year by GayAgenda in 2008. About.com was selected as 'Best Gay Lifestyle Blog' by BestGayBlogs.com.

Protesters Open Up World AIDS Conference with Rage

President Obama and United States Bear Brunt of Anger
Ostensibly because U.S. is Global Fund's Largest Contributor

By Angela Bronner Helm

With a special rancor reserved for the U.S. and president Barack Obama, hundreds of AIDS activists and people living with AIDS marched en masse through the Messe Wien conference center at the start of the XVIII International AIDS conference in Vienna, Austria, demanding more money for AIDS funding.

Amid shouts of "Obama lied, millions die!" and "Keep your promise, we want to live!" throngs of protesters from around the world snaked through the conference center giving vibrant color and sound to an otherwise staid environment.

Sex workers with red umbrellas, shirtless housing activists, traditional rabble rousers with pink ACT-UP triangles on their shirts and men and women from every corner of the world assembled for the peaceful but spirited "die in" right outside of the doors of the official opening session of the AIDS conference, which included speakers such as Austrian President Heinz Fischer and AIDS activist Annie Lenox.

Over 185 groups signed on to participate in the demonstration, which kicked off with a massive banner drop outside of the conference center and a focus on the fact

that in the midst of a global economic crisis, countries have decreased spending for HIV and AIDS significantly.

Our own governments need to fund the global fund, so we're all here in solidarity marching for the cause," says Lynette, 27, a Cape Town resident and member of the AIDS and Rights Alliance for Southern Africa.

PRESIDENT OBAMA, THE NEGOTIATOR

In fact, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the world's collective economic response to the AIDS crisis, has cut funding by 25 percent over the last three years, according to the protest's organizing group, Fight Global AIDS.

President Obama and the United States, though, especially bore the brunt of much of the anger of the protesters, ostensibly because the U.S. is the fund's largest contributor.

"I'm here because I'm a betrayed American," says Dr. Paul Zeitz of the Global AIDS Alliance, a social justice AIDS organization.

"President Obama committed to ending AIDS in the United States and he only provided \$25 million

for ADAP, the AIDS Drug Assistance Program. But we need \$125 million for Americans to get life saving AIDS medicines."

"It's great words," says Zeitz of the recently released National AIDS Strategy. "But I'm not asking for words, I'm asking for money. Money is the oxygen for action."

As the protesters marched through the convention center's halls, they practically defaced the United States' (and only the United States') booth, plastering it with signs saying "Broken Promises Kill. No Retreat. Fund AIDS."

"President Obama came into office to be the answer to so many things, including HIV and AIDS to fix what the Bush administration has done so horribly," agrees Matthew Kavanaugh of HealthGAP, a U.S. based human rights organization.

"It doesn't matter that the U.S. is the biggest donor to the Global Fund because we are also the wealthiest nation. As a portion of what we can afford, this is tiny."

Phill Wilson, of the Black AIDS Institute, however, had a more nuanced look at what the Obama administration has done, yet also made it clear that he is no apologist for the president.

"The issue around AIDS

today is about money but it's not just about money," explained Wilson. "There are policy issues that have been accomplished this year—the lifting of the ban on needle exchange; the lifting of the travel restrictions. The change away from abstinence only messages. Healthcare reform is an AIDS issue. The filling of the donut hole, the elimination of pre-existing conditions, the elimination of lifetime caps. Those all help people living with HIV."

"We're not making the investment we need to make and we should continue to remind the president that we need to make a bigger investment," Wilson said. "But the policies that the president has implemented are also saving lives."

Angela Bronner Helm is a Harlem-based editor with AOL BlackVoices and board member of the Black AIDS Institute.



Black Women and HIV: Don't Blame the Down Low

Researcher Says Everyday Stress of Being a Black Male Is Factor in Failure to Use Condoms

By Lynya Floyd | from Essence.com



Lisa Bowleg

If only two percent of Black men are bisexual, can we really point to the D.L. phenomenon as the reason so many Black women are contracting HIV?

Experts like Ingrid (Lisa) Bowleg, Ph.D., Drexel University School of Public Health, say no. “I continue to be stunned that Black heterosexual men are absolutely invisible [in this discussion of Black women and HIV],” she says. “It’s as if everybody got distracted by the sensationalism of the down low. But if you think about this logically, there just can’t be that many bisexual men.” So what is happening with Black heterosexual men?

In a poster she co-authored and presented last week at the XVIII International AIDS Conference in Vienna, Austria, Bowleg sought to answer that question. One of the results of the research she and her colleagues have done, interviewing hundreds of Black men in Philadelphia, says it is the everyday stress of being a Black male.

“Unemployment, incarceration, these structural factors exert so much stress on people that it constrains their ability to engage in behaviors that will protect them [from HIV],”

suggests Bowleg. “You could have sex and it’ll feel really good and take your mind away from all these stressors. And what’s not using a condom this time for something that may or may not happen compared to [the stress of worrying about losing your job or being harassed by the police?]”

The poster is entitled, “‘To Just Survive Every Day, as a Black Man. It’s Hard Work:’ Exploring the Implications of Structural Factors for Sexual HIV Risk Among Black Heterosexual Men in the U.S.” and it presents the voices of Black men to bring to life the struggles they have with racism, police harassment, unemployment and more.

“Sometime I feel like, you know, I’m lettin’ my family down. You know? Like I’m not, you know, holdin’ up the part o’ my end o’ the bargain,” Rob, 40 is quoted as saying on the poster. “Supposed to be there for my wife, you know. She ain’t supposed to be out there strugglin’ all the time and all the other stuff.”

“I ain’t gonna front, like I almost killed myself before,” Malcom, 30, is quoted on the poster as saying. When researchers asked why, he said: “Stress, everything, stress, women,

Q&A with Dr. Lisa Bowleg

Lisa Bowleg, Ph.D., an associate professor at Philadelphia's Drexel University School of Public Health, focuses primarily on community health and prevention issues for women. Yet at this year's International AIDS Conference, she presented a study on what she calls the "missing link" of HIV-prevention work in Black communities: heterosexual men.

Here, Dr. Bowleg explains the surprising things she learned—and their use in her future work—about distress, sex, Black men and HIV.

What made you decide to turn the focus of your work from women to men?

There are typically two people—a man and a woman—in a heterosexual sexual encounter. Why should she bear greater responsibility, given that his behaviors are likely to play a larger role in the transmission of the virus to her? Why do we exclude Black men from leadership to end this epidemic in our communities? Why are our expectations for Black heterosexual men so chillingly low or nonexistent when it comes to HIV prevention? You can always count on women to be out front, taking the initiative to care for their loved ones and communities. Now it's time for heterosexual brothers to step up and co-lead.

On a community level, what do you think are the best kinds of programs to protect Black heterosexual men from high-risk behavior?

Structurally based interventions are desperately needed. A host of structural factors—such as unemployment, incarceration, racism, police

harassment and surveillance, and neighborhood violence—disproportionately impact Black men's lives. To assume that HIV prevention is or should be their primary concern seems quite shortsighted.

We need interventions such as job training and workforce development and housing programs. We need to address the complex structural factors that, as Dr. Rafael Diaz has noted in his research on social discrimination and HIV risk among Latino gay and bisexual men, constrain individuals' ability to protect themselves and their partners from HIV. My research shows that we have lots to do in terms of changing traditional gender-role norms—for example, that real men have sex with lots of women and should not be gay or bisexual. Brazil, Ethiopia and India have succeeded in changing traditional notions of masculinity to enhance HIV prevention. Similar interventions should exist for heterosexual men in the U.S.

If you had to choose one, which structural factor was most commonly discussed in your interviews as a cause of high-risk sexual behavior?

My research team and I hypothesize (and plan to test) that psychological distress links these factors. That is, men who have experienced all of these factors—unemployment, discrimination and so on—are likely to be more distressed. They may engage in various risk behaviors, such as having sex under the influence of drugs or alcohol or with lots of women, as a way of coping.

We also examine gender-role strain. Lots of men we interviewed have talked about the stress of not

being able to financially support their families. We plan to investigate whether the man who is distressed about not being able to support his family—our society tells us that this is what “real men” should do—may have sex with more women to compensate.

We also are very interested in factors that protect Black men. So we're investigating how factors such as religiosity or spirituality, coping and social support might buffer against distress and in turn reduce HIV sexual risk.

Will this lead to any new studies for you?

Absolutely yes! We plan to disseminate lots of interesting findings, including on masculinity ideologies, resilience in Black men, sexual concurrency, sexual scripts, and religiosity and spirituality.

As for future studies, I am excited about a collaboration with the National Comprehensive Center for Fatherhood (NCCF), which provides employment training and life development to thousands of Black men in Philadelphia. We just conducted focus groups to examine where HIV falls as a priority for men in the NCCF program. We plan to apply for a grant to develop and test an employment-based intervention for Black men in the program. It's a wonderful opportunity to bridge academic work with that of a community-based organization.

—Ayana Byrd

Brooklyn-based Ayana Byrd is co-editor of *Naked: Black Women Bare All About Their Skin, Hair, Hips, Lips, and Other Parts* and a former articles editor for *Glamour* magazine.

stress, bills, stress...”

Further data from the study will be revealed in coming months. But in the meantime, Bowleg had one prevailing piece of information she learned

from the Black men interviewed that she'd like to pass on to the Black women reading this.

“I hate to say it, but chances are you're not the only one,” she said. “It comes

up over and over and over again. These men are having sex with multiple women and that some of these men are married and having unprotected sex.”

Yet another reason to use

a condom each and every time.

Lynna Floyd is the senior editor covering Health and Relationships at *Essence* magazine.

It's Confirmed: Race Still Matters

CDC Rotating Surveillance Report Tackles Race, Poverty and AIDS in Black America

By Phill Wilson

The Centers for Disease Control released a study titled "Communities in Crisis: Is There a Generalized HIV Epidemic in Impoverished Urban Areas of the United States." The study is the third in a series of the CDC's rotating surveillance reports conducted to better understand America's HIV epidemic. Previous studies looked at HIV among gay and bisexual men (MSM) and intravenous drug users (IDUs). This research included Black, Latino and white (non-IDU) heterosexuals in 23 cities, living in neighborhoods disproportionately impacted by both poverty and HIV. Seventy-seven percent of the participants were Black, 15 percent were Hispanic, 4 percent were white and 3 percent represented other races.

Researchers discovered that all participants—regardless of race—demonstrated alarmingly high HIV rates. Blacks and Latinos both had a 2.1 percent HIV prevalence rate—twice the level the United Nations Joint Program on HIV/AIDS UNAIDS uses to define a generalized epidemic. Rates among whites were elevated at 1.7 percent, a difference the CDC describes as not statistically significant, but the results were noteworthy



in several respects. First, the study tells us that when other racial ethnic groups face the same social determinants of health as Blacks—the social and economic conditions within which they live and

that impact their well being—their HIV rates rise to similar levels as those of Blacks, even for whites, whose rate of infection is normally substantially lower than rates for both Blacks

and Latinos. It also confirms what the Black AIDS Institute and many AIDS activists have been saying all along: that a generalized epidemic exists within many Black communities. The HIV

rates in U.S. poverty areas rival the rates found in Haiti, Burundi, Ethiopia, and Angola.

A ROSE IS A ROSE

So, the question is: Is race or poverty the driver of HIV in Black communities? We believe this is essentially a difference without a distinction. In America, Black people are disproportionately poor. Almost 25 percent of Blacks live in poverty, compared to 9 percent of whites. According to a study by U.S. Department of Agriculture, nine out of every 10 Black Americans who reach the age of 75 spend at least one of their adult years in poverty. The uncertainty about why Blacks are disproportionately infected has never been about biological or genetic determinants—or for that matter even difference in levels of risk behavior. It has always been driven by social determinants of health: socioeconomic status, high rates of sexually transmitted diseases, high rates of incarceration, man sharing (knowingly and unknowingly) due to gender imbalances, lack of access to healthcare, lack of a regular health provider and low HIV literacy. These overlap significantly with the issues

driving the AIDS epidemic in poor communities of all races.

As a result even when you think you are looking at HIV/AIDS through the lens of economics, you are still looking at the disease through the lens of race. A rose is a rose, as they say.

MORE RESEARCH STILL NEEDED

Bottom line: When whites and Latinos live in poor Black communities, they are negatively impacted by the same social determinants that undermine the health of their Black neighbors. We also know that community viral-load burden contributes to HIV risk and proximity influences sexual networks. We have sex with our neighbors even when we don't share the same racial background. He might not be Mr. Right, but often Mr. Right Now will do. If you are a part of a sexual network that has eight times the viral burden as another sexual network, you are eight times more likely to encounter HIV than a member of the other sexual network, regardless of your race or ethnicity.

To engage in a meaningful dialogue about whether poverty or race drives the

differences in HIV rates, researchers need to ask some other very important questions. What are the differences in HIV rates in poor urban communities which are overwhelmingly Black, and poor white rural communities? How do middle class and wealthy Blacks fare compared to middle class and wealthy whites?

Based upon what we know so far, money does not protect Black people from comparatively poor health outcomes. A number of studies clearly prove that it doesn't matter your socioeconomic level or whether you have health insurance. No matter whether we're talking heart disease, heart transplants or cancer rates, Blacks fare worse than whites. Black people still bare the brunt of the AIDS epidemic in America today. This study demonstrates one of the reasons why. Race matters and so does poverty. Black people are disproportionately impacted by HIV; Black people are disproportionately poor. "You say tomato; I say tomato."

Phill Wilson is President and CEO of the Black AIDS Institute, the only Black HIV/AIDS think tank in the United States. He has worked on HIV/AIDS policy, research, prevention and

treatment issues in Russia, Latvia, Ukraine, UK, Holland, Germany, France, Mexico, South Africa, Zimbabwe, Zambia, Tanzania and India.

Researchers Moving Toward HIV/AIDS Treatments and Cures

Functional Cures, Elite Controllers, Microbicides, Nutritional Therapies and Vaccine Therapy Show Promise

By Glenn Ellis

At the XVIII International AIDS Conference, researchers from around the world discussed the urgent need to develop safer and more effective HIV/AIDS treatments. In a wide-ranging array of panels and workshops, these experts offered their insights into some of the most promising areas for prevention, treatment and, one day, perhaps even a cure. Here are some of the highlights.

FUNCTIONAL OR STERILIZING CURES

What are they?

The idea behind functional cures is to create long-term health in HIV-positive people without antiretroviral (ARV) drugs by establishing enough immune-system control that the virus does not progress, destroying bodily systems, and the person does not transmit the virus to others.

Promising research

A German leukemia specialist Gero Huetter, M.D., replaced the bone-marrow cells of an HIV-positive leukemia patient (now known in scientific circles as the Berlin Patient), with stem cells—cells that have the potential to develop into any type of cell. These stem

cells came from a donor who had a genetic mutation that protects him or her from becoming infected with HIV. Dr. Huetter transplanted these mutated stem cells into the Berlin Patient to treat the Berlin Patient's cancer. The Berlin Patient's HIV cells were destroyed as a side-effect of the treatment, making him or her essentially immune to HIV and allowing him or her to stop taking ARV medication during the two years since the transplant. This groundbreaking result opens doors to treatments that could one day prevent HIV infection as well as eliminate the need for those who already have the virus to take ARVs.

How functional cures work

This breakthrough is very new and so monumental that scientists are still exploring the many possibilities and potential therapies.

What's next?

Bone marrow transplants are very dangerous, so the therapy the Berlin Patient received is unethical unless the patient must have an organ transplant because of another illness. Still, the concept behind this discovery could open new avenues of research as scientists work

towards finding a way to cure HIV.

ELITE CONTROLLERS

What are they?

The immune systems of a very small percentage of people unleash killer T cells—immune cells that can kill certain cells, including ones infected with a virus—with unusual powers to destroy HIV cells. Labeled “long-term non-progressors” and “elite controllers,” these HIV-positive people have rare sets of genes in that protect them from progressing to AIDS and their symptoms from worsening.

Promising research

Researchers at the University of Southern California have discovered mice with a specific gene mutation and that makes them immune to HIV. Subsequently researchers have identified similar gene mutations in humans.

How a treatment might work

Because stem cells reproduce indefinitely, the stem cells of an elite controller might one day provide a permanent supply of HIV-resistant immune cells that can treat others, allowing people with

HIV never to experience symptoms.

What's next?

Because this gene mutation does not HIV-immunize all populations, researchers are looking for more common approaches to endowing HIV-infected people with a natural ability to fight off the virus. Better understanding how these mechanisms work could assist scientist in developing vaccines that control HIV infections and may identify new ways that pharmaceutical drugs can work.

CLINICAL TRIALS

What are they?

Clinical trials are medical studies performed to ensure that possible treatments will work.

Promising research

Some prescription drugs currently used for other treatments are being tested as possible HIV/AIDS treatments and therapies. One such drug, Zolinza, used for lymphoma, targets specific proteins in cancer cells, including T-cell lymphoma, that stop the cells from growing. Researchers believe that this same action can destroy the HIV virus.

How it works

Zolanza awakens dormant T-cells in HIV-positive people, potentially making those cells susceptible to the effects of ARV medication.

What's next?

Researchers are exploring this approach to treatment for people on ARVs. So far, however, the drugs they have experimented with were either ineffective or too toxic.

MICROBICIDES

What are they?

Scientists hope that in the future people will prevent HIV infection and possibly even STDs by applying an antiretroviral gel in the vagina or rectum before and/or after sex.

Promising research

The biggest breakthrough

of the conference involved a South African clinical study of roughly 900 Black South African women who volunteered to test an HIV-microbicide gel. Half of the women used an applicator to insert the ARV tenofovir (prescribed in pill form as Viread) into the vagina 12 hours before and 12 hours after sex; the other half inserted an inactive and harmless placebo gel. Results showed that the gel containing tenofovir reduced HIV incidence by up to 39 percent—and as high as 54 percent—in the most compliant women.

What's next?

Additional trials will examine the microbicide's safety and efficacy in a larger group of women, as well as its effectiveness for rectal use. Researchers also have

to determine why the gel appears not to fight off HIV as well after 18 months of use.

NUTRITIONAL THERAPIES

What are they?

