

2010 SUMMER

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Reflections on Vienna: AIDS 2010

BY CRAIG R. TAYLOR

As I departed Los Angeles for the International AIDS Conference in Vienna, Austria, millions of gallons of oil were spewing into the gulf. I cannot remember when I felt like I was witnessing something beyond everyone's control and it angered me that our greed and lack of forethought as a nation, had led to an environmental disaster of this magnitude. It was not that I really needed an excuse to get out of the US, but this particular situation had me feeling helpless and depressed for weeks, so the opportunity for change was a welcome one.

While the conference officially began on Sunday, July 18 with proceedings for a week, the kick-off was Saturday night's "Life Ball", the largest AIDS charity event in Europe. The "Life Ball" brings everyone out onto the streets of Vienna in front of the town hall and into the surrounding park where all can view the event on giant screens. It is an incredible way to mark the kick-off of the international AIDS conference and it was wonderful to see the event being celebrated by families and children of all ages. I wondered if the same sort of celebration could ever happen in the US.

This year marks the 2010 deadline for universal access set by world leaders, and so the push for expanded access to HIV care, prevention and treatment has never been greater. With a global economic crisis looming in the background, this year's conference emphasized the importance of keeping HIV/AIDS in the forefront of the discussion of broader health and development goals. AIDS 2010 also reiterated the important connection between human rights and HIV, a theme stemming from the last International AIDS Conference of 2008 in Mexico City. Vienna delegates

were to assess the progress that has been made toward that end, and determine the next steps to be taken individually and collectively to achieve our goals and move forward.

With an estimated 19,300 participants from 193 countries and more than 2000 media present at this conference, Vienna was getting lots of global attention. I found it to be a very clean and beautiful city with old-world charm, and a very efficient subway and tram system. Vienna was also chosen for its location in the middle of Europe, providing a bridge between eastern and western Europe, with eastern Europe experiencing one of the fastest growing epidemics, primarily stemming from injection drug use. An official declaration from the conference, something that has only happened once before, called for incorporating evidence-based practices into illicit drug policies (www.viennadeclaration.com). The 2010 theme "Rights Here, Rights Now" was seen as a call to action to promote and protect human rights as a requirement for a successful response to the HIV/AIDS epidemic. In response to high HIV prevalence rates among men seeking men (MSM) around the world, global health leaders called for an end to human rights abuses against MSM that contribute to HIV vulnerability. At the opening plenary session, UNAIDS Executive Director, Michael Sidibe, addressed such abuses very clearly when he said, "our vision of zero AIDS will never see the light unless we end criminalization of people by their sexual orientation." Yves Souteyrand from the World Health Organization (WHO) framed the entire proceedings with some daunting statistics. The global prevalence of HIV is on the increase and now stands at 0.8% with

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NEWSLETTER

*In memory of Fred Clark, Gilbert Cornilliet,
Eric Estrada, Mark Allen-Smith, Brian Stott,
and Cary Alexander*

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Your Doctor and the Social Security Listings

BY JACQUES CHAMBERS

Treating physicians often try to advance their patients' claims for Social Security Disability benefits. While Social Security will want a complete copy of the physician's medical records, office notes are often abbreviated and sometimes difficult to read. Some physicians will draft a letter to advance the case of disability. Unfortunately, too many letters are not as helpful as they could be.

Many letters simply consist of a statement from the physician that he or she considers you to be disabled. That will not help your claim at all. Social Security has a specific definition of disability that must be met in order to qualify for benefits, so rather than have the doctor's opinion about disability, they want to see—from the medical record—what symptoms and treatment were present that led to that conclusion.

A better letter from your physician would include:

- A history of your symptoms and treatment;
- Referrals to specialists and their results;
- Any objective results of tests that support symptoms;
- Relate any reported subjective symptoms to being typical for the diagnosis;
- Clinical observations of symptoms or results of symptoms; and,
- A listing of the restrictions and limitations on your activities and abilities that the physician recommends.

In addition, the letter would also note any of the Social Security listings and document the medical evidence that supports the listings.

Social Security listings are found in a book published by Social Security called *Disability Evaluation Under Social Security*. This book contains a listing of impairments which describes, by medical condition, the severity level required to be considered disabled under any of Social Security's disability programs including SSDI and SSI, as well as Medi-Cal (Medicaid). The current listings for all immune system disorders for adults, including HIV/AIDS were revised and published in October 2008 (www.ssa.gov/disability/professionals/bluebook/14.00-Immune-Adult.htm).

