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Medical Ethics and the Rights of People with HIV Under Assault

BY SEAN STRUB

Antiretroviral Treatment as HIV Prevention?

The approach to prevention and treatment of HIV in the US has undergone a radical and dangerous shift over the past few months.

The new concept, called “Test and Treat” (TNT) or “Testing with Linkage to Care” (TLC) will dramatically increase HIV testing, identify more people with HIV and “link” them to care. Those are worthy objectives.

The danger is that some policy leaders driving these ideas are more interested in “treatment as prevention”, meaning getting people with HIV on antiretroviral treatment, than they are in providing the best possible healthcare for them. Because antiretroviral treatment makes one less likely to transmit HIV, they believe treating all people with HIV is a good prevention strategy.

Neither the state of the science or government guidelines support antiretroviral treatment for every person with HIV, but advocates, public health officials and pharmaceutical companies are promoting the idea.

There are also plenty of TNT/TLC proponents, aware of the ethical issues, who rightly recognize that treatment should be recommended only within government-established guidelines supported by conclusive science.

But when important public health officials announce publicly that they seek to put everyone with HIV on treatment, it is cause for concern and ethically unacceptable without informed consent.

Belmont Commission

The beloved and enormously respected former president of the National Council of Negro Women, Dorothy Height, recently a leading advocate for HIV prevention in African-American communities, died recently. She lived a remarkable life spanning nearly a century, dying at the age of 98.

In her decades of public service, one of her most important roles was as a member of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, called the Belmont Commission. Formed in the 1970s, in the aftermath of the Tuskegee Experiment scandal, it was the first public national body to shape bioethics policy in the US.

The beginning of the Belmont Report addresses the boundary between medical practice and medical research: “...‘practice’ refers to interventions that are designed solely to enhance the well-being of an individual patient or client.... By contrast, the term ‘research’ designates an activity designed to test an hypothesis...if there is any element of research in an activity, that activity should undergo review for the protection of human subjects....”

The purpose of the guidelines in the Belmont Report, it should be noted, is to avoid unethical experimentation on human subjects, like what happened at Tuskegee. This is relevant, because the discussion concerning TNT/TLC and “treatment as prevention” has often confused medical practice and medical research.



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Health Care Reform Changes for 2010

BY JACQUES CHAMBERS CLU

Earlier this year Congress passed and the President signed into law a massive Health Care Reform, named the *Patient Protection and Affordable Care Act (PPACA)*. Its implementation will create major changes in how healthcare is delivered and how health insurance is purchased.

Because of the massive changes to the current health care delivery system, the effective dates of the various provisions vary. Some parts start this year, in 2010, and other parts are not coming into force until later years, 2011, 2012, 2014, 2018, and even 2020. Rather than trying to understand the entire law, perhaps, it will be easier to comprehend if we focus on the changes taking effect this year and next. The following issues will have some parts taking effect in 2010:

Children with Pre-Existing Conditions—Effective September 23, 2010, insurance companies will no longer deny coverage to children because of a pre-existing condition. (This will not apply to adults until 2014.) Children applying for coverage under a health plan that requires medical underwriting, whether singly or with a family, cannot be denied coverage due to past medical history.

Transitional High Risk Insurance Pool—Effective July 1, 2010, persons who are not able to purchase health insurance due to a pre-existing condition will have the opportunity to purchase “affordable” coverage through high risk insurance pools operated by the states and funded by the federal government. Rates charged will be based on the average charge for health insurance by private insurers for similar coverage in the individual health market in that geographical area.

To be eligible for the coverage this year, a person:

- Must have a pre-existing condition that makes them otherwise uninsurable; and,
- Must have been uninsured for at least six months prior to applying.

A person meeting these two criteria will be able to obtain coverage regardless of their health.

As of May 3, 2010, 30 states have indicated they will operate their own high risk pools. Persons living in states which do not operate such a pool will be able to purchase coverage through a federal fallback high-risk pool, currently be-

ing set up. These pools will operate until insurance companies are required to accept anyone regardless of their pre-existing condition or age in 2014.

Dependent Coverage—Effective September 23, 2010 (although insurers have indicated they will implement it immediately), children may remain under their parent’s health policy until their 26th birthday. This extended coverage will be available to all adult children, including those who are no longer living with their parents and/or are not dependent on their parent’s tax return. It applies to both single and married adult children, although the children’s spouses and children are not eligible.

It should be noted that there is still no mandate that employers offer dependent coverage. If an employer chooses not to provide coverage for dependents at all, that will still be permitted.

Lifetime Maximums Prohibited—Effective at the start of plan years beginning after September 23, 2010, health plans will no longer be able to place lifetime or annual limits on new or existing health plans, both group and individual. For many employers who use December 31 as the end of their plan year, this would take effect on January 1, 2011.

Rescissions Prohibited—Effective September 23, 2010, insurers will be prohibited from dropping persons from coverage when they become ill. Insurance companies have announced they will implement this provision immediately as well. It is not clear what impact this will have on persons who have obtained their insurance through fraud.

Preventive Care Expanded—New insurance policies sold must provide first dollar coverage without co-payments for preventive care (existing plans do not have to meet this requirement until 2018). This would include all recommended screenings, preventive care and vaccines. Medicare beneficiaries will get free annual physical exams, and Medicaid will cover stop smoking programs for pregnant women.

The law requires carriers to provide coverage for all services recommended by an independent panel of experts, the US Preventive Services Task Force. They must all be covered without any co-pays to be paid by the insureds.

Other features, implemented later, include:

- A trust fund to pay for bicycle paths, playgrounds, sidewalks, and hiking trails;
- Chain restaurants with 20 or more locations will have to provide the calorie count of each menu item including food in buffets and salad bars; and,
- Employers will be able to offer greater incentives to employees who participate in programs to stop smoking, lose weight, and improve their health.

Medicare Part D Donut Hole Phased Out—The PPACA gradually eliminates the infamous donut hole in Medicare prescription drug coverage. That is the portion of Medical Part D Prescription Drug coverage where, after the initial coverage level, no benefits are paid until over \$4,000 has been spent out of pocket. In 2010, Medicare will send checks for \$250 to each Medicare beneficiary who has reached the donut hole this year. Checks will be sent out beginning June 15 with additional checks sent every six weeks through 2010.

Given the problems the Part D drug plans have had separating payments from other sources such as ADAP from “True-Out-of-Pocket” expenses, it is possible that beneficiaries will still receive the payment even if ADAP paid all donut hole costs

Beginning in 2011, drug companies will have to provide medications under the Part D donut hole at a 50% reduction in price in brand name drugs. That gradually increases for both brand name and generics until 2020 when coverage is 75% as the first portion of Part D pays now.

Lowering Health Insurance Premiums—In an effort to avoid excessive profits from driving health insurance rates ever higher, June 1, 2010, is the date that the National Association of [State] Insurance Commissioners (NAIC) has agreed upon to submit uniform definitions and methods of calculating medical loss ratios, i.e., the percentage of premiums collected that is spent on direct medical services to insureds. After that date, the medical loss ratio cannot exceed 85% for large groups and 80% for small groups and individuals. The goal is to limit the amount of administrative fees an insurance company pays out of the premiums collected.

Other features starting in 2010, that will eventually, but not immediately, help reduce health care costs include:

- The Food & Drug Administration is authorized to approve generic versions of biologics for certain diseases and allow for generic medications to be marketed after 12 years;
- Provisions to reduce fraud in the Medicare system;
- Improved coordination of care for persons covered under both Medicare and Medicaid; and,
- Tax credits are immediately available to small employers as an incentive for them to offer health insurance to their employees. The IRS is currently sending notices of this to small businesses and tax-exempt organizations.