Experts increasingly understand that an HIV-positive person's nutrition strongly influences their survival rate and quality of life. Not only do nutritional deficiencies exist among many people at the time that they first become infected with HIV, these outages may occur at any stage of the disease, impairing immune response, accelerating the disease's progression, increasing the frequency and severity of opportunistic infections and impeding medication's effectiveness.

Promising research

Some of the most interesting studies involve vitamin D. For example, Swiss investigators analyzed 211 HIV-positive patients to determine their vitamin D levels in the spring and in the fall, seasons that would correspond with the highest and the lowest vitamin D levels in the patients' bodies. In HIV-infected patients, vitamin D supplementation was shown to improve T-cell counts and lower HIV-related death rates.

How it works

Vitamin D is involved in hundreds of bodily processes. Its absence can result disrupt many vital processes, leading to a wide variety of conditions and diseases—from depression to breast cancer to diabetes to hypertension.

What's next?

The study investigators

recommend that all HIV-positive patients routinely be screened for vitamin-D deficiency and, if necessary, supplement adequately to reduce their risk of adverse outcomes.

VACCINE THERAPY

What is it?

Vaccines help activate the body's antibody system to protect it against invading germs and viruses. An HIV vaccine would theoretically prevent people from getting infected.

Promising research

An Army-sponsored phase-III clinical trial showed that an investigational HIV-vaccine regimen called RV144 was safe and modestly effective in preventing HIV infection.

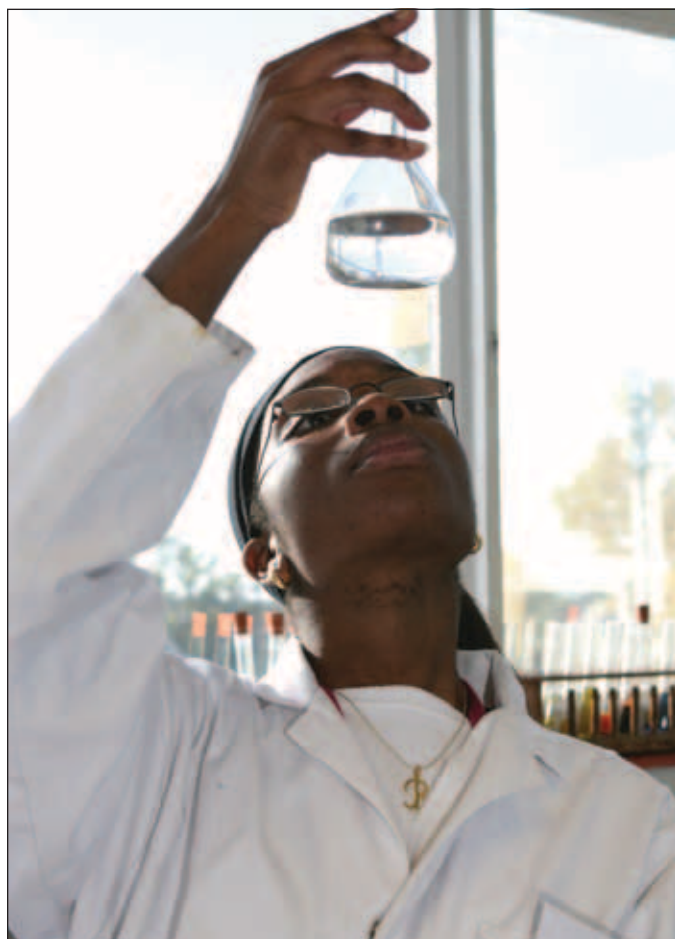
How vaccine therapy works

The vaccine combination was based on HIV strains that commonly circulate in Thailand. While the prototype was only modestly effective, the result represents a significant scientific achievement.

What's next?

With this evidence that a safe and effective HIV vaccine is possible, research efforts should accelerate.

Glenn Ellis, author of *Which Doctor? What You Need to Know to Be Healthy*, is a Philadelphia-based health columnist and radio commentator.



Obama Officials, Activists Discuss National HIV/AIDS Strategy

Community Activists Generally Applaud Release but Remain Cautious on Funding

By Rod McCullom

The Obama Administration's release of the National HIV/AIDS Strategy (NHAS) in July has been described by American AIDS advocates as "one of the most anticipated moments" in the domestic epidemic in years. The country's first national strategy includes dozens of directives for the Centers for Disease Control and Prevention, the Department of Health and Human Services (HHS) and other federal agencies responsible for implementing the plan.

On July 18, the White House Office of National AIDS Policy (ONAP) and HHS sponsored a high-level session on the NHAS at the International AIDS Conference in Vienna (search the Web for video, audio and transcripts). Administration officials discussed the development of NHAS and introduced key team members responsible for its implementation.

The panel opened with remarks by Jeffrey Crowley, director of the Office of National AIDS Policy and Howard Koh, M.D., M.P.H., assistant secretary for Health of HHS. Crowley outlined the year-long development of the NHAS and the Obama Administration's broad vision of a United States "where new HIV infections

Jeffrey Crowley



Deborah Parham-Hopson



are rare” and every person will have “unfettered access to high quality life extending care, free from stigma and discrimination.” The NHAS sets forth three primary goals:

- Reducing HIV incidence,
- Increasing access to care and optimizing health outcomes,
- Reducing HIV-related health disparities.

A fourth metric identified by ONAP involves creating a coordinated national response. Dr. Koh described the interagency process needed to develop the strategy’s implementation plan, due 150 days after the strategy’s July 13 release date. The NHAS will “concentrate HIV prevention efforts at the highest-risk populations,” he said, namely the Black community, men who have sex with men and Black women. “We want to maximize prevention,” he later told *Black AIDS Weekly*. “Black men who have sex with men and the Black community are where the epidemic is,” he added.

These opening remarks were followed by two panels: one comprised of federal officials, the other of community activists. Dr. Koh’s designated lead Ronald Valdiserri, M.D., M.P.H.,

HHS deputy assistant secretary of health and infectious diseases, chaired the federal panel, which included Obama-administration officials who discussed the strategy’s implications. Deborah Parham-Hopson, Ph.D., R.N., of the Health Resources and Services Administration (HRSA) touched upon the NHAS’s implications for the Ryan White CARE Act. “African/American men who have sex with men for example, injection drug user—those are people who are of higher priority now within the Ryan White Program,” she said.

THE RUBBER MEETS THE ROAD

Helene Gayle, M.D., M.P.H., of CARE USA and chair of the Presidential Advisory Council on HIV/AIDS (PACHA) headed the community panel, which included three PACHA members: Dawn Averitt-Bridge, chair of The Well Project; A. Cornelius Baker, National Black Gay Men’s Advocacy Coalition; and Phill Wilson, president and CEO of the Black AIDS Institute. Dr. Gayle noted that everyone was “thrilled” that the Administration has launched the NHAS but “the

rubber meets the road” with implementation.

Community panelist Naina Khanna, of the U.S. Positive Women’s Network, felt encouraged that the strategy is “community-driven” and moves HIV “beyond being a siloed epidemic.” But the “elephant in the room,” as Wilson put it, is the reality that the Obama administration has allocated no new funding for the NHAS beyond its \$30 million implementation cost.

“What do you do in an environment where we have economic stress, and how do we deal with the tensions? For some of the things we are proposing, if they come to fruition, there are going to be folks who are going to have to say ‘ouch,’” Wilson observed.

Congresswoman Barbara Lee (D-CA), the chair of the Congressional Black Caucus and a noted HIV/AIDS advocate, applauded the NHAS and urged the community to lobby their representatives. “We funded two wars to the tomb with a trillion dollars, so we can find the money ... Demand that your members of Congress step up to the plate,” she said.

Rod McCullom, a writer and television news producer, blogs on Black gay, lesbian,

bisexual and transgender news and pop culture at rod20.com.

Sheila Johnson Escaping Shadow of BET

Co-Founder of Black Entertainment Television Produces Film Merging Issues of Poverty, Sex, Drugs, AIDS and Homelessness

By George E. Curry | from Seattlemedium.com

Sheila Johnson



Sheila Johnson's accomplishments are breathtaking. She is president and managing partner of the WNBA's Washington Mystics. As a partner in Lincoln Holdings, LLC, she owns part of the NBA's Washington Wizards and the Washington Capitals hockey team. She sits on the boards of educational institutions as varied as Howard University and Parsons The New School for Design in New York. Johnson is a

member of the President's Committee of the Arts and Humanities and a member of the Council on Foreign Relations. An accomplished violinist, she gives generously to the arts through her Sheila C. Johnson Foundation.

Her sterling accomplishments notwithstanding, Sheila Johnson has yet to fully emerge from the shadow of Black Entertainment Television, which she co-founded with Robert L.

Johnson, her ex-husband. BET's parent company, BET Holdings II, Inc., was sold to media giant Viacom in 2000 for \$3 billion.

Sheila Johnson is a no-nonsense person who talks about BET the same way she talks about everything else—with candor and bluntness.

"BET was really our first mission to put the voice of Black America on the screen," she recounted. "We were going to be the Ebony

magazine of television. It hasn't gone as well as we wanted it to go, to say the least."

Sheila Johnson says more about that period than many would expect.

"Where I saw the network going, it was really going to be a communication and education piece to really promote dialogue in Black America. I wanted news programming in there, I wanted to talk about the issues

Q&A with Sheila Johnson

Don't call Sheila Johnson a billionaire. "I hate that," she says.

Technically, Johnson, the BET co-founder-turned-philanthropist is worth only \$400 million according to last year's Forbes list of America's richest Black folks. Recently, she put \$500,000 of that fortune where her heart is: The Other City, a film that shines the light on the HIV/AIDS crisis in Washington, D.C.

Why did you produce *The Other City*?

I had been traveling around the world as a global ambassador for CARE and seeing the victims of AIDS in Africa, in South American and other places. But then I'd come home to Washington and was really disturbed by the problem right here in my own backyard. It was easier and sexier to say, 'I'm going to Tanzania and Kenya and I'm doing this, and I'm doing that.' But I felt so guilty when I would come home.

Talk about the problem in D.C.

Just a half mile from the capitol steps, we literally have another city in Washington. People are living in the shadow of the seat of the federal government and the international government who have no rights and no voice. People in D.C. have no idea about the tragedy in their own city. We wanted to be able to tell the stories of those people that are living beneath the radar. We also tried to show the work being done by unsung heroes out there and allow them to come to life.

How has the film been received?

Amazing, but the main reaction is shock. It's been a huge wake-up call. Even reporters are surprised by the extent of the problem. Let me tell you a story. We had a screening in Washington, and I saw a reporter from a glossy Washington magazine walk out before it was over. I'm like, "Where you going?" He said, "This is too painful to

watch." I said, "How dare you leave here. You have to go back in there to see what's going on." He came back. But this is what I mean by "the other city."

And bad reaction?

The only negative thing that has happened is that members of the city council are freaking. They aren't getting it. In this city nothing's getting done. [D.C. Delegate to Congress] Eleanor Holmes Norton gets it. She said the district ought to be ashamed of itself. Someone's got to be held accountable. We have a mayor's race going on right now. We don't know how it's going to come out. Whoever it is, we're going to move right on in there and do a private screening for this person.

What's your personal connection to AIDS?

I have friends that have died of AIDS, as so many of us do. And the more I talk about the film, the more people speak up and tell me about someone in their family. Our surgeon general [Dr. Regina Benjamin] came to see the film. She was crying through three-fourths of it. She had a hard time, because her brother died of AIDS. It just really brought it home.

You're a mother...

It scares me. We're seeing so many young people that are becoming HIV-positive. I have a daughter who's 24, and a son who's 20. I talk to them constantly. I think I scared my daughter enough. She's been with the same guy for four years. She said, "Don't worry mama, he's been tested, he's fine." It's my son who's in college that I worry about. I said, "Brett, you've got to understand that it's a dangerous world out there." We were buying supplies at Target and I bought this big box of condoms. I didn't know how else to [get into] his head. Later, I checked his room. At least the condoms were in the drawer. These kids are having sex, and as parents, we've got to talk about it.

You were quoted recently saying you were ashamed of BET and don't watch it. Talk about that.

BET was our first mission. We wanted to put the voice of Black America on the screen. We were going to be the Ebony magazine of television. This network was going to promote dialogue in Black America. I wanted news programming in there. I wanted to talk about the issues. I didn't want the fluff pieces or just this superficial stuff. That's where I was going with BET.

It hasn't gone as well as I wanted, to say the least. Back then, people didn't really know me. I did that on purpose. I was trying to help the ex-husband. When that fell apart, I said I'm going to craft my own way. I'm going to start doing what I believe in.

And the videos?

BET is the biggest perpetrator. It doesn't cost anything to put videos on. You don't even have to think about it. It's the easy way out. But you can see the damage that's being done to the African American community. We've got kids watching videos, day in and day out. They have no idea who they really are. They are thinking that they should go out and live like these people on the videos. I get ribbed on this, but I tell you, that is not the way the videos started out. I have been a very loud voice on this from day one.

Are you working on other film or TV projects?

Not just yet. But there are prospects. This is definitely not my last film project. I want to continue to work on the social issues that I care about. We have to start doing real journalism again. We have to tell our real stories.

—Linda Villarosa

Linda Villarosa directs the journalism program at City College in New York. She has covered the International AIDS Conference five times.

through *Emerge* magazine, I really wanted it to be—I shouldn't say this—but the smart *Ebony*."

THE BIGGEST PERPETRATOR

Instead of the smart *Ebony*, BET became largely a dumbed down cascade of risqué, gyrating music videos.

"That's not the way the videos started out," Johnson explained. "I have been a very loud voice on this from day one. But the problem is that they watch this stuff, the advertisers know it, it's easy money. It's the easy way out. You don't even have to think about it. Except that you see the damage being done within the African American community."

Teen Summit, the peer-to-peer award-winning discussion program that was on BET, was the brainchild of Sheila Johnson. She still has a burning passion for teens and that passion is evident when she discusses their plight.

"I think BET was the biggest perpetrator of this: We got kids watching videos day in and day out. They have no idea of who they really are, they are not even taking the time. They're thinking that they should go out and live like these people on the videos. The bar has been lowered so much. It's like I want to slap them all and say, 'Look, we got to rebuild this.' We need to rebuild this whole thing."

After her divorce, Sheila Johnson began to rebuild her life. She married Judge William T. Newman, Jr., began building the Salamander Resort & Spar and settled down in Middleburg, Va. in northern Virginia horse country.



Ironically, the medium that once linked her—through marriage—to insulting music videos may now turn out to be the platform that showcases her compassion for "the other Washington, D.C."

She is the producer and executive producer of *The Other City*, a powerful film that seamlessly merges the issues of poverty, sex, drugs, AIDS and homelessness. It is a riveting film about neglected people living in the shadows of power, but unable to level that proximity to improve their lives. The film was screened last week at the international conference on AIDS in Vienna, Austria and will be distributed nationally this fall to a limited number of theaters. It will also be picked up by a yet unidenti-

fied television network.

OFF THE RADAR SCREEN

The power of the film is that the stories are told through the voices and footage of the people directly affected. Directed by Susan Koch, the film is an emotional behind-the-scenes look at the lives and problems that beset anyone poor, homeless or living in Washington's "other city."

Johnson said, "In D.C., you got the affluent white Washington, that's Ward 3. You got the international community. So you lump those two together. That's the perception of Washington. You will not see any stories written about Black Washington and that's the other

Washington. We're not on their radar screen."

Nor is it on the radar screen of many Hollywood celebrities.

"The celebrities, they go abroad to adopt a little Black child and their guilt is gone. We've got to start taking responsibility for ourselves. We've really got to do this."

In addition to all of her other activities, Johnson serves as global ambassador for CARE, the world anti-poverty organization. It was while serving in that role, that Johnson was challenged to help improve the lives of residents living in the other city.

"I had traveled with Helene Gayle [president of CARE] all over the world, especially Africa and South America, really dealing with the AIDS epidemic," Johnson recalled. "The thing that really bothered me is every time I came back home and I was in D.C., I noticed parallel problems. And I said, 'You know what? If we don't solve our problems at home, how can we solve problems globally? You come back home and you see young African Americans going down the tubes.'"

Johnson says she hopes *The Other City* heightens concern about the down-trodden people who live in the city within the city. She said, "I want to use this film as a tool to help get the word out there."

In the process, it might also help get the word out that Sheila Johnson has moved out of the long shadow of BET.

George E. Curry is a former Washington correspondent and New York bureau chief for the *Chicago Tribune* and was editor-in-chief of *Emerge* magazine.

Young People Connect, Struggle to Be Heard

International AIDS Conference Creates Space in Global Village for Young People to Meet, Share Experiences

By Kali Villarosa



The Youth Pavilion at the International AIDS Conference in Vienna kicked off yesterday in the Global Village, with a grand opening dance show and lots of noise. The pavilion is the main networking space for us at AIDS 2010, so we hugely celebrated its opening. A couple hundred young people from all around the world spoke, danced and hung out, full of joy, energy and hope. We shared experiences, laughter, knowledge and email addresses.

At a big HIV/AIDS conference with tens of thousands of people, having an

area for us to get together is very important. Almost half of all the new HIV infections in the world are among people under 25. An estimated 7,400 people become infected with HIV every day, about half of them young. Young people, especially girls and women, are the age group most vulnerable to HIV, due to lack of information and education about sex, pressure from our friends and the media, including magazines, to be sexually active, and not being in control of our health-care—like having to go to the doctor with our parents.

For those who can make it, every two years, the conference teaches young people about the disease and how to protect ourselves and allows us to come together and tell our stories. Throughout the massive conference center—and especially in the youth pavillion—we engage in many discussions about the role we can play in the AIDS fight, even as we struggle to stay safe and healthy.

BRIDGING THE GAP?

Despite the good times and talk, many teens and younger people are complaining about not being heard at the conference. Even as many adults ask us to speak up, they don't listen, and their own voices drown out some of what we are trying to say.

I attended a panel about intergenerational conversations between women. It was supposed to be about bridging the gap between the generations, but the speakers on the panel were all over the age of 30, and most were much older. The panelists wanted to find ways to get young women to speak up. But, as I sat there listening, I was thinking that the panel members should just ask the audience—mostly young

women—instead of making their own assumptions. If they want us to lead, they need to give us a chance.

Yesterday, I went to a session called “Our Bodies, Our Rights!” which was much more empowering. This workshop was filled with young women, and we participated in hands-on activities.

We were organized into five groups and each group had to come up with goals to increase young women's visibility at the conference. Everyone got so into that, that at one point we were all encouraged to scream out, “Pussy Power!” I was a little embarrassed, but I went with it. These kinds of activities, getting girls and young women to speak out about what we think and feel, allows us to make a difference in the fight against AIDS and in the world.

As I am taking part in all the activities I am also trying to capture the action with my camera. I made this slide show, so please check it out!

Kali Villarosa is a 14-year-old Brooklynite starting her freshman year in high school. She enjoys writing, reading and playing soccer.

Top Officials Discuss New AIDS Strategy with Black Journalists

Obama Administration Is First to Unveil National HIV/AIDS Strategy

By Linda Villarosa

Helene Gayle



As the AIDS epidemic turned 20 in 2001, Helene Gayle, M.D., M.P.H., then the head of the Centers for Disease Control HIV/AIDS division, made a bold promise: To reduce the number of Americans newly infected with HIV—then believed to be 40,000 a year—by half in the next five years.

That didn't happen. Dr. Gayle moved to the Gates Foundation, graduating to the global stage, and a comprehensive national strategic plan to combat HIV/AIDS never materialized. With no clear plan, HIV continued its quick-fire spread, particu-

larly among Blacks, in big cities and in the South. Every year 56,000 Americans are newly infected with HIV, nearly half of them African American.

But when the federal government finally unveiled the first ever National HIV/AIDS Strategy, Dr. Gayle wasn't sweating that it came about five years later than promised. At the XVIII International AIDS Conference in Vienna over the weekend, she had one word for the long-awaited document. "Hallelujah."

Dr. Gayle, now the head of the Presidential Advi-

sory Council on HIV/AIDS, as well as several of the Obama administration's top AIDS advisors, spoke to a group of African American journalists to discuss the HIV epidemic in the United States and deconstruct the new strategy. Those in the room largely believe that the Bush's administration's emphasis on the global AIDS epidemic—and neglect of the problem at home—helped drive up the numbers of new infections. His President's Emergency Plan for AIDS Relief, known as PEPFAR, has spent billions of dollars to provide anti-retroviral

medicines and medical care to millions of people infected with H.I.V. in poor countries across the world, but he neglected to adequately support efforts to end the domestic epidemic. President Obama has redirected the focus back home.

"Part of my career in HIV has been with feet in both worlds, international and national," said Dr. Gayle, who currently also runs the international anti-poverty organization, CARE. "I pushed for PEPFAR. But as we've focused so much on global epidemic—and we should since that's where most infections are. But focus on the epidemic here has been minimized. So after a lot of work over the last three decades, it's good to finally have the strategy."

Or as Congresswoman Barbara Lee put it, "what a difference a president makes."

The 45-page plan, endorsed by the President when it was released last week, has been boiled down to three straightforward goals:

- Reduce the number of people who become infected with HIV

- Increase access to care and optimize health outcomes for people living with HIV

■ Reduce HIV-related health disparities.

As outlined, the new strategy aims to reduce new infections by 25 percent over the next five years and also promises to focus more attention and resources on populations at the highest risk for HIV infections—gay and bisexual men, Black men and women, Latinos and substance abusers. Black men and women represent only 13 percent of the population, but account for 46 percent of people living with HIV. Among Blacks, gay and bisexual men are at the greatest risk for HIV infection followed by women. Sixty-four percent of all women living with HIV/AIDS are Black.

STRONG ENOUGH IMPLEMENTATION PLAN?

In interviews with African Americans involved in HIV/AIDS work scattered throughout the conference center here in Vienna most applaud the new strategy, with reservations. Serious reservations. They are concerned less about the plan itself than about its implementation. The president has instructed various government agencies to work together and provide a blueprint for putting the strategy

in action. The due date for a detailed report is December 10—150 days.

“We applaud the release of the strategy, but have concerns about the implementation plan,” says C. Virginia Fields, president and CEO of the National Black Leadership Commission on AIDS.

“The African American implementation steps are extremely weak. The data puts the community in a health crisis with respect to HIV. It talks about compiling and assessing the strength and weaknesses of some of the existing programs and trying to decide what are the best programs that work. No! We are too far into this epidemic, 30 years almost now, with too many African Americans impacted for that.”

Dazon Dixon Diallo, founder and president of the group SisterLove, says she is particularly concerned about the southern states. “I am in Atlanta, Georgia, which puts me in the Deep South, and most days we think of ourselves more closely aligned with those in the global south when it comes to HIV,” she said.

“While I’m very thankful to have the strategy, it worries me that we are releasing it almost at the same week as states like mine are continually adding people to ADAP

waiting lists. These are newly diagnosed people who may have very severe needs.”

ADAP is the government program that provides medication for those who can’t afford it. As of July 16, nearly 2,000 people were on waiting lists for treatment. The vast majority of those live in southern states, where HIV stigma, lack of health care and poverty are most severe.

ALL ABOUT THE BENJAMINS?

Money was on the mind of most everyone asked about the new strategy. Neither the plan itself nor the accompanying federal implementation document specify how any of the ambitious goals will be paid for.

“The big elephant in the room is ‘show me the money,’” said Phill Wilson, CEO of the Black AIDS Institute. “The question is what do you do in an environment where we have economic stress.” The United States currently spends \$19 billion a year on domestic HIV prevention, treatment and care and isn’t expected, at this point, to up the ante.

The new plan emphasizes redirecting old funds, rather than getting new money. “We have to work

smarter when it comes to the resources,” said Dr. Kevin Fenton, director of the CDC’s National Center for HIV/AIDS. “In these tough economic times, we have to think outside the box.”

After panel on the U.S. strategy, hundreds of protestors marched through the streets and into the convention center shouting “Obama lies, million die,” angry that the president isn’t planning to increase international HIV/AIDS relief. The activists staged a die-in and delayed the kick off of the conference. Representing the 33 million infected with HIV throughout the world, most attendees in Vienna aren’t thinking about the epidemic in the U.S.—or its money problems.

Barbara Lee insisted that there was plenty of money to go around for HIV. “You can’t tell me that there are no funds for this when we’ve funded two wars to the tune of a trillion dollars and provided tax cuts to the rich,” Lee said. “I’m not going to accept that there’s no money to fund this. We can find money.”

Linda Villarosa directs the journalism program at City College in New York. She has covered the International AIDS Conference five times.

Get Prepared for PrEP: Treatment as Prevention Moves Ahead

If Pre-Exposure Prophylaxis Works, It Paves Way for Whole New Approach

By Angela Bronner Helm

What if you could use a product—and not a condom—to prevent getting infected with HIV?

That may feel like a fantasy, but it's actually edging closer to reality.

At the XVIII International AIDS Conference in Vienna, Austria, the exciting South African CAPRISA study showed that using a microbicide gel containing an anti-retroviral (ARV) drug before and after sex can prevent HIV in women at least 39 percent of the time. Many believe this good news is a major step in the notion of "treatment as prevention."

"[The CAPRISA study] folds into an even grander dream which is Pre-Exposure Prophylaxis (PrEP), an oral pill that an HIV-uninfected person takes to prevent infection," said *Science* magazine reporter Jon Cohen, author of that magazine's coverage of CAPRISA and *Shots in the Dark: The Wayward Search for an AIDS Vaccine*, in an interview. "It's a hugely promising approach because this says if [the microbicide] works, then [PrEP] has a high likelihood of working. And if PrEP works, then we have a whole new way to look at treatment as prevention."

Giving those who are not infected with a disease medi-



cine to prevent it is not a new concept. This is how malaria is prevented. But around HIV specifically, the science hasn't yet proven that it's an effective or practical form of prevention—though the success of the microbicide research is raising expectations. Over the six-day conference in Vienna a number of panels discussed PrEP. Despite plenty of hope, no definitive answers emerged in response to the questions surrounding its use.

FEMALE-CONTROLLED PREVENTION

Since 2004 researchers have looked at PrEP as a way to stop the spread of

HIV. Most PrEP strategies ask people to take medication, specifically tenofovir (prescribed as a pill under the brandname Viread) or tenofovir-emtricitabine (prescribed in pill form as Truvada), on an ongoing basis. These AIDS drugs are only taken once per day and have the fewest side effects. In fact, tenofovir was used in the CAPRISA study. PrEP shouldn't be confused with PEP, Post-Exposure Prophylaxis, where someone who thinks they have been recently exposed to HIV takes ARVs after exposure to decrease their risk of acquiring the virus.

PrEP, if successful, would benefit all at-risk populations, but is espe-

cially promising for women, who bear the weight of the epidemic the world over. In the U.S. Black women are disproportionately infected, with only more gay and bisexual Black and white men becoming infected each year. PrEP, like microbicides, addresses an urgent need for a female-controlled HIV prevention method for women. Because of poverty, the threat of violence, or cultural issues, women have few ways to protect themselves.

"Protection from transmission would not have to be negotiated with partners who are reluctant or unwilling to use a condom," says Mabel Bianco, M.D., about PrEP. She is the coordinator of the International AIDS

Women's Caucus. "The choice would be in the hands of women. This has the potential to vastly impact the pandemic."

Currently scientists are conducting more than a dozen trials in high-risk populations around the world, including in Botswana, Brazil, Ecuador, Kenya, Malawi, Peru, South Africa, Tanzania, Thailand, Uganda, the United States and Zimbabwe. The U.S.-based Centers for Disease Control and Prevention (CDC) is sponsoring PrEP trials in Thailand in intravenous drug users, and in the United States with populations of gay and bisexual men.

SIPHONING OFF MUCH NEEDED MEDS?

As with anything experimental, there are some concerns around PrEP, including the side effects of taking an ongoing drug, possible drug resistance and lowered effectiveness if people miss a dose. Experts also worry that PrEP for HIV may encourage risky behavior in individuals taking it. Yet, access to the drug itself has triggered the biggest controversy around PrEP. If there is already limited access to funds

for treatment of HIV and AIDS—as activists insisted loudly all week—will those not infected take life-saving drugs away from those who are living with HIV and need it to survive?

"That's a valid concern," notes Jim Pickett, of the AIDS Foundation of Chicago and chair of International Rectal Microbicide Advocates. "If [PrEP] is proven to be effective how do we square that in a setting where people who are HIV-positive don't have full access to treatment? Who do you decide gets the tenofovir? These are questions we are trying to ask ourselves in the field right now."

Jon Cohen, on the other hand, thinks that even talking about money at this early stage is "illogical."

"The argument that prevention somehow competes with treatment funding is kind of the oldest, silliest argument in the field," he says. "I understand why people are worried. They want more money for treatment. Yet I don't think that argument makes sense."

He urges patience. "We have to see what the clinical trials show, if it works and how it works under what conditions," Cohen says. "Then let's worry about the money. I hope we have that

problem. It would be a terrific problem to have."

As PrEP research continues to move forward, Dr. Bianco is keeping the focus squarely on those methods that have actually been shown to work. "If we can continue to improve both the effectiveness of the microbicides and promote both male and female condoms, this could mean in five years women may actually have choices," she says.

Angela Bronner Helm is a Harlem-based editor with AOL BlackVoices and board member of the Black AIDS Institute.

Race Still Matters in Fight against HIV/AIDS

Blacks, Gays Likeliest to Be Poor

By Rod McCullom | from TheGriot.com

If there's one buzzword that's gaining traction at the XVIII International AIDS Conference in Vienna, it's poverty. Reports and speeches presented at AIDS 2010 emphasized the massive global economic cost of the epidemic—from former President Bill Clinton's opening remarks to reports on the recession's impact on global HIV/AIDS funding.

Another report presented at AIDS 2010 also emphasized poverty and the resulting media spin could potentially have a major impact on the fight against HIV/AIDS in the African American community: A first-of-its-kind analysis by the Centers for Disease Control that shows 2.1 percent of heterosexuals living in high-poverty urban areas are HIV-positive.

That's a heck of a statistic. The United States overall HIV rate is only about .60. But the 2.1 percent rate in high poverty areas confirms what that the Black AIDS Institute and many HIV/AIDS activists have said for many years: There is an HIV epidemic in our inner cities. The HIV rates are comparable to Belize, Ethiopia and Angola, according to the CIA World Factbook. Infection rates are much higher among Black people.

Astronomically higher.

Blacks represent only 13 percent of the U.S. population and 46 percent of all people living with HIV.

Almost immediately after the study's release, the media spin was that "race doesn't matter" in the American fight against AIDS. The Associated Press led the (fact-check-challenged) reporting with "In U.S. Cities, HIV Linked More to Poverty Than Race" and concluded, "Federal scientists found that race was not a factor — there were no significant differences between Blacks, whites or Hispanics."

But race does matter in the fight against HIV/AIDS—and poverty matters, too.

One of the reasons why African Americans are so disproportionately impacted by HIV/AIDS—and make no mistake, the epidemic in the States is mostly a Black disease—is because we are more likely to experience poverty and have less access to health care and prevention. Poverty impacts at least 9 out of 10 Blacks at some point during their lifetime...but half as many whites.

Only days before the conference opened, the Obama administration unveiled the National HIV/AIDS Strategy which promised to "concentrate HIV prevention efforts

at the highest-risk population", which include African Americans and "men who have sex with men," or MSM, in public health jargon. HIV rates are even more astronomical among younger Black gay and bisexual men.

The study was unveiled in Vienna on the same day that top Obama officials debriefed Black journalists on the Strategy. The Black AIDS Institute and a number of Black health professionals at AIDS 2010 slammed the reporting and questioned the CDC's conclusions.

"No comment," Dr. Anthony S. Fauci, head of the National Institute of Allergy and Infectious Diseases, told veteran Black health journalist Glenn Ellis at a press conference. Later, Fauci walked through the AIDS 2010 Media Centre and again avoided Ellis' questions.

It's all about messaging. The HIV epidemic is already slamming the African American community. The false message that "only poor people" become HIV-positive could encourage middle class Black men and women to engage in high-risk behavior.

That's especially critical given a fascinating presentation at AIDS 2010 by Dr. Robin Stanback Stevens of

University of Pennsylvania School of Medicine. For her dissertation, Stevens surveyed network and local television news coverage from 1993 to 2007 and found Blacks "exhibiting greater declines in HIV testing in response to news coverage than whites." The more we hear and read about HIV/AIDS, the less many of us are getting tested. Out of sight, out of mind.

"Does poverty matter? Of course," says Phill Wilson, President and CEO of the Black AIDS Institute. "But to pretend that race is not a huge factor in who is poor in America is naïve at best and maliciously racist at worst. The fact that virtually every Black American will experience poverty at some point during their adulthood speaks volumes about AIDS in America," "Poor people get AIDS. Black people are poor."

Rod McCullom, a writer and television news producer, blogs on Black gay, lesbian, bisexual and transgender news and pop culture at rod20.com.



Women and Girls Obtain Their Place at the Table

Global Village Dedicates Serious Space to Women, Their Issues and Their Concerns

By Ayana Byrd

At a talk following a standing-ovation screening of *The Other City*, a documentary about HIV in Washington, D.C., executive producer Sheila Johnson made a bold statement: Standing just feet away from the Black AIDS Institute's Phill Wilson, who often identifies AIDS in America as a Black disease, she turned the tables and declared, "Women are the victims and face of this disease."

Johnson had every reason to say such a thing. Simply look at the numbers: 50 percent, or 15.7 million HIV infections worldwide, occur among women; 60 percent of the 5.4 million young people living globally with HIV are women; and 40 percent of all new infections occur among 15-24 year olds, with the majority being women. In the U.S. women represent a much smaller share of those infected—26 percent of those living with HIV/AIDS. But African American women are becoming infected in far greater numbers (see p. 10) than any other racial or ethnic group except gay and bisexual Black and white men. HIV/AIDS was the third leading cause of death for Black American women ages 25-34 in 2006, the most recent year for which data are available.

With such sobering evidence almost 30 years into the epidemic, it seems almost nonsensical that women combating the disease still needed to insist that their issues be examined critically and centrally at the 18th Annual International AIDS Conference (AIDS 2010).

PERSISTENCE AND SHEROES

Yet their persistence paid off, causing AIDS 2010 to be decidedly more woman-centered than the conference had been in years past. Some superficial changes likely went unnoticed by many in attendance, including, according to the organization Women ARISE (Access Rights Investment Security Equity), women comprising 50 percent of the speakers at the plenaries, daily opening sessions that set the tone and agenda of the day's panels and meetings, including one on gender violence as both a cause and a consequence of HIV. While the gender of a speaker might seem to offer merely a superficial solution in eradicating a disease, it reflected a major step forward in demonstrating that women are just as much the go-to experts about HIV/AIDS as men.



Alongside these plenary speakers, attendees also became used to the frequent spottings of "sheroes" such as the chair of the President's Advisory Commission on HIV/AIDS Helene Gayle, M.D., M.P.H., *The Other City's* executive producer Johnson and director Susan Koch, actress activist Sheryl Lee Ralph, singer Annie Lennox and California congresswoman Barbara Lee.

These are some of the many outspoken female champions in a fight that often attacks the defenseless and silent.

Yet more happened at AIDS 2010 than singular examples of female empowerment. The group Women ARISE, a collection of representatives from different organizations, held talks, including daily ones in their sprawling location in the Global Village, the cultural

gathering space of the conference, to press the conference to include a female (including young women's) perspective throughout. "Women need to be considered in the response to the epidemic," said Sophie Dilmitis. Of utmost necessity, stressed ARISE, is the need to empower young women to take on leadership roles. "We're still talking about rights...women's human rights. We need to continue to invest in the leadership of women, and especially young women."

RESEARCH BENEFITTING WOMEN

More importantly, the defining historical moment of the conference was all about women, namely the announcement of a groundbreaking advancement in microbicides, called the first effective preventative step involving women protecting themselves. The South African husband-and-wife epidemiological team of color, Salim S. and Quarraisha Abdool Karim, shared news of their successful study involving an experimental gel made using the antiretroviral drug tenofovir (brand name Viread). The microbicide formulation

cut new HIV infections by at least 39 percent and new genital herpes infections by 51 percent in the nearly 900 Black South African women who participated in the trial.