Many of the regulations for these programs are still being written and will be released over the next few months. 

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MEDICAL ETHICS, CONTINUED FROM PAGE 1

It is clear that the health of people with HIV has become, for some, secondary to HIV prevention. Those of us with HIV are now viewed by much of the public health establishment primarily as potential infectors, “viral vectors of disease”.

There are few precedents, in recent history, where drugs are given to people for any reason other than for the patient’s benefit.

The occasions that come to mind are when drugs are administered as part of a clinical trial—and subject to ethical review and protections by an Institutional Review Board—or when they are administered as punishment, like with sex offenders forced to undergo chemical castration.

“Treat everyone” advocates propose to, for the first time outside of a research or punitive context, give pharmaceutical treatment to people for whom it is not been demonstrated to be of benefit.

This is an important precedent with extraordinarily significant ramifications far beyond the HIV epidemic. Where are the ethicists? Are HIV lives of so little value that something as monumentally unjust as this can happen and not be worthy of notice?

TNT/TLC Sounds Simple

The seeming simplicity of preventing new infections through the TNT/TLC approach is appealing. But that simplicity hides deeply disturbing truths, including that many people coerced into unnecessary treatment will suffer side effects and treatment-induced diseases. Today’s treatment regimens are certainly better than what was available years ago, but they remain intense chemotherapeutic regimens to which one must make a lifetime commitment.

Testing people at risk and treating those who need to be treated should be an urgent priority. Too many people with HIV—especially people of color—don’t know they have HIV until they show up in an emergency room with a severely-compromised immune system.

Spending precious resources on treatment for those who do not need it, and for whom it is not indicated as appropriate by government guidelines, while there are others in desperate need who cannot get care, or are dying while on AIDS Drug Assistance Program waiting lists, is outrageous.

There is no empirical basis to support TNT/TLC as an HIV prevention strategy. It is an experiment based on a mathematical model predicated on two assumptions, both based on inconclusive evidence. The first assumption is that treatment for everyone with HIV is the best medical strategy, and the second is that suppression of the “community viral load” is an effective HIV prevention strategy.

It is as though a decision has been made to redirect the country’s public health response to AIDS from proven behavioral interventions, like condoms and prevention education, to the use of anti-retroviral medications.

Public health officials’ focus on treatment as prevention and the pharmaceutical industry’s incentive to expand markets are now in dangerously perfect alignment.

Dr. Fauci Changes His Tune

In 2000, at the International AIDS Conference in Durban, Dr. Anthony Fauci, the director of the National Institute of Allergies and Infec-

tious Diseases, questioned the viability of lifetime antiretroviral treatment. He said “...*prolonged courses of continuous HAART are not an option for most HIV-infected individuals.... With current drugs, it is almost certainly not feasible to have people on therapy for an indefinite period of time.*”

But now Fauci—the most powerful AIDS official in the US—is pursuing TNT/TLC research and programs to put all who have HIV on lifetime antiviral therapy. NIH press releases and documents frequently refer “immediate treatment” for all who test positive, “early treatment” or “universal treatment”. The NIH rarely references the possibility that some people with HIV may not need, or be helped by antiretroviral treatment, or that they could be harmed or killed by it.

Dr. Carl Diffenbach, appointed by Fauci as director of the NAID’s AIDS division, posted an article in March (blog.aids.gov/2010/03/putting-tlc-to-the-test.html) that makes no reference to the complex ethical issues and is offensive in his patronizing attitude towards people with HIV, whom he represents solely as potential infectors:

He writes “*Yet these individuals can continue to spread the virus in their communities until we entice them to step through the door, whether it’s giving them a pat on the back or offering financial incentives.... It seems like the hardest aspect of the experiment is getting those who test positive to report for treatment.*”

Press releases for an NIH-funded program underway in Washington reference a pilot program to study the “...*Test-and-treat concept aimed at stemming new cases of HIV infection.*” That is different than a program aimed at improving the health of the individual patient.

San Francisco Leads TNT/TLC/” Treatment as Prevention”

San Francisco’s department of public health has pioneered the “treat everyone” approach. On April 2, the *New York Times* reported “*In a major shift of HIV treatment policy, San Francisco public health doctors have begun to advise patients to start taking antiviral medicines as soon as they are found to be infected, rather than waiting—sometimes years—for signs that their immune systems have started to fail.*”

The San Francisco director of public health, Dr. Mitchell Katz, told the *Bay Area Reporter*, “...*We believe all HIV-infected persons should be treated with antiretroviral therapy unless there is*

a strong reason not to....” Katz is disingenuous in implying the prevention aspect of TNT is a coincidental, secondary aspect: “I do anticipate it will drive down the rates of new infections. It’s a nice, secondary benefit of this new policy.”

Katz’s decision to use an unproven strategy risks the health of some people with HIV in his city in order to try and slow the spread of the virus. This does little to address one of the major factors for HIV transmission in his city, acute infection, when someone is especially infectious and HIV tests are least likely to be accurate.

The possibility that he truly believes treatment is appropriate for all people with HIV only supports labeling his approach “faith-based medicine”.

At the same time, he has also proposed radical budget cuts for traditional behavior-based HIV prevention strategies. As goes San Francisco on HIV prevention, so may go the nation, further jeopardizing condom promotion and behavioral-based prevention strategies in favor of test and treat.

Project Inform’s View

Project Inform, an important AIDS treatment advocacy group also based in San Francisco, has changed its position on when to commence treatment. In January they updated a sensible paper that said “There’s no definitive answer on the best time to start. Some people choose to put off taking meds for as long as safely possible. Others decide to start earlier in the course of their disease. Both strategies have merit and both are supported by some research.”

But a few days ago, they made an about face, unsupported by conclusive science, which advocates treatment for all: “Project Inform believes that the long-term damage from untreated HIV is greater than the potential damage caused by long-term use of HIV medications....”

Project Inform now suggests starting antiretroviral treatment before one’s CD4 count (a marker for the strength of one’s immune function) falls below 500; the US government recommends treatment after one’s CD4 cell count falls below 500; most other countries around the world don’t recommend treatment until one’s CD4 count falls below 350.

What happened between January and April that caused such a change in their position?

Pharma Funding Promotes Treatment as Prevention

This has been a boon to pharmaceutical companies looking to increase their potential markets. They have been glad to promote the “treatment as prevention” bandwagon.

Recent promotional literature for a pharmaceutical-funded continuing education “Best Practices” symposium for doctors makes it clear the purpose of the training is for HIV prevention, not the care of the individual patient: “Enhanced Test-and-Treat Approach for the Prevention of HIV Transmission”.

“The goal of this activity is to provide the skill set for clinicians to implement state of the art strategies and technology on universal testing followed by early universal treatment in an effort to get patients enrolled into care earlier and to maximize prevention opportunities.”

The statement of purpose doesn’t say anything about improving patient health outcomes, as that isn’t the point. The point is to get people on antiretroviral treatment and neutralize them as potential infectors.

New York’s Albert Einstein College of Medicine and the Jacobi Medical Center, who are sponsoring the event, ought to be institutionally ashamed of themselves.

The Great Unanswered Question: When To Start Treatment?

An indisputable truth nearly 30 years into the epidemic, 25 years after the first anti-HIV drug and 15 years after discovery of the combination therapy that has saved so many lives, is that we still do not know the best point in the course of the disease for one to start treatment.

The most common marker of HIV disease progression is a type of white blood cell called CD4 that combats infection. A healthy HIV negative person might have a CD4 count of 600, 800, 1000 or more. For people with HIV, the lower the CD4 count, the greater the likelihood of opportunistic infections and AIDS-defining illnesses. A CD4 count below 200 is one marker for an AIDS diagnosis, even in the absence of any opportunistic infections.