Smaller scale (but no less successful) research involving women included a presentation by Dazon Diallo, the founder and president of the Atlanta organization SisterLove, on a study evaluating a community-based, single-session, HIV-prevention intervention for Black women. What kind of sessions were so effective? Diallo calls them Healthy Love Parties, where talk of condom-use is combined with positive talk on sex and sexuality. "Specially trained women come to your dorms, your living room, wherever you and your girlfriends can sit and talk about where you were and what you were doing the first time you heard that Marvin Gaye song," she said. "It's about more than just saying wear a condom. And when you bring it home like that, well, women remember—because it's on their terms and speaks to their experience."

WOMEN GET A BREAK

The Global Village dedicated serious space to

women. For example, bras and panties were strung across a clothesline in one corner, the intimate pieces underscoring that this was a woman-friendly space. Also the Young Women's Networking Zone led daily interactive sessions to address the needs of young female conference attendees. The Pink Scarves, women from the world YWCA, a global network leading change in 125 countries, set up a table in the Global Village but were easy-to-spot throughout the sprawling conference because of the fuchsia raw-silk scarves they wore around their necks and as headscarves. "Pink represents young women and we want them to know that they have a voice and a presence here," said a 25-year-old YWCA representative.

But beyond the Global Village or even newsworthy announcements, AIDS 2010 was instrumental in keeping one seemingly unrelated topic in the forefront of all discussions: the lack of national and international funding and private dollars for initiatives, prevention, access to care and housing. The President Obama's newly released National AIDS Strategy, with its insistence that it will focus prevention efforts in communities where HIV is

most concentrated, should mean increased help for African American women. Still, many worry that funding will be inadequate given the economic climate. Fortunately women, and Black women in particular, have always been able to make a lot out of a little—a skill that certainly seems necessary for our leadership and voices to be heard loudly in the continued fight to end the epidemic. Observes Raniyah Abdus-Samad of the Black AIDS Institute, who presented her study on the staggering rates of HIV/AIDS in the American South and mobilizing communities for better prevention: "Black women really responded to programs that included gender empowerment and spoke to the historical legacy of Black women overcoming obstacles."

Brooklyn-based Ayana Byrd is co-author of *Naked: Black Women Bare All About Their Skin, Hair, Lips, and Other Parts* and an articles editor for *Glamour*.

Freshman AIDS Conference Trip Yields Important Lessons

Global Perspective on AIDS Epidemic Helps with Community Work in Philadelphia

By Gary J. Bell



Gary J. Bell

It's day one of the 2010 International AIDS Conference, but day three for me in Vienna, Austria. This is a time of "firsts" for me: my first International AIDS Conference and my first time travelling to Europe. I am attending the conference as a delegate of BTAN, the Black AIDS Treatment Network of the Black AIDS Institute.

My day job is as the Executive Director of BEBASHI-Transition to Hope; the first Black AIDS services organization in the country which is commemorating its 25th anniversary this year. I was honored to be chosen for this important job that includes a three-year commitment and will involve creating a treatment advocate/education initiative in Philadelphia.

It was a difficult trip. I am sure that veterans of international travel will understand,

but I have certainly learned a few lessons. However, so far, it has been well worth it. When I told my colleagues that I would be attending the conference and that it was in Europe, I was met with virtually universal support.

However, whenever I embark on a new endeavor or initiative, I have trained myself to ask a crucial question: What for? In other words, why an international AIDS conference when the focus of my career has been primarily to help minority people in the Philadelphia metropolitan area.

To be blunt: how will learning more about HIV/AIDS around the world help poor Black folks in Philly? It's an important question but one that was easily answered in my first two days of meetings and presentations. While I expect this to

be (and it has so far) been a life changing experience, I will summarize the main expectations in three ways:

INFORMATION

With eight days of meetings, presentations, poster sessions as well as informal conversations and networking, I have already begun to learn a great deal that I can utilize in my work in Philadelphia. Particularly, new trends, interventions, etc.

For example, yesterday, I attended a special session facilitated by the Black AIDS Institute that featured some of the best minds in African American HIV/AIDS Treatment, Policy and Care, including Dr. Kevin Fenton of the Centers for Disease Control, Dr. Helene Gayle of CARE and United States Representative Barbara Lee. Their words and careers have been an inspiration to me and I valued the opportunity not just to hear, but to meet them.

CONTEXT

Another program that I attended today was a meeting facilitated by the African and Black Diaspora Global Network on HIV and AIDS (ABDGN). Launched at the International AIDS confer-

ence in Toronto Canada in 2006. ABDGN's mission is to strengthen the response to emerging HIV/AIDS epidemics among African and Black communities in the Diaspora.

While I am certainly aware of the existence of Black people in many countries around the world, this session, as well as the one sponsored the day before by the Black AIDS Institute, helped to remind me of the devastation of HIV, not just in Sub Saharan Africa and the Caribbean, but among other Black people including those in Canada, Germany, France, England, etc.

As a loooong term HIV/AIDS activist (since 1987), I and many like me have struggled to get our folks in the United States to recognize that while this is a global epidemic, that the United States is a part of that globe. Yet, we cannot lose sight of the fact that there are no walls around the United States and some of those very same people, my brothers and sisters from the Diaspora, may end up here. Moreover, we cannot allow others around the world to suffer because of the lack of information or access to treatment that is readily available to us.

An International AIDS

Conference helps to remind me of something that we actually have printed on one of BEBASHI'S T-Shirts: "One World, One Epidemic."

CONTRIBUTION

This final theme is one that hasn't really happened yet and that is: What will my contribution be; both to this Conference and to my community. The final presentation of the day that I attended was on the United States National HIV/AIDS Strategy.

There have been Strategic Plans, such as the one led By Dr, Helen Gayle when she was at the CDC, to cut the number of new HIV infections in half; yet there has never been a true United States Strategy. Without elaborating too much on the plan, it focuses on three primary goals: Reducing the number of new infections; increasing access to care and optimizing health outcomes for people living with HIV/AIDS and; reducing HIV-related health disparities. Needless to say, even though developing the strategy was not an easy task, now comes the hard part: implementing it.

Gary Bell is executive director of the Philadelphia-based

BEBASHI (Blacks Educating Blacks About Sexual Health), founded in 1985 as the nation's first AIDS organization serving African Americans with HIV.

STIGMA

Homophobia, Demonization

For Black Gay, Bisexual Men Condemnation Is Enemy #1

By Ramon Johnson | from About.com

Black gay and bi men are waging a tough war against HIV, carrying a disproportionate number of new HIV infections. Yet, it is "the fear of 'coming out,' pop culture which celebrates homophobia and churches and churchgoers that demonize gay Black men compound the problem for Black MSM in America, the Caribbean and Africa," says blogger Rod McCullom, that are the main obstacles to controlling the epidemic.

THE ISSUE

Stigma surrounding HIV among men who have sex with men in Africa and the diaspora circulates from pop culture to faith organization and onto legislation. Did you know in more than 80 countries have laws that criminalize same sex behavior and that, according to a Planned Parenthood report, 58 countries have laws that criminalize HIV or use existing laws to prosecute people for transmitting the virus. Another 33 countries are considering similar legislation?

"The stigma, discriminatory laws and criminalization of HIV transmission encourage the spread of this disease. Why should someone seek testing or medical

advice come forward if you could be arrested? There is no incentive," says Joel Gustave Nana, executive director of the Johannesburg, South Africa-based African Men for Sexual Health and Rights (ASMSHer).

BREAKING THE CYCLE

The negative flow of information and criminalization is showing signs of blockage. According to McCullom's report for *Black AIDS Weekly*, 14 countries out of 54 that include men who have sex with men in their national HIV strategic plans.

Ramon Johnson is a new media journalist and the gay lifestyle guide at About.com. He was named GLBT Person of the Year by GayAgenda in 2008. About.com was selected as 'Best Gay Lifestyle Blog' by BestGayBlogs.com.

Governments Struggle to Cope with ADAP Funding Crisis

Some States Close Enrollment in Free Antiretroviral Program; Other React to Community Mobilization

By Tomika Anderson

If you're worried that poor and uninsured people living with HIV won't be able to access life-sustaining medication in the midst of the economic downturn, don't be, the federal government says, no one who has requested aid will go without.

Deborah Parham Hopson, Ph.D., who oversees the Ryan White Program—the largest HIV-specific federal grant program in the United States—says the government's recent \$25 million boost to the grant's cash-strapped AIDS Drug Assistance Program (ADAP) is helping to curb a growing care crisis for people infected by HIV. ADAP provides free antiretroviral medication to Americans who can't afford the average of \$12,000 per year required for medication alone. As of last week there were between 1700-1800 people on ADAP waiting lists nationwide—an historic high.

"The money will cover the medication for many of those people for one year," says Dr. Parham Hobson, associate administrator for HIV/AIDS in the U.S. Department of Health and Human Services' Health Resources and Services Administration. "And for the next fiscal year, President Obama has [requested a budget of]

\$835 million—\$20 million more than this fiscal year—to help meet their needs."

Dr. Parham Hobson also points out that those who are not receiving federal help are getting state assistance. But the *New York Times* criticized the feds recently for leaving the problem to the states, many of which can't keep up with the demands of its established patients—let alone the recently diagnosed—on its ADAP rosters. They claim that heavy unemployment rolls and other recession-related hardships have made it nearly impossible, particularly since it wouldn't be a short-term fix: ADAP funds are usually necessary for the duration of that person's lifetime. At least 11 states have already closed enrollment in the federal program, including Florida, which has the nation's third-largest population of people living with HIV. Other states like Louisiana have stopped accepting applications for its list, and last month and Arkansas and Utah dropped people from its programs altogether.

A DROP IN THE BUCKET

While Julie Scofield, executive director of the Na-



tional Alliance of State and Territorial AIDS Directors, credits the Obama Administration for its recent cash infusion, she says the money won't last long—perhaps not even through the rest of this year. “We're grateful for the help but it's a drop in the bucket compared to what's needed. What happens when it runs out and the states can't pay? The federal government has to do its part.”

Right now when the federal and state governments haven't paid, the nation's drug companies have stepped in to fill the void, with companies like Bristol Myers negotiating discount prices with states as well as providing free drugs. But some states—feeling constituent heat and not wanting to be looked upon as welfare recipients—have opted to shuffle its meager funds around to take care of its population's most vulnerable.

NOT LYING DOWN

This may be one of the reasons why last week North Carolina's waiting list plunged from a whopping 700 people to 200 in just seven days. That only happened, says Scofield, because residents refused to take the budget cuts lying down.

“The people of North Carolina mobilized around this issue in order to get state funds re-allocated,” says Scofield of the scores of people who rallied to get funds reinstated to the program. “It only happened because they put pressure on the state. But they're going to have to keep applying that kind of pressure.”

Scofield also points out that the feds don't actually know the full number of people that need to be enrolled in an ADAP program because some of the recently diagnosed or unemployed aren't coming forward for fear they won't be able to get help anyway.

EMBARRASSED AND ASHAMED

Montana resident Julian Ricci—who has been on his state's ADAP list since September—calls the situation “an embarrassment.”

“They need to burn this system down and start over,” he says angrily. “It doesn't work!” Ricci, who is unemployed and uninsured, says he qualifies for assistance, but has no idea when—or if—he'll ever be placed on Medicaid. In the meantime, the former technology-company owner says Bristol Myers is supplying his meds,

but he's limited to which ones he qualifies for and the ones he's taking now have caused serious disorientation and severe paranoia. “I'm literally appalled by our government,” he continues. “Embarrassed and ashamed by both parties. They should all be ashamed of themselves for allowing this system to get to where it is. It's out of control. And there's nothing I can do about it.”

“Jon Doe,” a 46-year old Smithfield, North Carolina, resident who has asked not to be identified, faces similar challenges in care. Although he was able to get off his state's ADAP waiting list more than 10 years ago and currently has health insurance, he says he can't go for a dental or optical checkup because he can't afford the \$37 co-payment. “The government told me I make too much money to get that taken care of through Medicaid,” he says. “I'm trying to figure out how in the heck I make too much money when I haven't been working since 1999.”

For its part, the government doesn't seem to have too many answers. Dr. Parham Hobson says the feds' hands are tied until the new fiscal budget is approved and can't even promise that the issue will go away with

the nation's new health care reform program. “We're still studying how that will work,” she says. But in the absence of any hard and fast answers, former President Clinton insists that the pharmaceutical companies will have to keep the crisis from becoming a life or death situation. At the 18th International AIDS Conference he said, “The domestic drug manufacturers in America who provide our medicine have been paid for years now at roughly \$10,000 a person a year. And they have recovered enormous amount of their cost. They could take care of those 1,700 people tomorrow, fairly allocate the burden, and never miss it and I think that's what they should do.”

Tomika Anderson is a freelance writer based in Brooklyn, New York. Her work has appeared in *Essence*, *POZ*, *Real Health* and *Ebony* magazines, among others.

CDC Says Poverty Is Factor in HIV Among Blacks

Link Between Poverty and HIV Helps Explain Disproportionate Number of Blacks Infected According to New Report

By George E. Curry

The Centers for Disease Control and Prevention released a study July 19, 2010 showing that although African Americans are eight times more likely to contract HIV than whites, among impoverished inner-city heterosexuals, poverty is such a driving force that the HIV infection rates are roughly the same for African Americans, whites and Hispanics.

"These findings have significant implications for how we think about HIV prevention," Dr. Jonathan Mermin, director of the CDC's Division of HIV/AIDS Prevention, said in a statement. "This analysis points to an urgent need to prioritize HIV prevention efforts in disadvantaged communities."

RE-DIRECTING THE RESOURCES

Under the recently-announced HIV/AIDS national strategy, federal agencies have been directed by President Barack Obama to shift more resources to groups that need them the most. In addition to high-risk groups, such as men having sex with men and African Americans, poverty will now be looked at as a major risk factor. The federal government spends more than \$19 billion each

year on HIV and AIDS.

The CDC findings were released here at the XVIII International AIDS Conference. The study, conducted between 2006 and 2007, included results from more than 9,000 heterosexual adults in 23 cities, about 77 percent of them Black. Certain census tracts with a poverty rate of at least 20 percent were selected to conduct the study, which excluded high-risk groups such as men having sex with men and intravenous drug users. Because the study intentionally excluded gay and bisexual men, the largest group of infected people, researchers cautioned others about drawing broad conclusions about HIV infections in general.

Earlier CDC research showed that although African Americans represent nearly 13 percent of the U.S. population, Blacks are 46 percent of all people living with HIV and 45 percent of all new HIV infections; Black women represent 66 percent of all new HIV cases among women; and although African American teenagers represent only 15 percent of U.S. teens, they account for 68 percent of all new AIDS cases among adolescents. In addition, a study conducted in five major cities showed

that Black gay and bisexual men are more than twice as likely to be infected by HIV than their white counterparts.

BLACK + POOR INCREASES RISK

In an interview with a group of African American reporters assembled by the Black AIDS Institute, Mermin stated, "There is nothing biological that has caused African Americans to have such a disproportionate rate of HIV infection. It's the social, it's the economic, it's the epidemiological environment in which people live."

He added, "There are multiple factors associated with HIV infection in the United States. One of the main factors is race. In addition, even among African Americans, poverty is also a risk factor, as it is with others."

According to the National Poverty Center at the University of Michigan, in 2008, 24.7 percent of Blacks lived below the poverty line, compared to 23.2 percent of Hispanics, 8.6 percent of non-Hispanic whites and 11.8 percent of Asians. Poverty was defined by the federal government in 2009 as a family of five living on \$25,603 a year or less.

Perhaps the most surprising finding of the study was that heterosexual Blacks and whites living in communities with at least 20 percent of its residents living below the poverty line had essentially the same HIV infection rates.

"Poor whites and poor Latinos living in those areas have much higher rates of HIV infection than they do outside of those areas," Mermin said.

But the study raises as many questions as it answers.

"Why poverty is associated with HIV infection among African Americans and even more so, perhaps, among white Americans and Latino Americans?" Mermin asked. "That's something we need to look at."

George E. Curry is a former Washington correspondent and New York bureau chief for the *Chicago Tribune* and was editor-in-chief of *Emerge* magazine.



Rally Rocks Streets of Vienna

Thousands Participate in March and Rally at Heldenplatz Square That Ends with Free Concert by Annie Lenox

By Lynya Floyd



On her 28th birthday, Tabeth Masengu of South Africa, didn't plan a romantic, evening at home or meet up with friends to paint the town red. Instead, last night, she slipped on some comfortable shoes and took to a crowded street in Vienna, Austria, to join thousands of other men, women and children in an impassioned march for human rights. Drumlines pounded out rhythms, participants blew whistles, red plastic horns wailed and there was dancing in the street during the event, part of the "Human Rights and HIV/AIDS: Now More Than Ever" campaign. The march was spearheaded by several organizations including the International AIDS Society and AIDS Activist Annie Lennox's SING campaign.

"People believe individuals who are HIV-positive, homosexual or lesbian don't deserve health care or dignity," explained Masengu as she embarked on a half-mile walk from Vienna University to Heldenplatz Square. "I'm marching because it's time to remind people that those living with HIV, gays and lesbians are just like everyone else. We all have the right to dignity and equality, to be respected and treated well."

Throughout the march there was a repeated refrain. "Now more than ever," one man called out over a megaphone. "Human rights now," many answered. An appropriate message for the 18th International AIDS Conference which is affiliated with the event and whose theme is: Rights here, right now.

BY ANY MEANS NECESSARY

But not everyone shouted out their message in English, Spanish, German or whatever native tongue. One woman silently rolled down the street in her wheelchair with a sign proclaiming "Criminalize HATE not HIV."

Two others carried a black coffin over their heads with a sign that read: "Stop PLHIV From Dying Of TB." PLHIV stands for People Living with HIV.

Twenty-one-year-old Audrey Grelombe, of ACT UP! Paris carried a black-and-white poster that read: "Homophobia kills."

"In France, LGBT people don't have the same rights as heterosexuals. We can't marry our girlfriend. Adoption is prohibited," she explained while passing by three-story red ribbons draped over the facades of Parliament and

the Bergtheater along the march route. "Our government doesn't give us visibility so we're here to shout and be visible!"

"We need treatment, we need a cure and we need funds," proclaimed 39-year-old Letonde Gbedo who with her symbolic red umbrella—one of scores in the crowd—championed the rights of sex workers. It's canopy read: "Only rights can stop these wrongs."

Amidst the sea of bright orange t-shirts stamped with the Human Rights and HIV/AIDS campaigns logo of a red ribbon with a fist inside was one gentleman with a unique perspective. "Scientists don't get to come out and do this kind of thing. This is amazing to see," said Manu Pratt, an assistant professor at Georiga Institute of Technology, who admitted he'd never been to a march like this for HIV before.

"This is the biggest part of curing the disease," said Pratt, filled with hope. "We can do all the work to find out things in the lab, but if it doesn't get out to the people it means nothing. In the international AIDS community, everyone plays a part."

And everyone played their part last night. The march ended on a high note with a rally and free concert

performed by the inimitable Annie Lennox in the square.

Lynya Floyd is the senior editor covering Health and Relationships at Essence magazine.

New Gel Is Potential Game Changer for Women

Seen as Lifesaving Step, Affirmation of Women and African Americans Working to Develop HIV/AIDS Treatments

By Linda Villarosa | from Women's Media Center

A scientific presentation at a conference is generally a subdued affair. The room hushed except for a smattering of polite applause. Think early match at Wimbledon.

But the scene was wildly different last month at the XVIII International AIDS Conference in Vienna, when two South African researchers unveiled the results of a new study that showed that a gel containing antiretroviral medication was safe and effective in reducing a woman's risk of being infected with HIV. Forget Wimbledon; think Yankee game in the Bronx.

About 1,000 people were crowded into a session room July 21 to hear that for the first time in history a topical medication, known as a microbicide, had prevented the spread of HIV. Hundreds more squeezed into an overflow room. Others were huddled in clumps in the hall outside watching video monitors—the overflow of the overflow. There was no polite applause; it was boisterous cheering.

“A standing ovation—you never see that at a scientific presentation,” said Dazon Dixon Diallo, the founder and president of SisterLove, a women's reproductive organization that focuses on HIV/AIDS. Her group

works out of Atlanta as well as South Africa where the microbicide research was conducted. “But it was a big win. For those of us who have been involved in microbicides for so long this is stunning. I have two words—woo ha!” The normally unruffled Dr. Anthony Fauci, one of the world's preeminent and pioneering HIV/AIDS researchers, summed up his emotions in just one word at a press conference: “Amazing!”

LIFESAVING STEPS

The results of what is called the CAPRISA 004 trial, named after the center where the research was conducted, was the biggest news to come out of the six-day event, which featured some 20,000 activists, scientists, volunteers and journalists from 200 countries around the world. The Financial Times of London broke the press embargo and leaked the results, and a stampede of media with stories waiting in the wings followed suit.

The media frenzy was warranted: This microbicide gel could prove a game changer for women. The study of 889 uninfected women aged 18 to 40 in rural and urban KwaZulu-Natal, South Africa, found that the

gel containing the HIV drug tenofovir cut infections by 39 percent. Among the women who used it consistently and correctly, the results were even better, 54 percent effectiveness. Either way you look at it, in the science world these numbers signal a major coup. The researchers also noted that herpes risk dropped by 51 percent, which was a surprise. The presence of herpes and other sexually transmitted infections increases the risk of transmission of HIV.

Though the results will need to be confirmed and a product won't hit the market for at least a few years, this news marks a lifesaving step forward for women around the world. Globally, 33 million people are living with HIV, half of them women. In sub-Saharan Africa, where the epidemic is most dramatic and deadly, 22.4 million are living with HIV and every year millions more become newly infected. Women account for almost two-thirds of those living with HIV in the region, and young women, often poor and powerless, bear the brunt of the epidemic. South Africa has more people living with HIV than any country in the world.

WE HAD NOTHING TO OFFER WOMEN

Dr. Quarraisha Abdool Karim, who conducted the study with her husband, Dr. Salim Abdool Karim, described her frustration at not being able to offer protection to women who would come into clinics where she worked in South Africa. “When they asked us what can we do to protect ourselves, we had nothing to offer them,” said Dr. Karim, a Columbia University professor and associate director of the Centre for the AIDS Programme of Research in South Africa.

“Abstinence? They were married or in a stable relationships—no. Behavior change? They were faithful, but not sure about their partners' faithfulness. Condoms? Men don't want to wear condoms, and at the time there was no female condom.

“So today,” she continued, “the results signal hope for women that they have something that is 39 percent more effective than nothing.”

Participants in the study were sexually active and applied the gel—half receiving the drug and the other half a placebo—both 12 hours before and 12 hours after sexual relations. It is inserted into the vagina using a

plastic applicator. Sixty of the 444 women who used the placebo contracted HIV, compared to 38 of the 445 women who became infected after using the gel containing tenofovir. The area where the study participants come from is considered the “epicenter of South Africa’s explosive HIV epidemic,” where women engage in infrequent but very high-risk sex with migrant men. The product is colorless, and odorless—about the consistency of hair gel—so that a woman can use it without her partner knowing.

RESPECTED RESEARCH

It’s significant that half of the team that made this year’s discovery is a woman. Overall, at the biannual International AIDS conference women have had to fight for a seat at the table. Especially when it comes to the science of HIV/AIDS, the conference and the field have largely been a boys’ club. This year conference organizers made sure that 50 percent of speakers on the high profile plenary sessions were women and included more events on topics like violence against women.

But young women and women living with HIV often struggled to make their voices heard. The day before the official proceedings began, Women ARISE (Access, Rights, Investment, Security, Equity), a coalition of groups around the world working to promote women and girls’ rights in the AIDS response, hosted a lively, free flowing discussion.

“I’ve been coming to this conference for 20 years, and I’m still distressed that women’s issues are marginalized,”

Dr. Diane Riley said at the meeting. She is a professor at the University of Toronto and founding member of the International Harm Reduction Association. “We are totally pushed to the edge. I mean that literally: women are literally pushed to the edges of the day.”

Andrea von Lieven, a registered nurse and clinical program manager of medical affairs for the International AIDS Vaccine Initiative, spoke out openly for the first time about her own HIV status. “I don’t wish HIV on anyone, but I am proud to be part of the women’s village here,” said von Lieven, who is 46. “We must find a way to ease the burden on women, and we need the energy of young women. I don’t want to burn out. I want more women to chip in. I want to pass the torch,” she said.

As far as the microbicide study, it also mattered that the project was in the hands of two respected researchers of color. Many times, so-called scientific breakthroughs come with the uneasy feeling that the subjects in the studies have been treated unfairly. There’s a taint of imperialism—greedy pharmaceutical companies using poor people of color as guinea pigs.

PRECIOUS RESOURCES

But with this study, in which all participants were Black, it doesn’t seem that way. In a video created by CAPRISA, one of the study participants Gabi Nxele, said she agreed to test the gel because so many people were dropping dead around her, including loved ones. “One of my friends was dying of HIV, but I don’t want to see

other people die of HIV,” said Nxele, 28 when the video was made.

Despite the excitement, there is reason for caution. First, the tenofovir microbicide isn’t a magic bullet. Thirty-nine percent effectiveness—or even 50 percent—isn’t the same as 100 percent. Condoms aren’t going to disappear. No one knows whether the preparation prevents an HIV-positive woman from passing the virus, and it isn’t clear whether it will protect against other STDs, outside of HIV and herpes. And it doesn’t prevent pregnancy.

Cost is also an issue. Activists at the conference in Vienna organized numerous protests—including a die-in that delayed the start of the event. The main concern? The lack of funding for medication for people living with HIV around the world. If drugs like tenofovir are in short supply, how is this seemingly precious resource best used? To save lives of people living with HIV/AIDS or to add it to a gel to prevent more people from getting infected?

It’s also unclear how wide an application this product will have. In the United States among women, African Americans are at highest risk for contracting HIV. One in five Americans aren’t aware of their HIV status, and African Americans are believed to be less likely to know. A woman who has no idea her partner is positive wouldn’t have reason to use the gel.

“I think this will be most useful for married women who feel that they can’t use a condom, but might be suspicious and want that bit of protection without demanding condom use,” said Dr.

Hilda Hutcherson, a clinical professor of obstetrics and gynecology at Columbia University and author of a number of books, including *Pleasure: A Woman’s Guide to Getting the Sex You Want, Need and Deserve*. “However, I would personally demand the condom if I thought my husband was cheating.”

Dr. Salim Abdool Karim says he’ll also feel more confident once the results are repeated. Another project called the VOICE study is currently looking at 5,000 African women, comparing a gel compound with HIV medication in pill form. Findings are expected in 2013.

“In the scientific community, we need to think about what it is going to take for all of us to work together to make this a reality,” he said. “I would be disappointed if we were not able to make a microbicide tenofovir gel available in three years.”

The views expressed in this commentary are those of the author alone and do not represent WMC. WMC is a 501(c)(3) organization and does not endorse candidates.

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Researchers Get Standing Ovation at AIDS Conference

Studies Show Vaginal Gel Containing Tenofovir Could Reduce Risk of Sexually Contracting HIV by 39 Percent

By Lynya Floyd | from Essence.com

Standing ovations are a rare occurrence at scientific conferences, but at the 18th International AIDS Conference in Vienna this week, a husband-and-wife team of researchers received no less than three from a filled-to-capacity room of hundreds of scientists, activists, and reporters.

The reason for the thunderous out-of-seat applause? The couple's team had completed one of the most promising, innovative and carefully conducted studies on HIV prevention in years. It revealed that a vaginal gel containing an HIV medication called Tenofovir could reduce the user's risk of sexually contracting HIV by 39 percent. And did we mention it was also 51 percent effective in protecting the user against herpes transmission? The women were told to use the gel up to 12 hours before sex and then again up to 12 hours after sex.

"The implications of this are really enormous," said Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases in Bethesda, Maryland. The results have tremendous implications in the global fight against HIV, in which advocates have long been asking for a way that disempowered women can protect



Salim S. Abdool Karim

themselves against the virus. In countries where rape is used as a tool of war and oppression, the female condom, while highly effective, isn't the answer.

"Tenofovir gel potentially adds a new approach to HIV prevention as the first that can be used and controlled by women. It would help empower women to take control of their own risk and HIV infection," said Salim S. Abdool Karim, Pro Vice-Chancellor (Research) of the University of KwaZulu-Natal, South Africa who was co-principal investigator of the study along with his wife, Quarraisha Abdool Karim,

an associate professor of epidemiology at Columbia University.

The findings have huge implications for African American women as well, who account for about 66 percent of new HIV infections in women in the U.S.—recent studies show 48 percent would test positive for genital herpes. And having herpes increases your risk of contracting HIV.

Some of the best news from the study: no side effects. There was only a small increase in the incidence of mild diarrhea (17 percent for those who used the gel vs. 11 percent for

those who used a placebo).

Groundbreaking research like this wouldn't come to fruition without the willingness of the more than 2,000 South African women who were considered for the trial and the 889 who were accepted.

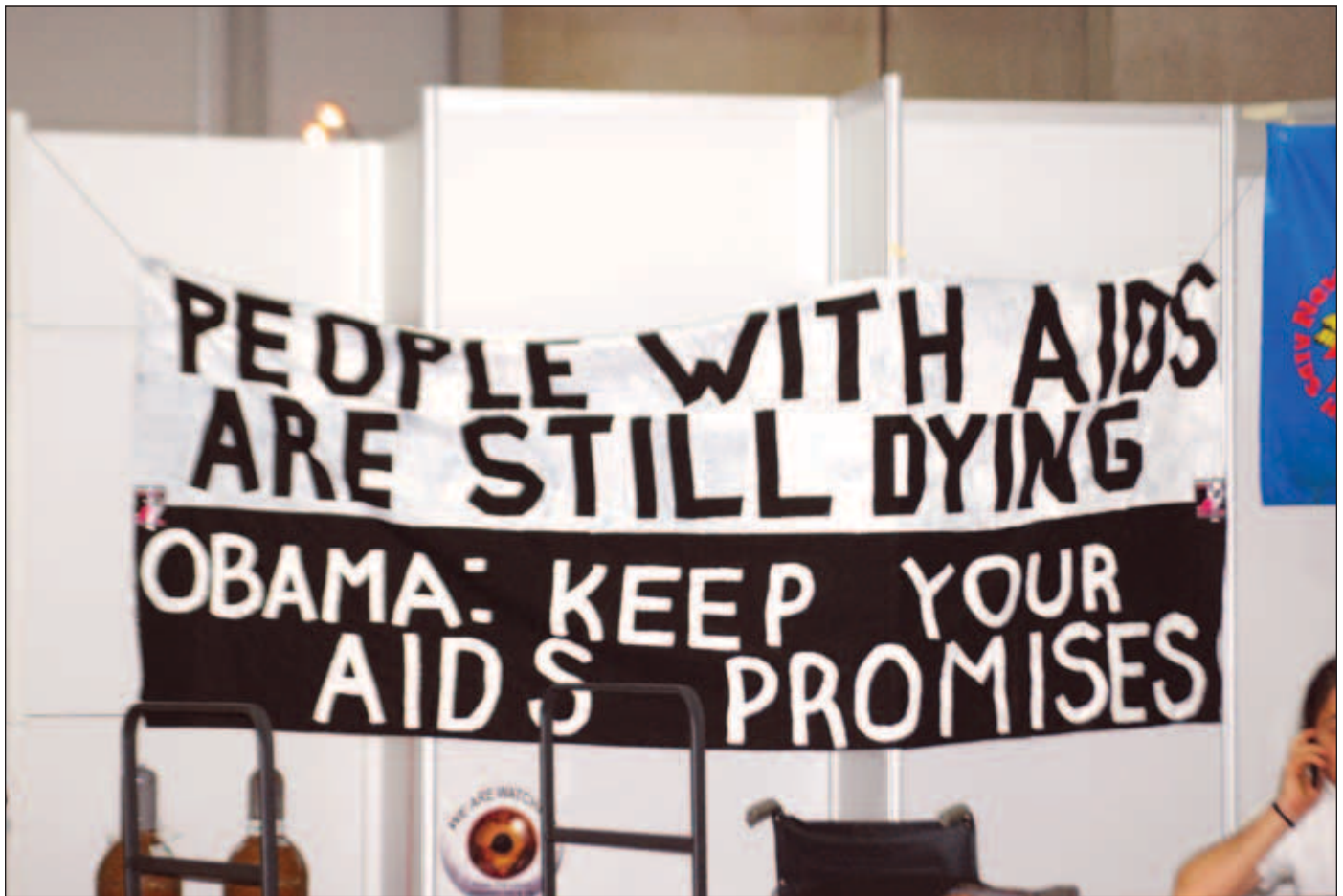
Would you ever participate in a clinical trial to test a vaginal gel that could protect you from HIV?

Lynya Floyd is the senior editor covering Health and Relationships at Essence magazine.

President Obama's Mixed Record on HIV/AIDS

AIDS Healthcare Foundation Launches Ad Campaign against The President but Others Blame the Struggling Economy

By George E. Curry | from BlackPressUSA.com



Unlike any president before him, President Barack Obama has announced a national HIV/AIDS strategy, something AIDS activists had been demanding for more than a decade. Instead of being perceived as a president in a class by himself, however, Obama is being unfavorably compared to another U.S. president—George W. Bush.

The AIDS Healthcare Foundation, the largest non-government provider of HIV/AIDS medical care, launched an ad campaign against Obama earlier this month. The centerpiece of the campaign is a composite photo—one half of the face of Bush merged with half of Obama's face—with the inscription: "Who's Better on AIDS?"

In case that question stumps anyone, Michael Weinstein, president of the foundation, will eagerly supply what he argues is the correct answer: George W. Bush.

Weinstein criticized Obama's "laggard approach" to the AIDS epidemic as well as his recently unveiled national strategy.

"The strategy is a day

late and a dollar short: 15 months in the making, and the White House learned what people in the field have known for years. There is no funding, no 'how to,' no real leadership."

Phill Wilson, president and CEO of the Black AIDS Institute, the only African American think tank on HIV/AIDS, believes Obama is far better than Bush on

policy issues, including fulfilling his campaign pledge to create an HIV/AIDS national strategy. He said the president will be ultimately judged on whether he and other leaders reduce the HIV infection rates, especially among African Americans. Although Blacks are only 12.8 percent of the U.S., each year African Americans represent almost half of all new HIV infections.

ALL IN THE SAME BOAT?

Ironically, Obama is being criticized for doing something he refused to do last year—direct federal resources to targeted groups most in need of help.

Rejecting such suggestions at the time, Obama said: “The most important thing I can do for the African American community is the same thing I can do for the American community, period, and that is to get the economy going again and get people hiring again.”

He added, “It’s a mistake to start thinking in terms of particular ethnic segments of the United States rather than to think that we are all in this together and we are all going to get out of this together.”

We are all in the HIV/AIDS morass together, but to different degrees. The president’s National HIV/AIDS Strategy recognizes that reality and boldly states: “While anyone can become infected with HIV, some Americans are at greater risk than others. This includes gay and bisexual men of all races and ethnicities, Black men and women, Latinos and Latinas, people struggling with addiction, including injection drug users, and people in geographic hot spots, including the United States South and Northeast, as well as Puerto Rico and the U.S. Virgin Island. By focusing our efforts in communities where HIV is concentrated, we can have the biggest impact in lowering all communities’ collective risk of acquiring HIV.”

It noted, “Resources will always be tight, and we will have to make tough choices about the most effective use of funds. Therefore, all resources allocation decisions for programs should be grounded in the latest epidemiological data about who is being most affected and other data that tell us which are the most urgent needs to be addressed.”

The administration’s strategy plan does not call for increased funding, a

sore point with some AIDS activists.

Bill Gates addressed the funding issue in a speech here.

“Today, the skeptics look at the struggling economy and say: We can’t beat AIDS unless we can treat more people. And we can’t treat more people without more money. So if we don’t raise more money for treatment, we’ll lose the fight against AIDS. It’s hopeless,” says Gates, who knows a lot about money.

“The skeptics have a point,” Gates said. “This is a tough economic environment. Right now, there isn’t enough money to simply treat our way out of this epidemic. If we keep spending our resources in exactly the same way we do today, we will fall further behind in our ability to treat everyone.”

Gates’ answer: “...Even as we advocate for more funding, we can do more to get the most benefit from each dollar of funding and every ounce of effort.”

A study by the Black AIDS Institute, titled, *At the Crossroads: The State of AIDS in Black America, 2010*, says additional allocations will be needed even after the belt-tightening.