Last December, in a controversial vote, a government advisory panel issued guidelines recommending treatment for all people with HIV whose CD4 count is below 500. Previously, the recommended treatment commencement point was 350, which remains the standard in most countries around the world.

The “when to start” question has vexed the epidemic since the 1986 introduction of zidovudine (then popularly known as AZT) and which was the first antiretroviral approved for use against HIV. For some at late stages of the disease zidovudine was a miracle treatment, bringing them from the brink of death back to life. But resistance to zidovudine developed within weeks or months and severely immunocompromised patients then usually resumed a rapid decline to death.

For many with higher CD4 counts, the toxicities of zidovudine—then administered at a higher dose than today, when it is used as part of a drug combination—proved to outweigh potential benefits.

Resistance remains a problem today, which raises an important question for those who advocate putting everyone with HIV on treatment. What will they tell those who are put on treatment unnecessarily and develop resistance when they get sick? Starting treatment too early limits options that may be needed later in the course of the disease.

Some argue for “hit hard, hit early”, meaning treat aggressively as soon as a person was diagnosed with HIV. There are valid arguments in favor of this approach, especially in the days and weeks immediately following infection.

Others, including some of the most well-respected researchers, scientists and clinicians, advocate caution, believing it makes more sense, in the absence of conclusive evidence in favor of early treatment, to wait until there is clinical manifestation of disease or one’s CD4 count falls below a certain level.

Why Wait To Start Antiretroviral Treatment?

Antiretroviral therapy creates a reservoir of potentially dangerous toxicities that cause serious and sometimes deadly side effects, the extent and severity of which have usually not been discovered until long after they are introduced into the marketplace. While it is life-saving for those who need it, antiretroviral therapy is a lifetime commitment to serious chemotherapeutic agents and should not be undertaken lightly.

From infection to the point where one’s CD4 count falls below 500, when the government advises starting antiretroviral treatment, often takes years, but it varies dramatically from one person to the next, depending on co-factors, genetics, access to care and other factors. Some people with HIV are known as “slow progressors”

and a few long-term non-progressors may never need antiretroviral therapy.

The longer people with HIV take the drugs, the more we learn about toxicities and side effects. Fat redistribution causing facial and bodily disfigurement, including what is known as “protease paunch”, “buffalo hump” and “chipmunk cheeks”; dramatically increased risk of heart attacks and stroke; bone demineralization causing increased fracture risk; premature aging; kidney failure; all these are risks of antiretroviral HIV treatments.

Individuals whose health status falls outside the categories recommended for treatment may choose to take antiretroviral therapy anyway, because they and their physician believe they need it, or perhaps to make themselves less infectious to partners. Those choices should be respected.

It is unethical and irresponsible to coerce or encourage people who are not recommended for treatment under the guidelines to start therapy without fully informing them of the risks.

For those of us who were very ill and credit our survival to antiretroviral treatment, there is no question the reward of treatment greatly exceeded the risk. Importantly, many of us consider our survival to be as much about having known when not to take antiretroviral treatment as it is about having access to those treatments when we chose or needed to start them.

Our experience with HIV has consistently taught us how information, even “conventional wisdoms” about HIV treatment and prevention, change frequently over time. It is vital this lesson not be forgotten, because it is no different today than it was years ago. Too many statements, including the new one from Project Inform about starting treatment, do not adequately acknowledge this reality.

Some TNT/TLC advocates suggest side effects are less of a concern today because treatments have improved and we know more about them. But one of the most important things we have learned is how HIV drug toxicities accumulate over time. Even if a drug has been in the marketplace for many years, it does not mean that all of the long-term side effects are known.

For example, two common HIV drugs that have been prescribed for nearly 20 years were recently found to produce a metabolic abnormality called hyperhomocysteinemia. This is a condition associated with vascular abnormalities, including a greatly higher risk of heart attacks.

TNT/TLC Could Jeopardize START Trial

A definitive answer to the “when to treat” question might come from the START trial, now taking place at 90 sites in 30 countries, with an ultimate enrollment of 4,500 participants. It is vital research that we have demanded for years.

But statements by policy leaders that all people with HIV “ought” to be on treatment risk suppressing enrollment in START and jeopardizing its chance for completion. The International Network of Strategic Initiatives in Global HIV Trials has circulated a sign-on letter to raise the alarm and support enrollment in START. Their letter also questions last year’s decision to raise the US treatment guidelines’ threshold from 350 CD4 cells to 500 CD4 cells:

“When to start antiretroviral treatment is one of the most important outstanding questions for people with HIV and their clinicians....We are concerned that some may interpret the new [US] recommendations as implying that the deferral group of this trial is no longer ethical. Such an interpretation would endanger the future of the trial in the [US].”

“We...do not believe that there is convincing evidence to conclude that deferral of initiation of ART to a CD4 count of [350 cells/mm³] causes net harm, particularly in terms of mortality, compared with starting at any higher level.... The available evidence is insufficient to determine if the adherence challenges and long-term side-effects of early antiretroviral treatment are outweighed by reduced risk of illness conferred by these medicines. Only a randomized controlled trial, such as START, can determine this. (underscoring added).... We too are concerned that the new US recommendation:

(1) raises theoretical concerns about continued enrolment of patients in the US, a substantial source of patients, and (2) is based on poor evidence and therefore might not be in the best interests of patients; (3) previous recommendations to use earlier treatment failed to recognize the negative impact of resistance and side effects, and (4) A minority of individuals has normal CD4 counts between 350–500 and would therefore be using treatment prior to any significant immune damage. It is worth noting that evidence that treatment above a CD4 count of 350 is not warranted would cost the pharmaceutical industry billions of dollars.”

Volunteering to be Criminalized

TNT/TLC is closely linked to a campaign over the past several years to increase the number of people who get tested for HIV. That is an admirable objective; especially if it provides access to treat-

ment for those who need it. The CDC estimates the number of untested HIV+ people in the US at 235,000.

Physicians should raise the subject and encourage their patients to get tested; too often, patients are left undiagnosed because they did not feel they were at risk, they were not willing to admit risky behavior, or their physician never suggested getting tested.

The CDC, NIH and others support “routinizing” HIV testing by eliminating requirements for written consent and testing patients routinely at annual check-ups, emergency rooms, etc. Pharmaceutical companies fund lobbying efforts in state legislatures, as Gilead is right now in Massachusetts, to repeal this important educational and privacy safeguard.

The single biggest obstacle to getting tested is stigma. A smarter strategy to get more people tested would be to combat stigma and discrimination against people with HIV. That should start with eliminating HIV criminalization statutes that imprison people for behaviors that pose no or little risk of HIV transmission or for the failure to disclose their HIV+ status prior to intimate contact.

Codifying discrimination in the law, as has occurred with HIV, is the most extreme manifestation of stigma. These laws often result in extraordinarily harsh punishments and treat HIV differently from human papilloma and other viruses that are more casually transmitted and that can also lead to death.

They are terrible public health policy because ignorance of one’s HIV status is the best legal defense. “Take the test and risk arrest” is the message many at risk, who need to get tested, will ultimately hear.

“Routinizing” HIV testing means the person getting tested will likely not understand the potential legal jeopardy or the risks they could face once their name is on a government list as a person with HIV.

Will all the new people tested through TNT/TLC be informed, in advance, that if they test positive, their name is put on a government list? Or that health departments use those lists to target individuals for “behavioral interventions” and potentially for criminal prosecution?

Leadership from federal officials, public health leaders and AIDS organizations is urgently needed to support efforts to repeal these statutes. Yet most of these leaders have remained silent or uninvolved, even as they pro-

mote policies that will greatly exacerbate the problem of HIV criminalization.