“Despite all the many advances that have occurred

in the AIDS fight over the past year, discretionary federal funding for fighting AIDS is barely keeping pace with inflation,” the report found. “Many states have begun to cap enrollment in the AIDS Drug Assistance Program, effectively telling low-income Americans who urgently need HIV treatment that they will simply have to wait. As a nation, even in tough economic times, we can do better.”

In order to be successful, Obama must meet some measurable goals.

“Black Americans have a greater stake than any group in a successful national AIDS response, and it is critical that Black advocates and stakeholders remain engaged as the new strategy is released, implemented and monitored,” the report said. “At the end of the day, the strategy will be meaningful only if it leads to concrete positive change in the national fight against AIDS, including reductions in new HIV infections and AIDS deaths.”

George E. Curry is a former Washington correspondent and New York bureau chief for the *Chicago Tribune* and was editor-in-chief of *Emerge* magazine.

The Global Village Is Vibrant But Still Not Perfect

While Not All Communities Are Represented, Some Participants Welcome the Opportunity to Interact with Others

By Angela Bronner Helm

As the smell of popcorn permeates the air, dozens of languages and dialects soundtrack the wide-open space of the Global Village, the literal heart of the International AIDS Conference. Free and open to the public, more than 100 booths set the Global Village's stage, each one touching on HIV and AIDS from an educational, social, ethnic, political or economic point of view. The women's undergarments in one corner highlight the Women's Forum where attendees from South Africa and the Ukraine talk about women's rights. Activists like Sheryl Lee Ralph stand in another, selling glittery "Diva" t-shirts. There are networking zones, booths representing non-government HIV/AIDS organizations, cultural exhibitions and vending spaces overflowing with African garments; young people give speeches about their work on HIV and AIDS in the Philippines, and "happy hour" takes place at the multi-faith networking zone.

"The Global Village started at the Bangkok conference in 2004, and it was a community-led response to the scientific program of the conference," explains Kwaku Adomako, 34, of Toronto, Canada, the project manager

Race Still Matters Statement by Black AIDS Institute

The CDC released a study today looking at race, poverty and HIV among heterosexuals in 23 poor inner-city neighborhoods in the United States. The study found that when other racial ethnic groups are confronted with the same social determinants faced by Black Americans their risk for HIV rises.

Some media organizations are erroneously concluding that race is not a factor in HIV transmission in this population. This is a false choice and an absurd and dangerous conclusion. The point is not whether race or poverty matters, the point is race and poverty matter. Black people are disproportionately impacted by HIV/AIDS. One of the reasons this is so is because we are poor. Seventy-seven percent of the participants in the study were Black and the majority of the residents in the communities surveyed were Black.

According to a study by U.S. Department of Agriculture, 91 percent, of Black Americans who reach the age of 75 spend at least one of their adult years in poverty.

By the age of 25, the findings show, about 48.1 percent of Black Americans will have experienced at least one year in poverty. By age 40, the number grows to two-thirds and to more than three-fourths by age 50. More than 90 percent will have lived below the poverty line by age 75.

The researchers say that by age 28, the Black population will have reached the cumulative level of lifetime poverty that the white population arrives at by age 75. "In other words, Blacks have experienced in nine years the same risk of poverty that whites experience in 56 years," the report stated.

Does poverty matter? Of course, but to pretend that race is not a huge factor in who is poor in America is naïve at best and maliciously racist at worst. The fact that virtually every Black American will experience poverty at some point during their adulthood speaks volumes about AIDS in America," says Phill Wilson, President and CEO of the Black AIDS Institute. "Poor people get AIDS. Black people are poor."

of the African and Black Diaspora Global Network on HIV and AIDS at the Global Village. "There wasn't an established place for the global community to gather, so they created the Global Village."

Dudley, 36, from Curaçao, posted up in the Caribbean Liming Zone, says that the conference proper is

overwhelming, but he likes the Village's intellectual and creative energy.

"I like to mingle with the people and see what they do," says Dudley. "I go to the sessions too but I find that in the Global Village, there is more interaction with the people and that's what I like."

FEW BLACKS IN GLOBAL VILLAGE

Delegates from the conference and the public of the city the conference is held in (in this case, Vienna) can interact with one another and experience for what, for some, might be an otherwise cost-prohibitive event.

Adomako says that this

year's global village is not as diverse as conferences in years past.

"Across from our networking zone was supposed to be the sub-Saharan African zone, and we found out yesterday morning that some of them didn't get their visas because of costs associated with it," he says.

"I think it's sad, because this conference hasn't done a lot to support African and Black participation and it's evident when you look at the program and you walk around the Global Village."

Others complain that the the Village marginalizes some participants. Nicole Spence of the Vancouver Area Network of Drug Users, an organization run by current and former IV-drug users, has a booth that depicts the proper way to shoot drugs. But Spence observes that drug users even face stigma within the AIDS community.

"If you look in the Global Village, injection-drug use is not well represented and that definitely has to do with stigma," shrugs Spence. "There's a lot [of information] on MSM, there's lots on women, which is fantastic, and there's even a huge section on sex work, but I think we're the only drug-user group that's here. IV drug users are really, really marginalized people."

She continues, "There is a whole drug-policy section [of the conference] but a lot of them are policy makers and they're advocating for stuff we'd advocate for, but you really need to hear from drug users."

Angela Bronner Helm is a Harlem based editor with AOL BlackVoices and board member of the Black AIDS Institute.



Rhon Reynolds, Michel Sidibe, Wangari Tharao, Amanda Lugg, Valerie Pierre-Pierre



Relaxing in the Global Village

Husband, Wife May Alter Course of the HIV Epidemic

Breakthrough for Gel Comes After 10 Years of Research and Seven Failed Trials

By Tomika Anderson

A team of South African scientists received three standing ovations at the XVIII International AIDS Conference, following their research presentation in Vienna.

They had achieved what many researchers feared might never happen: They'd created an HIV-fighting vaginal gel experts say has the potential to "alter the course of the HIV epidemic."

Here's how it works: an HIV-negative woman would apply the microbicide—which contains the potent antiretroviral drug Tenofovir—just before and after intercourse. Early tests have shown that doing this would cut her chance of acquiring the virus by 39 percent. It would also cut her risk of being infected by herpes by more than 50 percent.

OVERCOMING FAILURE

For husband-and-wife epidemiologists Salim and Quarraisha Abdool Karim, who in 10 years conducted seven failed trials for the study, these encouraging results—based on their research in urban and rural South Africa—could not have come at a better time.

South Africa is one of the hardest hit by the disease,

with an estimated 5,700,000 South Africans living with HIV/AIDS in 2007, according to a UNAIDS report.

Women are at the greatest risk of being infected, particularly the young; recent studies show that four in every five people with HIV or AIDS in South Africa are women between the ages of 20 and 24.

Quarraisha calls the gel—which so far has shown no real side effects—the great "hope for women around the world. Today, although we don't yet have the microbicide, the results signal hope for [them]," she says. "They now have something that's 39 percent more effective than nothing."

Having something is, of course, monumental, as evidenced by the response from the more than 900 South African women who participated in the study. Many of them are from KwaZulu-Natal, a hotbed for HIV. They, like many other women in the region, are particularly susceptible to infection due to men who refuse to wear condoms or sexual violence.

And because the gel looks and feels a lot like a lubricant, the researchers say, women can use it without their partner knowing.

I believe that's true, because after the press confer-

ence, I got a chance to hold it in my hand.

The gel is clear and sort of sticky with a cool, even consistency. It has virtually no smell, and it tastes—yes, I went there—kind of salty, like saline. For these reasons, it would probably be fairly undetectable—even if you're engaging in oral sex.

Researchers also plan to test its effectiveness in anal sex—in fact, they plan to run a battery of tests for safety and effectiveness over the next few years in an attempt to bring the gel to market by 2013.

The Karims can hardly wait for the day it's made available to the world's most vulnerable populations.

Salim says, "Our estimates show that if we would implement Tenofovir gel in a way similar to the way we did it in the trial, we could prevent 1.3 million new HIV infections and more than 800,000 deaths over the next 20 years in South Africa alone."

Tomika Anderson is a freelance writer based in Brooklyn, New York. Her work has appeared in *Essence*, *POZ*, *Real Health* and *Ebony* magazines, among others.

Quarraisha Abdool Karim



Alarming Increase Among Younger Black MSM

Concerns for Black Gay and Bisexual Men Raised to National and Global Platforms

By Rod McCullom

In mid June the Centers for Disease Control and Prevention (CDC) released troubling new data. Researchers reported that the HIV/AIDS caseload in Milwaukee, Wisconsin is soaring—especially among men who have sex with other men, called MSM in public health jargon. Since 2000, the CDC has reported an “alarming” 160 percent increase in the number of new HIV infections among younger Black gay and bisexual men.

“This is a very serious public health threat,” says Mike Gifford, chief operating officer of AIDS Resource Center of Wisconsin, which is adding “a staff member to do outreach and counseling with Black MSM,” reports Milwaukee News Buzz.

Just like the recent reports of escalating Black MSM seroconversions in Chicago, New York, Charlotte and other cities, the Milwaukee data barely made a “blip” on the local news. But as the rate of HIV infections among Black gay and bisexual men continues with no end in sight, their specific health needs and concerns are now reaching a global platform at the 18th International AIDS Conference (AIDS 2010) in Vienna.

Not Just in America
On the day before the

conference officially opened, an all-day pre-conference event addressed the soaring global rates of MSM seroconversions. BE HEARD was organized by The Global Forum on MSM & HIV and featured the debut of the Johns Hopkins-World Bank’s global survey of HIV epidemics.

“It’s not just in America,” said Gregorio Millett, the senior policy adviser in the White House Office of National AIDS Policy, at a panel on HIV infections among African and Caribbean MSM. “Black men who have sex with men are at greater risk for HIV across the world.” Millett, who was profiled by *Black AIDS Weekly* last February, added, “Black MSM are disproportionately affected by the HIV epidemic in the United States, in Canada, in Great Britain ... across Africa and the Caribbean. And in each case, there are high rates of seropositivity and high rates of unknown diagnosis.”

A June 2009 study by the Chicago Department of Public Health found that Black gay and bisexual men under the age of 35 were “seven times more likely” to be HIV-positive than their white counterparts. And the vast majority who tested positive—some two-thirds—



Job Akuno

were “unaware of their positive status.”

The high rates of unknown diagnoses are even more critical in the developing world and the Black Diaspora, according to the Hopkins Study, where Black MSM rightfully fear that learning their serostatus will encourage even more stigma and homophobia.

A ROADMAP TO THE FUTURE

But there is some good news to report from AIDS 2010 for Black gay and bisexual men. White House adviser Gregorio Millett is

among those tasked at the White House to develop the Obama Administration’s National HIV/AIDS Strategy, the nation’s first comprehensive roadmap to fighting the epidemic. The strategy was unveiled only days before Vienna, and the Administration plans to “concentrate HIV prevention efforts at the highest-risk populations,” which includes Black gay and bisexual men as well as the Black community overall, several high-ranking administration officials said at a private press conference for Black journalists.

“We want to reach people who are at the highest risk

and are disproportionately burdened by this epidemic,” assistant secretary of Health and Human Services Dr. Howard Koh told *Black AIDS Weekly* at AIDS 2010. “And we also want to maximize prevention for that community. Black men who have sex with men and the Black community are where the epidemic is.”

MSMS ON THE NATIONAL STAGE

The Eastern African nation of Kenya has also identified MSM as high-risk and included them in its national HIV/AIDS strategy. “Kenya was the first African nation to do this,” says Kenyan peer educator Job Akuno, a conference attendee. Akuno is a counselor with the Nairobi-based SHAP, Scaling Up HIV and AIDS Prevention, which is partially funded by PEPFAR, the President’s Emergency Plan for AIDS Relief. “This is the fourth year in a row that the government has brought MSM into the national platform. And it’s probably not going to change, thankfully,” he says.

Akuno adds, “We’ve been able to do this on the national level by taking a public-health approach. The government recognizes to

stop HIV from spreading, you have to halt the infections—wherever they are.”

The Kenyan HIV/AIDS educator says the evidence suggests Kenyan MSM are also experiencing extraordinary rates of seroconversion. “A 2007 study by the University of Nairobi showed a 49 percent HIV-positive rate among Nairobi MSM,” Akuno says. “That survey included sex workers and prison population, who are the highest risk factor. But we still believe our numbers are very high.”

Despite the full-day pre-convention and numerous sessions devoted to MSM, the panelists at AIDS 2010 in Vienna were overwhelmingly vanilla. And “This conference forum is representing gay men pitifully,” slams Jim Pickett with the Chicago AIDS Foundation. “The Global Forum on MSM and HIV did a calculation that showed only two percent of all sessions were devoted to gay men. That’s pitiful for an epidemic that is largely concentrated around men who have sex with men. We have to do better.”

Rod McCullom, a writer and television news producer, blogs on Black gay, lesbian, bisexual and transgender news and pop culture at rod20.com.

PREVENTION

HCV Travels Through Blood

Both IV Drug Users and Black MSM at High Risk for Disease

By Ramon Johnson | from About.com

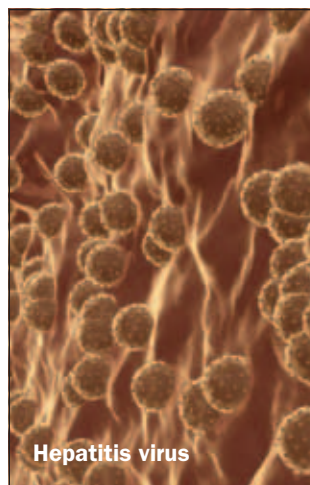
In general, men who have sex with men don’t have the highest risk of contracting Hepatitis C; but, according to health researchers, getting HCV is “all about sharing.”

Of the three Hepatitis infections, C is the most deadly. In some cases, Hep C can be cured; but left to its own devices, it attacks the liver. Plus, 80 percent of people with the virus have no symptoms. Hep C’s

at the XVIII International AIDS Conference that oral and semen exchange aren’t the main culprits. Men who have sex with men increase their risk when they share unprotected sex partners.

Having certain types of sex such as rough sex that causes anal bleeding, using drugs during sex, barebacking with multiple partners, topping multiple partners without using separate condoms, or fisting with shared gloves and lubes can open doors for HCV.

Ramon Johnson is a new media journalist and the gay lifestyle guide at About.com. He was named GLBT Person of the Year by GayAgenda in 2008. About.com was selected as ‘Best Gay Lifestyle Blog’ by BestGayBlogs.com.



number one risk group are intravenous drug users. Still, gay men that don’t inject should be on guard since HCV travels through blood transfer.

WHAT PUTS YOU AT RISK?

Rob Gair of Canada’s Health Initiative For Men said in a panel presentation

AIDS-Ravaged Africa Now Offers Best Hope for Future

Promising Durban Area Medical Trials May Alter World's Feelings Toward Sub-Saharan Africa

By George E. Curry | from TheDefenderOnline.com

Of the 39.5 million people around the world living with HIV/AIDS, 67 percent reside in Sub-Saharan Africa. The region has more infections than North America, Europe, the Middle East, Latin America, Asia and the Caribbean combined, according to UNAIDS, the United Nations' joint program on HIV/AIDS.

Ironically, medical trials now underway in the very region most ravaged by the

virus hold the best prospect of finally controlling the disease for which there is no known cure.

In that regard, the advances this and other AIDS-related research being conducted there may change the world's feelings toward Sub-Saharan Africa from pity to gratitude.

At the XVIII biennial International Conference on AIDS held in Vienna last month, scientists were most

optimistic about a breakthrough involving microbicide, defined as anything that kills microbes such as bacteria and viruses. The trial is known as CAPRISA 004, after the South African AIDS center which conducted the research.

Using 889 South African women ages 18 to 40, some from Durban and the others from a rural setting about a 90-minute drive from Durban, the study was conduct-

ed to determine if a vaginal gel containing the antiretroviral drug tenofovir could be used to prevent HIV infections in women. The clinical study, conducted from May 2007 to December 2009, was supervised by CAPRISA, the Centre for the AIDS Programme of Research in South Africa at the University of KwaZulu-Natal in Durban. It was funded by the United States Agency for International

Durban, South Africa



Development (USAID).

Tenofovir is an antiretroviral drug that prevents HIV from replicating inside cells. Half of the study group was given vaginal applicators that contained a 1 percent concentration of tenofovir and the other half was given a placebo that looked identical to the gel. Neither the participants nor the researchers were told which participants were actually given tenofovir. All subjects were told to apply the gel within 12 hours before intercourse and 12 hours after having sex.

The study showed that the women using tenofovir lowered the risk of HIV infection by 39 percent. Those who applied the gel at least 80 percent of the time found it decreased their infection rate by 54 percent. Researchers hope if the dosage is increased, the success rate will be even higher.

Although the study was part of an advanced medical trial, researchers must still validate the results in a larger study before the gel can reach the market. While still not a cure for HIV, the virus that causes AIDS, researchers are delighted at the prospect of developing a product that may give females more control over their bodies, especially

women who are vulnerable because they are unable to persuade their husband or mate to use condoms or to be monogamous.

Globally, approximately half of all people living with HIV are women. In Africa, about 60 percent of new HIV infections are acquired by females.

Researchers were elated to experience success after 11 previous microbicide trials failed over the past 15 years.

Phill Wilson, president and CEO of the Black AIDS Institute, the only African American HIV/AIDS think tank in the United States, said he is proud that the successful study took place in Africa.

"I am busting out all over with pride," he said. "First, not only was this trial a breakthrough, it was one of the best designed trials I've seen and the presentation was just elegant. This was a trial that was conceived, designed, and executed in South Africa by South Africans."

Wilson said the findings underscore the needs for people of African descent to be involved in medical trials.

Mitchell Warren, executive director of the Vaccine Advocacy Coalition, an international organization based in New York, was

particularly impressed by the African women who participated in the study.

"We congratulate the trial sponsors, scientific collaborators, and partners who conducted this trial, and especially want to thank the nearly 900 South African women whose altruism and commitment as trial volunteers made this effort possible," he said in a statement. "These volunteers and their communities have made an inestimable contribution to HIV prevention research and to the eventual development of new ways for women and men all over the world to protect themselves from HIV. We owe them an enormous debt of gratitude."

Also underway on the continent of Africa is an early-stage clinical trial that compares the safety and effectiveness of microbicides in women when tenofovir is taken orally in tablet form and when it is applied through a vaginal gel. Known as the VOICE trial or MTN 003, it is the only other microbicide effectiveness study underway.

The findings, based on research now being conducted in four African countries – Malawi, Uganda, Zimbabwe and South Africa – are not expected to be known before 2012.

In addition, studies in Kenya found that male circumcision reduced men's risk of acquiring HIV through vaginal sex by at least 50 percent, sometimes as much as 60 percent. A report on that study was presented on the last day of the International AIDS Conference.

In 1996, Vancouver was a watershed AIDS convention in which a breakthrough combination therapy of at least three anti-HIV drugs, referred to as Highly Active Antiretroviral Therapy (HAART), was championed. Now, it's considered a standard treatment cocktail that suppresses the replication of HIV in the blood. Delegates left this year's conference in Vienna with their eyes fixed on Africa, feeling that the tenofovir gel will do for prevention what HAART did for treatment.

Dr. Halene Gayle, president of CARE, the international anti-poverty organization, said: "The continent that has felt the greatest impact of AIDS may be the continent where we get the greatest answers."

George E. Curry is a former Washington correspondent and New York bureau chief for the *Chicago Tribune* and was editor-in-chief of *Emerge* magazine.

Institute Takes Media Delegation to AIDS Conference

Journalists Report on Promising New Gel, Demographic Factors in Epidemic, Angry Demonstration and New Film

By Glenn Ellis | from the Philadelphia Tribune

Actress and AIDS activist Sheryl Lee Ralph was in Vienna, Austria last week for the XVIII International AIDS Conference, where she was part of the opening of the Global Village, and lent the support of her Foundation, to the cause of HIV/AIDS awareness, prevention, advocacy, and research. Ralph is the wife of Pennsylvania state Sen. Vincent Hughes.

In the United States, the HIV/AIDS epidemic is a health crisis for African Americans. Blacks make up 12 percent of the U.S. population. However, African Americans accounted for 45 percent of new HIV infections and 46 percent of those living with HIV.

The Black AIDS Institute took a media delegation to the XVIII International AIDS Conference (AIDS 2010) in Vienna, Austria from July 18 -23.

The Institute has taken a media delegation to each of the past six International AIDS Conferences. This year's delegation included 13 Black journalists representing media outlets such as *The New York Times*, *Essence*, *Glamour*, Fox News, the National Newspaper Publishers Association and AOL Black Voices.

This seasoned group of



journalists is dedicated to educate, inform and produce aggressive, thorough coverage of HIV/AIDS issues in the Black community.

MAJOR HIGHLIGHTS

The journalists held a Black Media Roundtable meeting with top U.S. health officials including Dr. Helene Gayle, the head of the Presidential Advisory Council on HIV/AIDS. They discussed and answered questions around the science, treatment and policy issues impacting Blacks and HIV/AIDS in the U.S.

In a groundbreaking study from South Africa, a gel made using an antiretroviral drug was found to be effective in reducing a woman's risk of becoming infected with HIV.

This is the first time in history that this kind of topical medication, known as a microbicide, has worked, despite many earlier trials. The research news broke conference in Vienna and is widely believed to be the biggest news that will come out of the six-day event.

Other highlights included the release of the Centers for Disease Control and Prevention study titled "Communities in Crisis: Is There a

Generalized HIV Epidemic in Impoverished Urban Areas of the United States?" The study is the third in a series of the CDC's rotating surveillance reports conducted to better understand America's HIV epidemic.

Previous studies looked at HIV among gay and bisexual men and intravenous drug users. This research included Black, Latino and white heterosexuals in 23 cities, living in neighborhoods disproportionately impacted by both poverty and HIV. Seventy-seven percent of the participants were Black, 15 percent were Hispanic, 4 percent were white and 3 percent represented other races.

The study concluded that poverty is a greater factor in urban HIV/AIDS than race. The results of the study made many feel that Blacks would be further marginalized in terms of policy and funding.

Phil Wilson, CEO and president of the Black AIDS Institute, issued a statement in response.

"The study tells us that when other racial ethnic groups face the same social determinants of health as Blacks—the social and economic conditions within which they live and that impact their well-being—their HIV rates rise to similar

levels as those of Blacks, even for whites, whose rate of infection is normally substantially lower than rates for both Blacks and Latinos."

With a special rancor reserved for the U.S. and President Barack Obama, hundreds of AIDS activists and people living with AIDS marched en masse through the Messe Wien conference center at the start of the conference in Vienna, demanding more money for AIDS funding.

Amid shouts of "Obama lied, millions die!" and "Keep your promise, we want to live!" throngs of protesters from around the world snaked through the conference center giving vibrant color and sound to an otherwise quiet and peaceful environment.

Entrepreneur and philanthropist Sheila Crump Johnson recently produced a documentary about the HIV/AIDS epidemic in Washington D.C. called *The Other City*.

When asked what prompted her to do the film, Johnson replied, "I was traveling all over the world to Third-World countries, and seeing the devastation of HIV/AIDS. One day, after a trip to Rwanda, I came back to D.C., and realized that D.C. was as bad as any

country I had been in." J

Johnson is looking to see the film not only in theaters and on television, but developed as part of a curriculum for teachers, parents and students.

The next conference will be in 2012, and for the first time, it will be in the United States—Washington, D.C.

Glenn Ellis, author of *Which Doctor? What You Need to Know to Be Healthy*, is a Philadelphia-based health columnist and radio commentator.

AIDS Conference Ends with Optimism

Cure May Still Be Years Away, but Progress Comes in Baby Steps; a New Study Offers Promising Results

By George E. Curry | from the Philadelphia Inquirer

Dr. Helene Gayle remembers how disappointed she and some other delegates to the ninth International Conference on AIDS in Berlin felt as they stuffed their luggage with clothes and bulky scientific handouts before taking the long flights home, some lasting 10 hours or longer.

Earlier in 1993, U.S. tennis star Arthur Ashe and Russian ballet star

Rudolf Nureyev had died of AIDS. The highly publicized Concorde trial had failed. At the end of the clinical trial, researchers concluded that zidovudine, better known as AZT (azidothymidine), in asymptomatic patients did not prolong the onset of HIV or lengthen the infected patient's life.

"That was the lowest I felt leaving an AIDS confer-

ence," said Gayle, president and chief executive officer of CARE, the international poverty-fighting organization, and former president of the International AIDS Society. She was not the only one despondent. Dr. James W. Curran, then-director of AIDS programs at the Centers for Disease Control and Prevention in Atlanta, told reporters that he had

left Berlin "dispirited by the restless assault of the virus."

Today, with 2.7 million new infections every year, including 56,300—or one every 91/2 minutes—in the United States, HIV remains as restless as ever. However, delegates leaving the 18th International Conference on AIDS in Vienna on July 23 departed optimistic about the possibility of finding a



Tomika Anderson, Phill Wilson, Linda Villarosa, Hilary Beard

cure for AIDS. They know that a cure may still be years away; the long journey to progress against this three-decades-long “restless assault” is measured in baby steps, not leaps and bounds.

EMPOWERING WOMEN TO PROTECT SELVES

“This is a scientific conference and there is a lot of great science being presented with fantastic results, which are giving us new hope for prevention, treatment and control of HIV,” said Dr. Kevin Fenton, director of CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention.

By far, the most significant finding was announced by the Centre for the AIDS Programme of Research in South Africa (CAPRISA) and involved a microbicide, which is anything that kills microbes such as bacteria and viruses.

Researchers released a study showing that a microbicide gel containing tenofovir lowered the risk of HIV infection among women by 39 percent in one group and by 54 percent among women who used the gel more frequently. Tenofovir is an antiretroviral drug that blocks a key viral protein

called reverse transcriptase; HIV needs the protein to reproduce once it has entered the cell.

Nearly 900 women in the study, known as CAPRISA 004, were instructed to use the gel 12 hours preceding intercourse and again 12 hours after having sex. It was the first trial to unequivocally show that a vaginal gel blocked the transmission of HIV.

“This is breaking ground into a new area of prevention technology, which is female control methods where the woman can empower themselves and use these methodologies to protect themselves against HIV,” said Fenton of the CDC.

TREADING WATER ON AIDS FUNDING

Even with other medical advancements in the pipeline, HIV will continue to present an enormous challenge around the world. According to UNAIDS, the United Nations’ joint program on HIV/AIDS, for every person placed in treatment in a given year, 2.5 people become infected, thus expanding the pool of people in need of treatment.

At a time when the United States and other countries have insufficient treatment

slots, some nations—Canada, France, Germany, Italy, Ireland, and the Netherlands, among them—are reducing their contributions to fighting global AIDS.

“Reductions in investment on AIDS programs are hurting the AIDS response,” said Michel Sidibé, executive director of UNAIDS. “At a time when we are seeing results in HIV prevention and treatment, we must scale up, not scale down.”

The United States is the largest donor nation to global AIDS relief with 58 percent of the contributions. The United States increased its donations from \$3.9 billion in 2008 to \$4.4 billion in 2009. But it was the exception.

“Donor nations essentially were treading water last year on AIDS relief, but did not cut back overall as they dealt with the economic tsunami that sparked a global recession,” said Drew Altman, president of the Kaiser Family Foundation, the organization that analyzed international funding levels. “Time will tell whether support will resume its rapid growth once the global recovery takes hold.”

In the meantime, unlike when she left the Berlin convention, Dr. Helene Gayle is upbeat.

“There are over five million people in poor countries that have access to antiretroviral therapy—that’s about a 12-fold increase in less than a decade,” she said. “I think the continued demonstration that men will go for circumcision is important. We know that circumcision can reduce transmission to men by 60 percent, so it’s incredibly effective. And there’s more evidence that putting people on treatment will also have a preventive effect. The more in treatment, the more they help prevention.”

George E. Curry is a former Washington correspondent and New York bureau chief for the *Chicago Tribune* and was editor-in-chief of *Emerge* magazine.

Too Early to Declare Victory, but It's About Hope

Dogged Determination, Willingness to Stay the Course and Commitment to Save Lives Leads to Microbicide Breakthrough

By Phill Wilson

Today's announcement about a breakthrough in microbicide development is reason to celebrate. While it is too early to declare mission accomplished—we are still years away from actually having an effective microbicide—a few hugs and kisses with a little patting of the back might very well be called for.

While this might be the single most important science story of this 18th International AIDS conference, it is also a story about redemption, tenacity and hope. Two years ago South Africa, with the worst AIDS epidemic on the planet and an AIDS denialist for a president, was the pariah of the AIDS world. But with new leadership, a national HIV prevention and treatment plan, and now a monumental scientific breakthrough, like a Phoenix rising from the ashes, South Africa is a leader in the fight to eradicate HIV from the planet.

The last time this meeting was convened in 2008, microbicide research was basically dead in the water. Salim Abdool Karim and Quarraisha Abdool Karim, the principal investigators on this current microbicide study worked on seven microbicide trials before coming up with this win-

ning strategy. During this string of failure after failure, I'm sure that there were days when they asked themselves, why are we doing this.

"It took us 20 years," says Quarraisha.

"We've been through the difficult days when we organized the Durbin AIDS conference. That was a very difficult time for all of us," said Salim. "We were having to deal with trying to grapple with this problem and how we were going to move forward...and at the same time we had essentially an obstructionist toward anything in trying to move forward...especially anything having to do with antiretrovirals. God forbid."

But their dogged determination and willingness to stick with what they believed in and their commitment to help save women's lives caused them to stay their course.

BLACK AMERICA, TAKE NOTE

But most importantly, this is a story about hope. "The women asked us, what can we do to protect ourselves? We had nothing to offer them," said Quarraisha. "Today although we don't have a microbicide, the results signal hope for women.



That they have something that's 39 percent more effective than nothing."

These lessons would serve Black America well. Perhaps this example of a husband and wife team in rural South Africa with nothing but hope and an unwavering commitment to help save women's lives will provide us with hope—hope for women who have been disproportionately affected by AIDS and for communities being decimated by the epidemic.

For like the former government of South Africa,

many of us have been living in denial, as the virus has invaded our community, now causing many of our neighborhoods—from Manhattan, where almost 20 percent of Black men are testing positive, to our nation's capitol, where in Southeast D.C., where roughly 1 in 20 residents has been diagnosed with HIV—to exhibit AIDS rates as high as many nations on the African Continent. But maybe we, too, can flip the script on our attitudes and beliefs, taking charge and changing the course of



America's AIDS epidemic.

We now have a National AIDS Strategy that places the wellbeing of Black people front and center; we have health-insurance reform that provides care to the least among us; and now we have the building blocks of a microbicide gel that can reduce Black women's risk of becoming infected.

Phill Wilson is President and CEO of the Black AIDS Institute, the only Black HIV/AIDS think tank in the United States. He has worked on HIV/AIDS policy, research, prevention and treatment issues in Russia, Latvia, Ukraine, UK, Holland, Germany, France, Mexico, South Africa, Zimbabwe, Zambia, Tanzania and India.



AFRICAN/BLACK DIASPORA ROADMAP

presented by the

**African and Black Diaspora
Global Network on HIV and AIDS**



AIDS 2010

XVIII INTERNATIONAL AIDS CONFERENCE
JULY | 18-23 | 2010 | VIENNA AUSTRIA

AFRICAN/BLACK DIASPORA ROADMAP

GOALS

■ To highlight the scope and breadth of issues related to ABD available at the conference to maximize conference participants' engagement with ABD issues throughout the conference.

■ To encourage increased submissions and activities for subsequent International AIDS Conferences from ABD about ABD.

■ To increase media interest and coverage of ABD issues during the conference.

■ To help identify gaps in the conference programme that can be addressed for future International AIDS Conferences.

■ To celebrate and promote the contributions of individuals and organizations working with our target populations in the developed world to increase knowledge exchange and resource sharing.

UNDER THE BAOBAB TREE



The governing council of the ABDGN welcome you to our networking zone, Under the Baobab Tree. This will be a space of discovery, dialogue, debate and decision-making. A space alive with color, ideas, and action. A gathering place for conference

delegates and members of the general public to learn more about the goals and mission of the ABDGN, engage in daily Diaspora Dialogues led by diverse colleagues from around the world, meet-the-speaker sessions, view rotating poster exhibitions, participate in cultural exchanges and so much more. A schedule of events will be posted daily and is the best place to get updated information on conference activities and sessions relevant to ABD. Come and find your place Under the Baobab Tree.

THE LATEST INFORMATION

For up-to-date information on ABDGN sessions, activities, events and presentations, please visit the African and Black Diaspora networking zone #802 in the Global Village.

ACKNOWLEDGEMENTS

The ABDGN would like to acknowledge Health Canada, the Ford Foundation and the Black AIDS Institute for their financial and in-kind support for the creation of this roadmap.

SESSION CODES

Sessions codes are comprised of four parts:

Day of Week

Session Type

Session Order

Speaker Order

EXAMPLE: MO-AA-01-01

DAY OF WEEK

SU (Sunday)

MO (Monday)

TU (Tuesday)

WE (Wednesday)

TH (Thursday)

FR (Friday)

NON-ABSTRACT SESSIONS AND ACTIVITIES

BS (Bridging Session)

CA (Cultural Activity)

GS (Global Village Session)

PL (Plenary)

SA (Satellite)

SS (Special Session)

SY (Symposium)

WS (Workshop)

ABSTRACT ORAL PRESENTATIONS

AA (Track A)

AB (Track B)

AC (Track C)

AD (Track D)

AE (Track E)

AF (Track F)

PDX (Cross-track)

POSTER DISCUSSIONS

PDA (Track A)

PDB (Track B)

PDC (Track C)

PDD (Track D)

PDE (Track E)

PDF (Track F)

POSTER EXHIBITIONS

PE0000 (Board number)

AFRICAN AND BLACK DIASPORA GLOBAL NETWORK ON HIV AND AIDS

The African and Black Diaspora Global Network on HIV and AIDS (ABDGN) was launched at the International AIDS Conference held in Toronto, Canada in 2006 to highlight the issues affecting African and Black migrant populations in their countries of destination, and to advocate and support the development and implementation of a coordinated global response, which is informed by evidence of best practices and research emerging from various countries.

The mission of the ABDGN is to strengthen the response to emerging HIV and AIDS epidemics among African/Black communities in the Diasporas (ABD). The governing council of the network has global representatives from organizations and networks located in Canada, the United States, United Kingdom, France, Germany, and the Caribbean. As a unified “network of networks” the ABDGN will facilitate knowledge translation, collaborations, capacity building and foster emerging partnerships needed to build effective responses to address the multiple impacts of HIV and AIDS on the lives of ABD. The network has three strategic directions that provide the foundation for all our activities:

- To continue strengthening the network’s infrastructure to facilitate our ability to respond to the needs of targeted populations.
- To demonstrate leadership in research related to ABD.
- To become the lead global voice on HIV/AIDS concerns of the ABD.