Project Inform's statement acknowledges concerns about privacy and discrimination against people with HIV, but they minimize those concerns by noting: "However, important federal and state laws prohibit both the disclosure of medical information and discrimination against people living with HIV/AIDS." They would better serve their constituents if they also pointed out that statutory protection against discrimination is no guarantee they will not be subject to it.

Informed Consent and Voluntary Treatment

Informed consent prior to voluntary commencement of antiretroviral treatment ought to happen as a matter of course. But while most TNT/TLC advocates take pains to reiterate their intent for treatment to be voluntary, there has not been adequate discussion as to how they will get informed consent from patients recommended for treatment who do not meet the established treatment guidelines.

Will persons with high CD4 counts be told it is not certain treatment will help them? Will they be told about the likelihood of suffering side effects over time? Will they be told that respected experts advocate that people with HIV wait until their CD4 cells fall below 350 before starting treatment?

Will they be told that the recommendation that they start treatment immediately is driven in part in pursuit of a societal benefit, rather than what is best for the individual patient or proven by science?

What We Need From TNT/TLC Advocates

It is tragic that public health policy, coupled with the trend towards growing criminalization of HIV, is institutionalizing the view of people with HIV as primarily a potential threat to society—the very thing AIDS activists and leaders like the late Dorothy Height fought most passionately against.

That some AIDS advocates and organizations borne of the blood, pain and struggle of the epidemic have become partners and cheerleaders for this approach is cause for disappointment, concern and, yes, anger. We need them to reconsider their approach.

To avoid having TNT/TLC turn into a shameful episode in the epidemic, it is vital that its supporters in government, academia, medicine and the AIDS community step to the forefront as leaders in at least six areas:

- Make sure truly informed consent is a non-negotiable, integral part of any TNT/TLC program and consistent with the Belmont Report guidelines.
- Advocate for research—including full enrollment in the START trial—to definitively answer the "when to start treatment" question.

- Speak out against criminalization and demand federal leadership on the issue.
- Advocate that pharmaceutical companies withdraw from lobbying for the elimination of patient informed consent protections.
- Support a renewed commitment to behavioral-based HIV prevention programs.
- Implement meaningful participation of people with HIV, including those with diverse opinions and perspectives, in the development, design and implementation of TNT/TLC programs.

Absent such a commitment, TNT/TLC risks harming some people with HIV, preventing or greatly delaying the research necessary to determine the best point to start therapy, increasing criminalization prosecutions and creating unnecessary new HIV infections by undercutting non-pharmaceutical, HIV prevention strategies that have been proven effective.

And if you've made it this far, you're my kind of reader. Further posts won't be so long, I promise. Thanks. 🙏

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150 N Robertson Blvd, Ste 300
Beverly Hills, CA 90211
310.652.2562

Accepts most PPO Plans, Medicare, Medi/Medi.

Paul J. Cimoch, MD, FACP
Center for Special Immunology
11190 Warner Ave, Ste 411
Fountain Valley, CA 92708
714.751.5800
www.CSIHealth.com
Accepts most insurance plans: Medicare, Medi/Medi, and Medical.

Lee Dodge, OD
14429½ Ventura Blvd
Sherman Oaks, CA 91423
818.783.8750; fax 818.783.8779
lee@durdodgeod.com
www.DrDodgeOD.com
Accepts most PPO insurance plans and Medicare.

Charles Gonzales, MD
Hollywood Presbyterian Medical Center
The Doctors Tower
1300 N Vermont, #310
Los Angeles, CA 90027
323.644.4415
fax 323.663.6897
Board-certified family medicine / HIV specialist.
New office in Silver Lake. Most major insurances accepted, including PPO and HMO, as well as Medicare and Medi/Medi.

Michael S. Gottlieb, MD
Synergy Hematology/Oncology
5901 W Olympic Blvd, Ste 407
Los Angeles, CA 90036
323.525.1101, press 0

Mark H. Katz, MD
Kaiser West Los Angeles
6041 Cadillac Ave
Los Angeles, CA 90035
323.857.2064
HIV/AIDS specialist. Not accepting new patients currently, but will help new patients navigate the Kaiser system.

Matt Pekerol, MD
9201 W Sunset Blvd, Ste 616
West Hollywood, CA 90069
310.858.0880
pekerolm@hotmail.com
Openly gay board-certified internal medicine.
HIV/AIDS specialist. Accepts most PPO plans and Medicare.

Ilya Rachman, MD
948 N Fairfax, Ste 201
West Hollywood, CA 90046
323.654.2020
fax 323.654.2828

Jorge E. Rodriguez, MD
Orange Coast Medical Group
496 Old Newport Blvd, Ste 4
Newport Beach, CA 90263
949.646.1111
Accepts most indemnity and PPO health insurance plans, as well as Medical.

Peter Ruane, MD
5901 W Olympic Blvd, Ste 401
Los Angeles, CA 90036
323.954.1072
Openly straight ☺ IM/ID board certified HIV specialist. Most insurance including Medicare.
Free-to-patient Clinical Treatment protocols in the privacy of a small practice available to both insured and non-insured.

Myles Spar, MD, MPH
Venice Family Clinic / West Side Partners
604 Rose Ave
Venice, CA 90291
310.664.7607
fax 310.664.7676
Free comprehensive medical facility servicing the poor and uninsured populations of West Los Angeles.

MENTAL HEALTH SPECIALISTS

Barry Cardiner, MA, MBA, MFT
8430 Santa Monica Blvd, Ste 100
West Hollywood, CA 90069
Lic # MFT34301
323.874.1967
HIV+ psychotherapist. Accepts most PPO, POS insurance. Specialty areas: HIV issues, depression, abuse, addiction and recovery, relationships, grief.

Erin T. Childs, MA, LMFT
11650 Riverside Dr, Ste 7
Studio City, CA 91602
818.985.4200
etchilds@sbcglobal.net
Accepts most insurance plans, indemnity and PPO. Individuals and couples therapy. Issues of illness/wellness, addiction and mood disorders.
Solution-focused.

Terence Ford, MA, Registered Intern
Located near Melrose and La Cienga
213.400.3474
Low-fee, individual psychotherapy. A calm, intelligent environment to work through your issues, whether HIV-related or not. Free initial consultation. Special low fee of \$40 if you mention Being Alive. Supervised by Dr. Steven Isaacman.

Payam Ghassemlou, MFT, PhD
9056 Santa Monica Blvd, #205
West Hollywood, CA 90069
310.801.2927
Gay male therapist, works with people with HIV and their significant others. Bilingual, accepts most insurance plans, no Medi/Medi.

Richard Gollance, LCSW, MSG
12402 Ventura Blvd, 2nd Fl
Studio City, CA 91604
818.503.7300
Psychotherapy. Primary focus: gay men in mid-life and beyond.

Ken Howard, LCSW
8430 Santa Monica Blvd, Ste 100
West Hollywood, CA 90069
310.726.HELP (4357)
www.gaypsychotherapy.com
Openly gay and HIV+ counselor. Psychotherapist. Life Coach. Helping gay men achieve their goals in career and relationships. Sixteen years experience working in HIV. Free, brief initial phone consultation. Fees negotiated individually. Insurance forms provided.

Luis O. Jarquin, Jr., MA, LMFT, Lic#41743
3350 E Birch St, Ste 100
Brea, CA 92821
714.528.9335
Individual, couple and family therapy; relationship difficulties; disclosure; coping with diagnosis; depression and anxiety.

Christopher Lawver, MA, MFT, Lic#40090
323.481.2090
www.ChrisLawver.com
Long-time advocate for affirming counseling for HIV and AIDS. I offer a sliding scale and accept most insurance plans.

Ronald Carey Rambo, LCSW, BCD
711 E Walnut St, #309
Pasadena, CA 91101
626.821.4063
225 S Civic Dr, #212
Palm SUMMERS, CA 92262
760.832.6701
Solution-focused individual, couple, and family therapy. Specialties include HIV issues, gay identity, addiction/recovery, mood disorders, relationships. Accepts most insurance plans.

Matthew Silverstein, PhD, MFT
8235 Santa Monica Blvd, Ste 309
West Hollywood, CA 90046
310.842.6124
e-mail: MSilversteinMFT@aol.com
Specialty areas include gay identity, HIV/AIDS issues, addiction recovery, dream work, spirituality. Sliding fee scale and able to accept most insurance (not Medi/Medi).

Fred Wilkey, EdD
Clinical Psychology
PSY8380
9056 Santa Monica Blvd, Ste 306A
West Hollywood, CA 90069
310.659.4455
Successful short-term therapy. Accepts Medicare and most insurance.

Tony Zimbardi, PsyD, MFT
Gay Male HIV+ Psychotherapist
323.851.1304
Enhance your quality of life. Dating, drugs, depression, anxiety are all common issues we have as poz men. I can help.

BENEFITS COUNSELOR

Jacques Chambers, CLU
Benefits Consultant and Counselor
Chambers Benefits Consulting
2658 Griffith Park Blvd, #290
Los Angeles, CA 90039-2520
323.665.2595 or 888.739.2595
www.HelpWithBenefits.com

UPCOMING ACTIVITIES AT BEING ALIVE

Call Being Alive at 323.874.4322. We're located at 7531 Santa Monica Boulevard, Suite 100, West Hollywood.

Being Alive Board Meetings

The Being Alive Board of Directors meetings for 2009 will be held at 6:30pm at Being Alive on the last Tuesdays of each month. Call for more information.

New Support Group Forming

Tuesdays • 7:00–9:00pm

Open to all who are HIV+. Facilitated by life coach Michael Blomsterberg. Call for more information.

The Young and the Restless

Thursdays • 7:00–9:00pm

A new support group for the young and newly poz. All are welcome, but the focus are on the newly diagnosed and under 30. Topics include emotional and physical well-being, risk reduction and disclosure, HIV 101 and basic information, treat adherence, communication skills, and fellowship. Call Being Alive for more information.

Psychotherapy

by appointment

Evenings • 10:00am–9:00pm

Licensed psychotherapy intern provides one-on-one and couples therapy. Call Being Alive for appointment.

Positively New

Wednesdays • 7:30–10:00pm

For newly diagnosed or newly identified HIV+ within the past three years. Get emotional support, discuss medical issues, and topics relevant to a new diagnosis. Facilitated by Brian Risley, lead treatment educator for APLA. Call 213.201.1547.

Silver Lake Meet-and-Greet Support Group

Fridays • 7:00–9:00pm

All those interested in attending a Being Alive peer support group in Silver Lake please contact Bart, Peer Support Manager, at Being Alive.

Positive Reactions West

Wednesdays • 7:00–9:00pm

At Being Alive. A small drop-in group in a safe, honest place to discuss issues and meet others dealing with HIV. Call Bart for more info.

Daytime Group

Temporarily on hiatus.

Ceramics and Pottery

Call Being Alive for location

Sundays, Mondays • 12:00 noon

Learn ceramics and wheel-throwing. Beginners to advanced are welcome.

Yoga

Beginning Yoga

Mondays • 10:30am

Tuesdays • 3:00pm

Thursdays • 3:00pm

At Being Alive in the Meditation Room. Call to make an appointment.

Healing Touch

by appointment

Thursdays • noon–5:00pm

Alternative healing by hands-on and energy-based techniques. Call Being Alive for appointment.

Hypnotherapy

Thursday

By Dean L. Williams, CHT. Call 877.667.5844.

Speaker's Bureau

Spread the word about prevention, treatment, living with HIV/AIDS. For more information, call Colin at 310.739.6504.

Acupuncture Services

by appointment

Mondays • 1:30–4:30pm

Wednesdays • 10:30am–5:00pm

Fridays • 1:00–4:00pm

Treatment for a range of conditions including pain management, neuropathy and other side effects, addictions, stress, headaches, and allergies. Call Being Alive for appointment.

Chiropractic Services

Fridays • 1:00am–4:00pm

Back and body adjustments.

BEING ALIVE SUPPORT GROUPS

Our goal is to provide a safe and confidential space where everyone can express themselves in an atmosphere of mutual respect and encouragement.

TUESDAYS

New Support Group Forming 7:00–9:00pm. Open to all who are HIV+. Facilitated by life coach Michael Blomsterberg. Call for more information.

WEDNESDAY

Daytime Support Group On hiatus. Being Alive West Hollywood. A place to meet others with HIV. Exchange information about treatments and community resources, share life experiences and emotions, discuss ideas, develop friendships, and fine-tune your strategy for living well with HIV. One hundred percent non-judgemental and supportive. For more information, contact Bart at Being Alive at 310.289.2551.

Positive Reactions WEST 7:00–9:00pm. Being Alive West Hollywood (Being Alive Green Room or outside picnic table). Co-facilitated. A small drop-in group in a safe, honest place to discuss issues and meet others dealing with HIV. Call Bart for more information.

Positively New 7:30–10:00pm. 1300 N Vermont Ave. (Doctor's Building 2nd floor Conference Room). Facilitated by Brian Risley, Lead Treatment Educator for APLA at 213.201.1547. A fairly large support group for those who are newly diagnosed or newly identify HIV+ within the past three years. Get emotional support, discuss medical issues and topics relevant to a new diagnosis. Please contact Brian for more information or Bart at Being Alive at 310.289.2551.

THURSDAY

The Young and the Restless 7:00–9:00pm. A new support group for the young and newly poz. All are welcome, but the focus are on the newly diagnosed and under 30. Topics include emotional and physical well-being, risk reduction and disclosure, HIV 101 and basic information, treat adherence, communication skills, and fellowship. Call Being Alive for more information.

FRIDAY

Silver Lake Meet-and-Greet Support Group 7:00–9:00pm. An emotional and social support group in Silverlake area for HIV+ men to discuss current issues and solutions to life with HIV. Contact Bart at Being Alive at 310.289.2551.

LOCAL RESOURCES

ACLU Lesbian & Gay Rights: 213.977.9500 x237

Aid for AIDS: 323.656.1107

AIDS Healthcare Foundation: 888.AIDSCARE

AIDS/HIV Discrimination Unit, LA City Attorney's Office:
213.978.7758

APLA: 213.201.1600

AIDS Research Alliance: 310.358.2423

AIDS Service Center: 626.441.8495

AIDS Services Foundation/Orange County: 949.809.5700

Asian/Pacific AIDS Intervention Team: 213.553.1830

Being Alive San Diego: 619.291.1400

Beth Chayim Chadashim: 323.931.7023

Bienestar Hollywood: 323.660.9680

Caring for Children and Families with AIDS: 323.931.9828

Clean Needles Now: 213.483.5366

Common Ground, the West Side HIV Community Center:
310.314.5480

Congregation Kol Ami: 310.248.6320

CVS Pharmacy: 310.659.9810

Deaf Women Outreach: 323.478.8000 (TTY or voice)

Department on Disability, AIDS Coordinator's Office:
213.485.6320

East Valley Community Health Center:

West Covina: 626.919.5724;