GOVERNING COUNCIL ORGANIZATIONS

Women’s Health in Women’s Hands
African Caribbean Council on HIV and AIDS in Ontario
Interagency Coalition on AIDS and Development
Black AIDS Institute
African Services Committee
AIDES
Light of Africa NRW e.V.
Caribbean Vulnerable Communities
African HIV Policy Network

Canada
Canada
Canada
USA
USA
France
Germany
Jamaica
United Kingdom

ABDGN.ORG

Together Forging Change

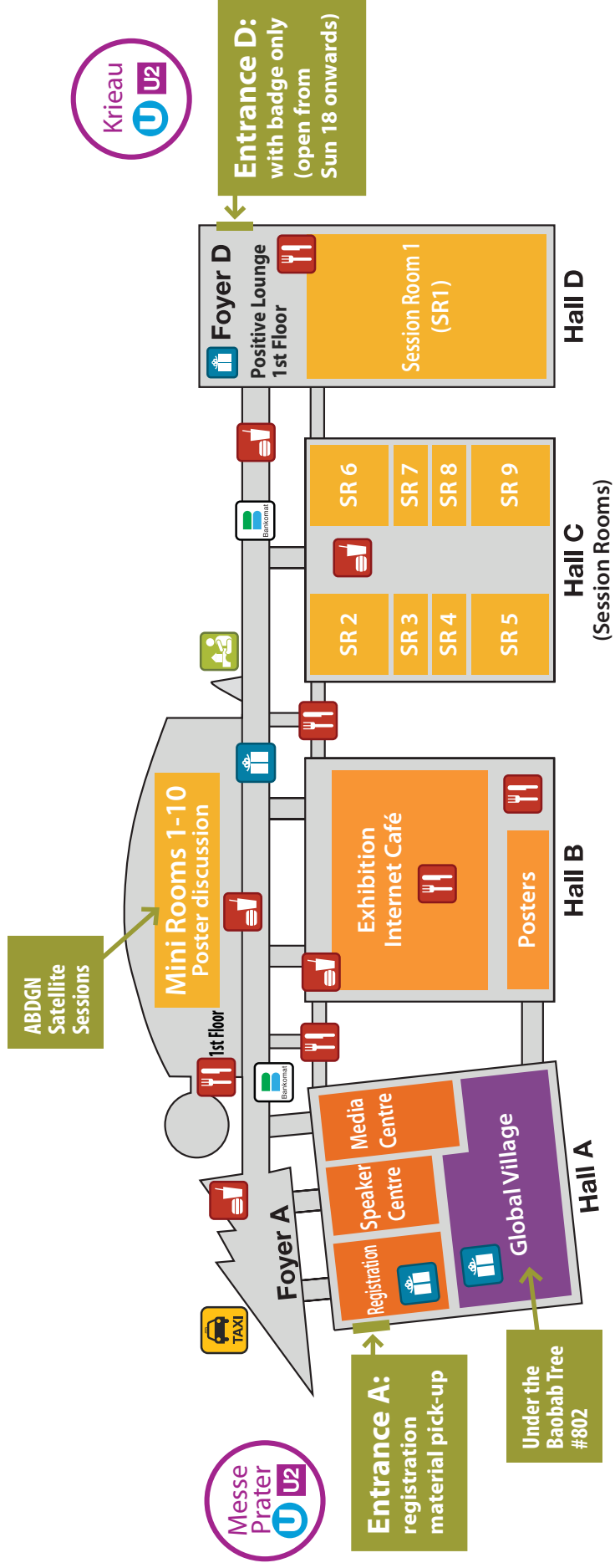
African and Black Diaspora Global Network on HIV and AIDS (ABDGN)

2 Carlton Street, Suite 500, Toronto, ON, Canada M5B 1J3

Tel: 1-416-525-6662

Fax: 1-416-593-5867

info@abdgn.org



POSTER EXHIBITIONS

Location: Hall B

MONDAY JULY 19

- 12:30-14:30 MOPE0812 **Mobilizing Civil Society for HIV Prevention in Resource-Poor Contexts within High-Income Nations: Three Case Studies of Black Mobilization in the Southern United States**
Presenter: Raniyah Abdus-Samad
- 12:30-14:30 MOPE0812 **APAAs Integrated Model of Addressing HIV/AIDS Issues in African Communities in Toronto, Ontario, Canada**
Presenter: Fanta Ongoiba
- 12:30-14:30 MOPE0240 **Mandatory Prenatal HIV Testing and the Opt-in vs. Opt-out Debate: African/Caribbean Women in Toronto Weigh in**
Presenter: Uitsile Ndlovu

TUESDAY JULY 20

- 12:30-14:30 TUPE0501 **Left Behind: the Effect of Immigrant HIV Screening on Perceptions of HIV in Australia's African Communities**
Presenter: Chris Lemoh

WEDNESDAY JULY 21

- 12:30-14:30 WEPE0602 **To Disclose or Not to Disclose? The Factors Influencing HIV Disclosure among African and Caribbean Women**
Presenter: Marvelous Muchenje
- 12:30-14:30 WEPE0309 **Creating Catalysts for Positive Social Change: Using an Innovative Peer Education Model to Work with Young Black African, Black Caribbean and Black British MSM on Sexual Health in London, United Kingdom**
Presenter: Mudia Uzzi

THURSDAY JULY 22

- 12:30-14:30 THPE0545 **A Framework for Planning and Implementing Effective HIV Prevention Interventions for African People in England: Increasing Knowledge, Will and Power**
Presenter: Catherine Dodds
- 12:30-14:30 THPE0231 **Acquisition of HIV in African-Born Residents of Australia: Insights from Molecular Epidemiology**
Presenter: Chris Lemoh
- 12:30-14:30 THPE0908 **Destination Unknown: HIV, Deportation and Access to Treatment**
Presenter: Edna Soomre

GENERAL SESSIONS

SUNDAY JULY 18

18:00-21:30	GVNZ	African and Black Diaspora Networking Zone
18:00-21:30	GVNZ	Caribbean Networking Zone
13:30-15:30	SUSA30	The State of HIV in Cities and Urban Slums
15:45-17:45	SUSA41	Universal Access in Post-Disaster Situations: the Caribbean Experience

MONDAY JULY 19

08:30-20:30	GVNZ	African and Black Diaspora Networking Zone
08:30-20:30	GVNZ	Caribbean Networking Zone
11:00-12:30	MOWS03	I Want My Rights Now: A Toolkit for Young People to Advocate Successfully
11:00-12:30	MOWS04	Developing the Voice and Visibility of women living with HIV: from Isolation to Involvement
11:00-12:30	MOWS07	How to do Respondent-Driven Sampling in Populations-at-Risk
11:00-12:30	MOWS09	Change your Country's Discriminatory Laws: How to Advocate for Removal of HIV-Specific Travel and Residence Restrictions
13:00-14:30	GVNZ	Diaspora Dialogues—Session 1
14:30-16:00	MOSY06	Political and Financial Support for Community Systems Strengthening
14:30-16:00	MOAD02	Positive Health and Resilience for Individuals and Communities
14:30-16:00	MOBS01	The Forgotten Epidemics: HIV and HCV in Prisons, Pre-Trial Detention and Other Closed Settings
18:30-20:30	MOSA02	Doing More and Better: How Can Partners Work with the European Commission
18:30-20:00	MOGS03	Right to Funding: Where is the Funding for Affected Communities?

TUESDAY JULY 20

07:00-08:30	TUSA03	The African Elephant in the Room: Global Dialogue on HIV and AIDS in the Context of African and Black Populations Living in the Diaspora
08:30-20:30	GVNZ	African and Black Diaspora Networking Zone
08:30-20:30	GVNZ	Caribbean Networking Zone
11:00-12:30	TUAF01	Refugees and Asylum Seekers and HIV: Deportation and Human Rights Violations
11:00-12:30	TUWS05	Vital Voices Leadership Programme—Positive Leadership in Action
13:00-14:30	GVNZ	Diaspora Dialogues—Session 2
14:30-18:00	TUWS14	HIV Prevention Leadership for Policy Makers
16:30-18:00	TUSY13	Barriers to Migrants and Mobile Populations in Accessing Comprehensive HIV Services and Treatment
18:30-20:30	TUSA10	What Else Do We Need to Know More about the HIV epidemic in Europe for Policy Making?

WEDNESDAY JULY 21

07:00-08:30	WESA08	Queer African and Caribbean Black Diaspora Populations Navigating Sexuality and HIV/AIDS through Migration
08:30-20:30	GVNZ	African and Black Diaspora Networking Zone
08:30-20:30	GVNZ	Caribbean Networking Zone
11:00-12:30	WESY01	Regional Session on Latin America
13:00-14:30	GVNZ	Diaspora Dialogues—Session 3
13:00-14:00	WESS01	Funding Global Health: Can Innovative Mechanisms Save the Day?
14:00-15:00	WEGS08	Making HIV and AIDS Programming More Effective for the Most Affected and Marginalized

14:30-16:00	WEADO2	Ensuring Safety, Security and Autonomy: Why We Must Overcome Gender-Based Violence
14:30-18:00	WEWSW14	How to Create and Use Effective Video for Rights-Based HIV/AIDS Documentation and Advocacy
16:30-18:00	WEAF02	Gender Inequality and Sexuality: New Solutions for Old Problems?
16:30-18:00	WEADO4	Managing Multiple Identities: “Bridging” Populations
19:00-20:00	WEGS11	Access to Services for Socially-Excluded Youth in the Caribbean: An issue of Rights and Community Participation
18:30-20:30	WESA23	Policing Sex and Sexuality: The Role of Law in HIV
18:30-20:30	WESA24	Issue and Challenges of Community-Based Research: Rights, Collaboration and Results

THURSDAY JULY 22

08:30-20:30	GVNZ	African and Black Diaspora Networking Zone
08:30-20:30	GVNZ	Caribbean Networking Zone
11:00-12:30	THSY01	Regional Session on Europe and Central Asia
11:00-12:30	THBS01	Know Your Epidemic, Know your response: MSM and Their Needs in Low- and Middle-Income Countries
13:00-14:00	THPDF1	Getting it Right! Documenting Wrongs
13:00-14:30	GVNZ	Diaspora Dialogue—Session 4
14:30-16:00	THSY05	Regional Session on USA and Canada
14:30-16:00	THWS16	Measuring Up: Training Pack for Civil Society Organizations Evaluating HIV/AIDS Advocacy
14:30-18:00	THWS17	Developing an Accountability Framework for Civil Society Representatives Working on Global Health Issues
15:45-17:15	THCA14	Film Screening: The Other City
18:30-20:30	THSA10	Effective HIV Policies and Measures in Europe to Address Key Populations
18:30-20:30	THSA14	Combination Prevention in Action: Targeted Approaches
18:30-20:30	THSA16	Addressing the Needs of MSM for HIV/AIDS Prevention and Care: Challenges and Opportunities in High Resource/Low Prevalence Countries
18:30-20:30	THSA20	Transforming the National AIDS Response to Address Women’s Rights

FRIDAY JULY 23

08:30-12:00	GVNZ	African and Black Diaspora Networking Zone
08:30-12:00	GVNZ	Caribbean Networking Zone
11:00-12:30	FRSY01	Regional Session on the Caribbean

SATELLITE SESSIONS

TUESDAY JULY 20

07:00-08:30	TUSA03	The African Elephant in the Room: Global Dialogue on HIV and AIDS in the Context of African and Black Populations Living in the Diaspora Location: Mini Room 2
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WEDNESDAY JULY 21

07:00-08:30	WESA08	Always Left Out: Queer African and Caribbean Black Diaspora Populations Navigating Sexuality and HIV/AIDS through Migration Location: Mini Room 10
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AFFILIATED EVENTS

SATURDAY JULY 17

- 10:45-12:45 *The Global Forum on MSM and HIV Pre-Conference*
Always Left Behind: Queer African and Caribbean Black Diaspora Populations Navigating Sexuality and HIV/AIDS through Migration
Location: Vienna University of Economics and Business
- 13:00-17:00 *Meeting*
Black Media Roundtable
Location: Grand Hotel Wien, Kaerntner Ring 9, A-1010
Line 3 Metro stop: Volkstheater

SUNDAY JULY 18

- 08:30-12:30 *High Level Meeting (By Invitation Only)*
Ties That Bind—Developing World Epidemics in the Developed World: Integrating the Needs of African and Black Diaspora Populations in the Global Response to HIV and AIDS
Location: Grand Hotel Wien
- 13:30-15:30 *Briefing*
United States National HIV/AIDS Strategy
Location: Reed Meese Conference Center, Room 8

TUESDAY JULY 20

- 18:00-19:30 *Event*
2012 International AIDS Conference Reception
Location: Hotel Steigenberger, Herrengasse 10
Line 3 Metro stop: Herrengasse
- 19:00-22:30 *March*
Human Rights March with Special Appearance by Annie Lennox
Congregate at 19:00, March at 20:00, Speeches at 20:45

WEDNESDAY JULY 21

- 13:00-14:00 *Press Conference*
The Other City
Location: Media Centre
Press Conference Room 1
- 14:00-15:00 *Press Conference*
African and Black Diaspora Global Network on HIV and AIDS
Location: Media Centre
Press Conference Room 2
- 19:00-20:30 *Film Screening*
The Other City
Location: Hollywood Megaplex Gasometer, Guglgasse 11
Line 3 Metro stop: Gasometer

About the Black AIDS Institute

The Black AIDS Institute, founded in 1999, is the only national HIV/AIDS think tank in the United States focused exclusively on Black people. The Institute's mission is to stop the AIDS pandemic in Black communities by engaging and mobilizing Black leaders, institutions and individuals in efforts to confront HIV. The Institute conducts HIV policy research, interprets public and private sector HIV policies, conducts trainings, builds capacity, disseminates information, and provides advocacy and mobilization from a uniquely and unapologetically Black point of view.

WHAT WE DO

The Institute develops and disseminates information on HIV/AIDS policy. Our first major publication was the NIA Plan, which launched a national campaign to stop HIV/AIDS in African American communities by formulating and disseminating policy proposals developed through collaboration with federal, state and local government agencies, universities, community-based organizations, healthcare providers, opinion shapers and "gatekeepers."

African American HIV University

The African American HIV University, the Institute's flagship training program, is a fellowship program designed to increase the quantity and quality of HIV education in Black communities by training and supporting grassroots educators of African descent. AAHU's Science and Treatment College trains Black people in the science of HIV/AIDS.

We believe when people and communities understand the science of AIDS, they are better equipped to protect themselves, less likely to stigmatize those living with the disease or at risk of infection, better able to adhere to treatment and advocate for care, and better positioned to influence public and private HIV/AIDS policies.

The Community Mobilization College is designed to enhance the capacity of Black communities to address the HIV/AIDS epidemic. Through building the knowledge and networks of community leaders around the country and providing a skills-building internship practicum focused on community mobilization, individuals become capable of engaging traditional

Black institutions and other stakeholders in local-level community activities that will increase access to and utilization of HIV prevention services in their communities.

International Community Treatment and Science Workshop

The International Community Treatment and Science Workshop is a training and mentoring program to help people who are living with HIV/AIDS or who are working with community-based and non-governmental AIDS organizations to meaningfully access information presented at scientific meetings.

Program updates will be available for the next International AIDS Conference which will be held in Washington in 2012.

The Drum Beat

The Drum Beat project is the Institute's Black media mobilization designed to train Black journalists on how to cover HIV/AIDS and tell the stories of those infected and affected. The Black Media Task Force on AIDS, a component of the Drum Beat Project, currently has over 1500 Black media members.

Publications

The Institute publishes original editorial materials on the Black AIDS epidemic. Our flagship publication is our *State of AIDS in Black America* series which chronicles statistics, policy and movement activities from year to year. In the past few years, the Institute has published reports on Black women, Black youth, Black gay and bisexual men and treatment in Black America. Our website www.BlackAIDS.org attracts nearly 100,000 hits a month. And our *Black AIDS Weekly* currently has over 35,000 subscribers.

Heroes in the Struggle

Heroes in the Struggle is a photographic tribute to the work of Black warriors in the fight against AIDS. Featuring elected officials and other policy makers, leading Black clergy, celebrities and entertainers, journalists, caregivers, advocates and people living with HIV/AIDS, the exhibit travels to Black universities, museums and community-based organizations throughout the United States, providing information on HIV/AIDS, raising awareness, and generating community dialogues about what Black people are doing and what we need to be doing.

ing to end the AIDS epidemic in our communities.

Technical Assistance

The Institute provides technical assistance to traditional African American institutions, elected officials and churches who are interested in developing effective HIV/AIDS programs, and to AIDS organizations that would like to work more effectively with traditional Black institutions.

Finally, nearly 30,000 people participated in AIDS updates, town hall meetings or community organizing forums sponsored by the Institute annually.

Leaders in the Fight to Eradicate AIDS

Leaders in the Fight to Eradicate AIDS (LifeAIDS) is a national Black student membership organization created to mobilize Black college students around HIV/AIDS.

LifeAIDS sponsors a national Black Student Teach-In and publishes *Ledge*, the only national AIDS magazine written, edited and published by Black students. Founded in 2004, LifeAIDS is the nation's only AIDS organization created by Black college students to mobilize Black college students to end the AIDS epidemic in Black

communities. LifeAIDS has a presence on more than 70 college campuses nationwide.

National Black AIDS Mobilization

The National Black AIDS Mobilization is an unprecedented five-year multi-sector collaboration between all three national Black AIDS organizations in the United States (The Balm in Gilead, the National Black Leadership Commission on AIDS and the Black AIDS Institute) with a goal of ending the AIDS epidemic in Black America by 2012.

BAM seeks to build a new sense of urgency in Black America, so that no one accepts the idea that the presence of HIV and AIDS is inevitable. The campaign calls on traditional Black institutions, leaders and individuals to actions toward ending the AIDS epidemic in Black America.

The project has four key objectives: cut HIV rates in Black America, increase the percentage of Black Americans who know their HIV status, increase Black utilization of HIV treatment and care, and decrease HIV/AIDS stigma in Black communities.

BAM does this in two ways: identifying and

recruiting traditional Black institutions and leaders, and providing Black leaders and institutions with the skills and capacity to develop strategic action plans for themselves and/or their organizations.

The organizations that have signed on to NBAM are: 100 Black Men of America, American Urban Radio Networks, Congressional Black Caucus Foundation, National Action Network, National Coalition of 100 Black Women, National Coalition of Pastors' Spouses, National Black Justice Coalition, National Council of Negro Women, National Newspaper Publishers Association News Service, RainbowPUSH Coalition, Inc., Southern Christian Leadership Conference, The Potter's House and T.D. Jakes Ministries.

Test 1 Million

Test 1 Million is a call to action to engage all of Black America, from individuals to institutions, in a community-wide effort to end the AIDS epidemic. The campaign—a partnership with the Screen Actors Guild, American Federation of Television and Radio Artists, Magic Johnson Foundation, Black AIDS Institute and leading national Black

organizations and institutions—is one of awareness, personal responsibility and collective action. The goals of the Test 1 Million campaign are to raise awareness about HIV testing; increase the percentage of Black Americans who know their HIV status; increase the percentage of HIV-positive Black Americans in appropriate early care and treatment; reduce stigma around HIV testing; and create an army of 1 million HIV testing advocates.

Test 1 Million is supported by the Black AIDS Media Partnership, a sustained commitment among U.S. media companies to work together in a coordinated response to the AIDS crisis facing Black America.



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WE > AIDS
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