Pomona: 909.620.8088

Foothill AIDS Project: 909.482.2066

HALSA: 213.637.1690

Jeffrey Goodman Special Care Clinic (GLCSC):
323.993.7500

Jewish Family Services HIV/AIDS Program: 323.761.8800

LA Gay and Lesbian Center: 323.993.7400

The Life Group LA: 888.208.8081

Los Angeles Free Clinic: 323.653.1990

Los Angeles Patients & Caregivers Group: 323.882.6033

Minority AIDS Project: 323.936.4949

Narcotics Anonymous Hotline: 800-todayna

National AIDS Hotline: 800.227.8922;

800.344.7432 (en Español);

800.243.7889 (TTY)

The New Hope Learning Center: 213.251.8474

North East Valley Clinic: 818.988.6335

PAWS (Pets): 323.464.7297

Peer Education Program: 323.651.9888

Project Angel Food: 323.845.1800

Project Inform: 800.822.7422

Project New Hope: 213.251.8474

Rue's House: 323.295.4030

Serra Project 213.413.0306

South Bay Family Health Care Center: 310.318.2521 x236

Spanish Language AIDS Hotline: 800.400.7432
(SIDA) toll-free Southern California only

Tarzana Treatment Center HIV-Mental Health Project:
818.342.5897

THE Clinic: 323.295.6571

USC AIDS Clinical Trials Unit: 323.343.8288

Valley Community Clinic: 818.763.8836

Van Ness Recovery House: 323.463.4266

Voices with a Message Hotline: 800.554.4876

WeHoLife.org: 323.860.7323

Wellness Works Community Health Center: 818.247.2062

West Hollywood Community Housing Corporation:
323.650.8771 x2

Whittier Rio Hondo AIDS Project: 562.698.3850

Woman's Link: 310.419.8087

Women Alive Coalition: 323.965.1564

Women At Risk: 310.204.1046

Zahn Emergency Shelter: 213.438.1619

COMMUNITY BULLETIN BOARD

Notices for this Bulletin Board and the preceding Support Group sections should be submitted to Kevin Kurth via Community Bulletin Board, *Yo Being Alive* Newsletter, 7531 Santa Monica Boulevard, West Hollywood, California 90046; or send e-mail to Kevin@BeingAliveLA.org; or send fax to 310.289.9866. Please be concise and indicate if there is a fee. Please also renew notices every six months.

MORE SUPPORT GROUPS

WHITTIER HIV+ GROUP

Whittier Rio Hondo AIDS Project (WRHAP) offers this group for all people with HIV. An open support group. Every other Saturday 10am–noon. For info, call Elizabeth Mendia at 562.698.3850. 6/2008

SPECTRUM / PASSPORT TO CARE

Various support groups. Yoga: Mondays 10:30am–noon, Building L. Relapse prevention workshop: Tuesdays 10:30am–noon, Building L. Heterosexual support group: Wednesdays 10:30am–noon, Building K. Food pantry: Thursdays 10am–5pm, Building L. Women's support group: Thursdays 11:30am–1pm, Building M. Soul food men's support group: Thursdays 4–5:30pm, Building N. Movie night: first and third Thursdays 6–8:30pm, Building L. Cocaine anonymous: Fridays 10:30am–noon, Building M. Grupo universal: Fridays 5–6:30pm, Building L. For more information call front desk at 323.563.4939. 11/2007

SOUTH BAY FAMILY HEALTHCARE CENTER

Comprehensive HIV/AIDS social service support—case management, mental health, prevention education, HOPWA, short-term rental assistance. Call Joanne Silva at 310.318.2521 x1422. 11/2007

TARZANA TREATMENT CENTER—HIV MENTAL HEALTH PROJECT

Support groups: HIV support, yoga, relapse prevention group, self-help, vocational counseling, and mental health counseling. For info, call Carol Bishop at 818.342.5897 x2195. 11/2007

SHABBAT LUNCH AND JEWISH HIV SUPPORT GROUP AT CONGREGATION KOL AMI

Come and schmooze and eat with fellow Jewish HIVers at Congregation Kol Ami in West Hollywood. We provide a safe, nurturing Jewish environment to talk about life with HIV, Jewish life, and life in general. 1200 North La Brea Avenue, West Hollywood. Call for time and date of next meeting. Reply in confidence to Rabbi Denise Eger at rabbi@kolami.org, or 323.606.0996, x100. 12/2006

APLA SUPPORT GROUPS

The following groups are ongoing and offered through APLA's Mental Health Services: HIV/AIDS Gay Male, HIV/AIDS Heterosexual, Substance Use and HIV, and Mono-lingual Spanish-speaking HIV/AIDS. For information in English and Spanish, call Walter Campos at 213.201.1621. 4/2006

METH AND GAY MEN

Feeling out-of-control? Having trouble finding intimacy? Promising to quit but using anyway? Worried that you need meth to have hot sex? On-going psychotherapy group meeting weekly for men concerned about crystal meth, sex, and intimacy. Conveniently located in Hollywood, this closed therapy group explores issues and feelings in a safe, confidential setting, Monday, 7–8:30pm. For more information, contact Glen at 323.993.7655, or Andre at 323.860.5804. Sponsored by the LA Gay & Lesbian Center. 2/2006

SPIRITUAL SUPPORT DROP-IN GROUP

For people living with HIV/AIDS or cancer, or dealing with grief or imprisonment. One-on-one spiritual support, primarily Catholic. Can make inter-faith referrals. For info, call 323.225.4461. 5/2004

BIENESTAR

Bienestar Human Services offers a variety of services and support groups for the Latino community, HIV+ client services, and HIV– prevention programs. Call Miguel Gonzalez at 323.727.7897. 5/2004

CHURCH OF THE VALLEY HIV+ SUPPORT GROUP

Thursdays, 6:30–8:30pm, Disciples of Christ Church, 6565 Vesper, Van Nuys. 818.786.4070. 5/2004

COMMON GROUND

HIV/AIDS drop-in support group for women and men, Mondays, 12:30–2pm; free; lunch is served. Gestalt Therapy Group, Thursday nights, 5:30–7pm, actively recruiting mem-

bers. Women's drop-in group, second and fourth Thursdays of the month, 12:30–1:30pm. Spanish-speaking drop-in group, Wednesdays, 10–11:30am. Call 310.314.5480. 5/2004

ALTAMED SUPPORT GROUP

For men and women living with HIV/AIDS. Meets Tuesdays from 2–3pm at AltaMed in Pico Rivera. For more information, call 562.949.8717. 12/2003

POSITIVES IN SOBRIETY

Open AA meeting for people affected by HIV. Meets every Sunday, 6pm. Great Hall in Plummer Park, Vista St., between Fountain and Lexington in West Hollywood. 323.656.0829. 12/2003

HIV BY THE BOOKS

Open AA meeting. Intimate book study for people dealing with HIV/AIDS issues. Meets every Friday, 7:15pm at Being Alive. 323.656.0829. 12/2003

LONG BEACH POZ PEERS

Social support group for HIV+ guys who want to meet other HIV+ guys. Contact David at 562.272.8810. 7/2003

FOUND SOBRIETY CRYSTAL METH ANONYMOUS

7pm. 11321 Camarillo St. (upstairs), North Hollywood, CA 91602. Go to www.crystallmeth.org for more information. 1/2003

PASADENA AIDS SERVICE CENTER

Support groups including Living Positive, HIV Symptomatic, Newly Diagnosed Group, Teen Group, HIV+ Spanish Women, Journaling Group, and Gay Men Over 45 Group. 1030 S. Arroyo Parkway, Pasadena. Call 626.441.8495: Jody Casserly, LCSW, x144. 8/2002

NA HIV+

Thursdays at 8:30pm. HIV+ and gay narcotics anonymous meeting. Members share their experience, strength, and hope that they and others may recover from the disease of addiction. HIV+ focused. Many new-comers at this meeting. 1919 N. Beachwood Dr., Los Angeles. For more information, call 323.850.1624. 6/2002

MINORITY AIDS PROJECT

Minority AIDS Project sponsors a variety of support groups for people of color. Call 323.936.4949. 9/2000

GRUPOS Y NOTICIAS EN ESPAÑOL

BIENESTAR

Bienestar Human Services offers a variety of services and support groups for the Latino community. HIV+ client services and HIV-negative prevention programs. Call Miguel Gonzalez at 323.727.7897. 11/2007

PROJECT ANGEL FOOD

Project Angel Food es una organización que provee comidas para las personas que viven con VIH/SIDA. Nuestros servicios están disponibles para personas que viven en nuestras áreas de servicio y que están oficialmente diagnosticado con el SIDA o VIH sintomáticos. Para recibir servicios, llame el 323.845.1810. 8/2001

ALTAMED GRUPOS DE APOYO EN ESPAÑOL

Todos los miercoles de 6–8pm le ofrecemos un grupo para hombres y tambien otro grupo para mujeres. Para mayor informacion: Juan—323.869.5403. 2/2001

WOMEN'S SERVICES

THE SERRA PROJECT/CASA DE LA MADONA Y EL NIÑO

A home for women and children living with AIDS and HIV. RN and MSW case management, medical transportation, bilingual—English/Spanish, family preservation and reunification. Call Martha Aldreta at 323.342.0705. 4/2008

PROTOTYPES WOMENSCARE

Complete medical treatment, follow-up, and case management, education available at WomensCare Center, Queen of

Angels/Hollywood Presbyterian. No fee, childcare available. 1300 N. Vermont, Ste. 401. Call Andrea Jackson 323.662.7420. East LA location: 5427 E. Whittier Blvd., Los Angeles 90022. Call Yolanda Salinas 323.869.5467. 11/2007

WOMEN AT RISK

Multiple specialized support groups with childcare services and transportation, one-on-one peer counseling, prevention, education/community outreach, speakers bureau, hospital visitation, resource referrals and assistance. For information call 310.204.1046. www.womenatrisk.org. 4/2006

ESCAJEDA WOMEN'S CLINIC

Comprehensive health services for women with HIV/AIDS regardless of ability to pay. General and specialized HIV health care includes GYN services. Social Worker. Psychiatric services. English/Spanish speaking staff. For info, call 626.744.6140. Pasadena location. 12/2003

T.H.E. CLINIC FOR WOMEN, INC.

Offers specialized services for women living with HIV. Early intervention program, HIV testing. Staff speaks ten languages. Call Nola Thomas for information or appointments: 323.295.6571 x3109. 9/2000

LEGAL SERVICES

HALSA

A collaborative effort of AIDS Service Center, the L.A. County Bar Barristers, AIDS Project, the L.A. Gay & Lesbian Center, and Public Counsel. HALSA provides legal assistance in a variety of areas including bankruptcy, benefits, employment, housing, wills, powers-of-attorney to low-income people living with HIV, as well as comprehensive pro bono referrals. For more info, call 213.2637.1022. 4/2006

INSURANCE

Supplemental health and life insurance, serving our community. Contact Glenn at 818.774.1556 x33, or Glenn_Zorn@us.afac.com. 9/2004

NOTARY PUBLIC

I live a few blocks from Being Alive in West Hollywood. Services are free if we can arrange a time to meet there. You can also come to my home on Palm Avenue and pay the regular \$10, or I can come to your place in West Hollywood for \$15. Call Michael at 310.659.4299. 2/2002

MEDICAL SERVICES

HIV OCULAR SPECIALIST

Lee Dodge, OD. 14429½ Ventura Blvd, Sherman Oaks, CA 91423. 818.783.8750. Fax 818.783.8779. lee@drdodgeod.com. www.drdodgeod.com. Accepts most PPO plans and Medicare. 6/2008

NORTHEAST VALLEY HEALTH CORP

Confidential comprehensive medical services for HIV/AIDS provided in English and Spanish at low or no cost in the SF Valley. Call Stefen Ruiz at 818.988.6335. 6/2008

UCLA CARE CLINIC

The UCLA Care Center conducts clinical research in HIV disease management, new medications, metabolic complications, prevention and therapeutic vaccines, opportunistic infections, AIDS-related cancers and co-infections. Contact Deon Claiborne at 310.557.9062. Provides specialty HIV care to those with private insurance, Medicare, or Medicare and Medi-Cal combined. Contact Mike Marcial at 310.557.2273. 11/2007

CHIROPRACTIC CARE

Spinal adjustments available for \$10 by appointment for HIV+ people who are uninsured and not working. Other services available. Brian Smith, DC, 8235 Santa Monica Blvd., Ste. 218, West Hollywood. 323.656.2652. 11/2007

COMMUNITY BULLETIN BOARD

JEFFREY GOODMAN SPECIAL CARE CLINIC

Provides HIV and STD testing, as well as treatment, case management, complementary therapies and AIDS Drug Assistance Program for HIV+ patients. 1625 N. Schrader, Third Floor, Los Angeles 90028. www.lagaycenter.org. Call 323.993.7500 for info. 11/2007

AIM HEALTHCARE FOUNDATION

Healthcare for adult-industry members. HIV/STD testing, referrals, counseling, GYN services. For clients diagnosed with HIV/AIDS at AIM Healthcare—free-for-life medication placement. Call 818.981.5681. Also in Woodland Hills: 19720 Venture Blvd., 818.961.0291. 11/2007

COMPREHENSIVE AIDS RESOURCE EDUCATION PROGRAM (C.A.R.E.)

Offers the following services: Out-patient, non-emergency clinic (sliding scale)—562.624.4999 • Dental center (sliding scale)—562.624.4949 • Testing/outreach (no charge)—562.624.4900 • AIDS drug assistance program (no charge)—562.624.4944 • Mental health program and nutritional counseling (no charge)—562.624.4914 • Case management / social services (no charge)—562.624.4900 • Family services program—562.624.4918. Located at 411 E. 10th St., Suite 107, Long Beach, CA 90813 (inside St. Mary Medical Center campus). 11/2007

ALTAMED HEALTH SERVICES

Comprehensive medical treatment for people with HIV/AIDS. In addition to medical treatment, we provide case management, support groups, and HIV testing. To make an appointment to see a physician, please call 323.869.5548. 11/2007

LAGUNA BEACH COMMUNITY CLINIC

Treats qualified clients for a low fee. Two HIV specialists accept Medical and Medicare. 362 3rd St., Laguna Beach, CA 92651. 949.494.0761. 11/2007

FREE RAPID HIV AND STD TESTING

At The SPOT, 745 N. San Vicente Blvd., West Hollywood, southwest corner of Santa Monica and San Vicente. Tuesday–Friday, 1–7pm, 323.993.7440. If you are experiencing STD symptoms, call 323.993.7575 between 11:30am–2:30pm to schedule an appointment. 11/2007

VALLEY COMMUNITY CLINIC, NORTH HOLLYWOOD

Offering free, anonymous HIV counseling service and testing Mondays 4–7:30pm, Tuesdays 2–7:30pm, Thursdays 12–3:40pm, and Saturdays 11am–4:30pm. Contact Walter Abb 818.763.8836. HIV case management everyday. Medical outpatient services for people with HIV. ADAP enrollment. For interview call 818.301.6334. www.valleycommunityclinic.org. 11/2007

AIDS HEALTHCARE FOUNDATION

AHF Clinics in Hollywood, Downtown, Sherman Oaks, the Westside, Upland, Lancaster, and West Adams provide care to people with HIV/AIDS regardless of ability to pay. No one ever turned away. Free HIV testings at our Out-of-the-Closet thrift stores. Call 800.AHF.2101. 10/2002

ANDREW ESCAJEDA CLINIC

Comprehensive health services for adults with HIV/AIDS, regardless of ability to pay. ADAP enrollment site and psychiatric services. Open to all HIV-infected, even if receiving medical care elsewhere. Pasadena location. Call 626.744.6140. 8/2002

TARZANA TREATMENT CENTER

Provides residential rehabilitation and medical detoxification programs for people with HIV/AIDS. Call 818.996.1051 x40. HIV outpatient clinic, Monday, Wednesday, Friday, 10am–6pm. Call 818.342.5897. 9/2000

USC AIDS CLINICAL TRIALS UNIT

Free clinical trials for people with HIV/AIDS. Located at 5P21, Rand Schrader Clinic, 1300 N. Mission Rd., Room 349, LA. For info, call 323.343.8288. 9/2000

METHADONE TREATMENT FOR HIV+ PEOPLE

If you are HIV+ and opiate-dependent, Western Pacific Rehab offers free out-patient methadone treatment at conveniently located sites. Call 800.223.3869. 9/2000

AIDS SERVICE CENTER, PASADENA

Free treatment education and advocacy via one-on-one counseling/assessment, monthly treatment forums, Treatment Library and more. Call 626.441.8495. 9/2000

WELLS HOUSE HOSPICE, LONG BEACH

A home-like environment serving Long Beach and Orange County. Volunteers always welcome. Contact Ron Morgan at 562.435.9363. 9/2000

LA COUNTY RAND SHRADER 5P21 HIV CLINIC

Provides comprehensive HIV care; services available in English and Spanish. Call 213.343.8255. 9/2000

T.H.E. CLINIC, INC.

HIV/AIDS testing, treatment, counseling, family planning, other services. For more information call 323.295.6571. 9/2000

PHARMACY SERVICES

EDDIE'S PHARMACY

As your community pharmacy, we are committed to provide the best service possible. Getting to you know and your individual needs is an integral part of that commitment. Small enough to care; large enough to meet your needs. Call 310.358.2400. 1/2006

ALL-IN-ONE PHARMACY

For all your pharmacy needs. Adherence tools and delivery provided free of charge. Treatment educators available for any questions you have. Most insurance accepted. Call toll-free: 866.255.6663. 11/2005

MOMS PHARMACY

The original adherence pharmacy. Services include free delivery, pager notification, and optional MOMS Paks medication packets, the ultimate adherence tool. For more information, visit www.momsparmacy.com, or call 866.993.6337. 8/2005

PERSONAL SERVICES

HOME DELIVERED MEALS

Jewish Family Services provides kosher meals (fresh or frozen) to the homebound. Call 323.761.8770. St. Vincent's Meals on Wheels: 213.484.7775. 11/2007

TRUE NORTH MASSAGE

Swedish circulatory massage. Tim Maloney, Certified Massage Technician. APSB. 818.244.3029. 818.726.9480 (cell). shaktim2001@hotmail.com. 1/2006

SPORTS MASSAGE

Deep tissue, soft touch, and Reiki therapy. Discount for HIV+. I've worked on athletes for over five years. Call Wayne at 562.235.8716 and mention this ad. 12/2005

COUNSELING

Payam Ghassemlou, PhD, MFT, gay male counselor. 310.801.2927. Sandplay Therapy—a fun, creative, and healing process to connect to your psyche's self-healing powers. 9/2004

RESIDENTIAL DRUG TREATMENT

Live-in drug treatment for people living with HIV/AIDS. For info, call Robyn at 818.985.8323. 2/2002

MASSAGE BY JEFFREY

Therapeutic touch at a discount for people living with HIV/AIDS. Contact Jeffrey at jjeffrey54@aol.com, or call 310.770.7515. 10/2001

PROJECT ANGEL FOOD

Project Angel Food's agency delivers nutritious meals to individuals with a formal diagnosis of AIDS or symptomatic HIV disease living in our delivery area. To start free meal delivery service, please call Client Services at 323.845.1810. 8/2001

FREE GROCERIES

Food and personal care items are provided to PWAs. Tuesdays, Wednesdays, and Thursdays, 10am–1pm. For more

information, call Imani Unidos Food Pantry, 323.754.2320. 5/2001

LOW INCOME HOUSING FOR PWAs

1-, and 2-bedroom housing wait list. Contact West Hollywood Community Housing Corporation, 8285 Sunset Blvd., Ste. 3, West Hollywood, or call 323.650.8771, x2. 1/2001

50% MASSAGE DISCOUNT

Full hour Swedish massage. Legit. \$25. Designed for financially challenged HIV+ folk who are looking for a way to afford regular massage. Call Bruce at 323.660.5358. 9/2000

MISCELLANEOUS

HOLLYWOOD MENTAL HEALTH CENTER

We are accepting new HIV+ clients who are seeking individual or couples counseling. HIV+ clients may obtain services without any insurance, although Medi-CAL and Medicare are accepted. 1224 N. Vine St., Los Angeles 90038. Contact Chris Bridge, MSW, at 323.769.2125. 7/2009

ALLEGRIA HOUSE SHELTER

Assist families, and couples (gay or straight) living with AIDS. Sober living program. Contact Julie Lewis at 323.454.4200. 11/2007

CHOICES RECOVERY SERVICES

Has homes in Long Beach and Los Angeles, providing clean, comfortable, structured, drug- and alcohol-free living environments for men, women, straight, gay, HIV+, and dual-diagnosed individuals. Please call us for further information at 562.930.0565. www.choicesoflongbeach.com 11/2007

ZAHN EMERGENCY SHELTER

Welcomes singles and families with open arms to our sober living program. Priority is given to referrals living with HIV/AIDS. Referrals only. Please call 213.438.1619. 8/2006

MCINTYRE HOUSE

A non-profit residential substance abuse recovery and sober living program for men. Low-cost medical care and food provided. Contact Ed at 323.662.0855. 12/2004

STRENGTH IN NUMBERS (SIN)

A non-profit social network for HIV+ gay men that organizes and promotes fun and relaxed events in LA and Orange County. All HIV+ gay men are welcome. Events include pot luck, breakfasts, and bar nights. All events are low-cost, but everyone is expected to cover their own expenses. Check out our Web site for more information and updates on events: www.strengthinnumbers.org. 5/2003

TEENS REACH TEENS

Peer Education Program of L.A. offers educators to lead discussions on HIV/AIDS prevention in schools, group homes, and youth agencies. Call Wendy at 323.651.9888. 8/2002

HELPLINE FOR DEAF PEOPLE WITH HIV

A unique service run by HIV+ deaf people, providing referrals to other deaf and hard-of-hearing people with HIV/AIDS. Contact Emmett Haggren at 323.550.4258 (TDD) or 323.550.4255 (fax). 9/2001

AIDS EDUCATION/SERVICES FOR THE DEAF

Provides education to schools as well as one-on-one meetings and interpreters to Ryan White-funded HIV/AIDS services and testing with no charge to the service providers. Call 323.550.4250 (TDD/voice). Fax: 323.550.4244. 9/2001

HIV/AIDS MENTAL HEALTH PROGRAM

Common Ground offers mental health services to HIV+ residents of Los Angeles who cannot afford to pay. Call Mark Fairfield, LCSW, Director of Mental Health, at 310.314.5480. 4/2002

CRYSTAL METH ANONYMOUS INFO LINE

12-step program offering a 24-hour information hotline at 213.488.4455. 9/2000

AID FOR AIDS: FINANCIAL ASSISTANCE

Aid for AIDS provides financial assistance to people with HIV/AIDS. Help with pharmaceuticals, nutrition, monthly bus passes, rent, health insurance payments, utilities. For more info, call 323.656.1107. 9/2000