The listing of impairments is designed to help the state offices contracted to determine disability eligibility. In addition to listing severity levels of medical conditions, it provides in-

formation on how medical files should be documented for various medical conditions.

According to Social Security rules, if your medical records show that your medical condition and its symptoms meet or equal one of the listings, you are to be considered disabled for Social Security purposes. People applying for disability benefits are well advised to rely on the listings and make sure their physicians have a copy of them.

The current listing for **14.08 Human immunodeficiency virus (HIV) infection** with documentation as described in 14.00F and one of the following:

A. Bacterial infections:

1. Mycobacterial infection (for example, caused by *M. avium intracellulare*, *M. kansasii*, or *M. tuberculosis*) at site other than the lungs, skin, or cervical or hilar lymph nodes, or pulmonary tuberculosis resistant to treatment; or
2. Nocardiosis; or
3. *Salmonella* bacteremia, recurrent non typhoid; or
4. Multiple or recurrent bacterial infections, including pelvic inflammatory disease, requiring hospitalization or intravenous antibiotic treatment three or more times in a 12-month period.

—or—

B. Fungal infections:

1. Aspergillosis; or
2. Candidiasis involving the esophagus, trachea, bronchi, or lungs, or at a site other than the skin, urinary tract, intestinal tract, or oral or vulvovaginal mucous membranes; or
3. Coccidioidomycosis, at a site other than the lungs or lymph nodes; or
4. Cryptococcosis, at a site other than the lungs (for example, cryptococcal meningitis); or
5. Histoplasmosis, at a site other than the lungs or lymph nodes; or
6. Mucormycosis; or
7. *Pneumocystis* pneumonia or extrapulmonary *Pneumocystis* infection.

—or—

C. Protozoan or helminthic infections:

1. Cryptosporidiosis, isosporiasis, or microsporidiosis, with diarrhea lasting for 1 month or longer; or
2. Strongyloidiasis, extra intestinal; or

3. Toxoplasmosis of an organ other than the liver, spleen, or lymph nodes.

—or—

D. Viral infections:

1. *Cytomegalovirus* disease (documented as described in 14.00F3b(ii)) at a site other than the liver, spleen, or lymph nodes; or
2. Herpes simplex virus causing:
 - a. Mucocutaneous infection (for example, oral, genital, perianal) lasting for 1 month or longer; or
 - b. Infection at a site other than the skin or mucous membranes (for example, bronchitis, pneumonitis, esophagitis, or encephalitis); or
 - c. Disseminated infection; or
3. Herpes zoster:
 - a. Disseminated; or
 - b. With multidermatomal eruptions that are resistant to treatment; or
4. Progressive multifocal leukoencephalopathy.

—or—

E. Malignant neoplasms:

1. Carcinoma of the cervix, invasive, FIGO stage II and beyond; or
2. Kaposi's sarcoma with:
 - a. Extensive oral lesions; or
 - b. Involvement of the gastrointestinal tract, lungs, or other visceral organs; or
3. Lymphoma (for example, primary lymphoma of the brain, Burkitt's lymphoma, immunoblastic sarcoma, other non Hodgkin's lymphoma, Hodgkin's disease); or
4. Squamous cell carcinoma of the anal canal or anal margin.

—or—

- F. Conditions of the skin or mucous membranes (other than described in B2, D2, OR D3, above), with extensive fungating or ulcerating lesions not responding to treatment (for example, dermatological conditions such as eczema or psoriasis, vulvovaginal or other mucosal *Candida*, condyloma caused by human *Papillomavirus*, genital ulcerative disease).**

—or—

- G. HIV encephalopathy, characterized by cognitive or motor dysfunction that limits function and progresses.**

—or—

H. HIV wasting syndrome, characterized by involuntary weight loss of 10% or more of baseline (computed based on pounds, kilograms, or body mass index (BMI)) or other significant involuntary weight loss as described in 14.00F5, and in the absence of a concurrent illness that could explain the findings. With either:

1. Chronic diarrhea with two or more loose stools daily lasting for 1 month or longer; or
2. Chronic weakness and documented fever greater than 38°C (100.4°F) for the majority of 1 month or longer.

—or—

I. Diarrhea, lasting for 1 month or longer, resistant to treatment, and requiring intravenous hydration, intravenous alimentation, or tube feeding.

—or—

J. One or more of the following infections (other than described in A–I above). The infection(s) must either be resistant to treatment or require hospitalization or intravenous treatment three or more times in a 12-month period.

1. Sepsis; or
2. Meningitis; or
3. Pneumonia; or
4. Septic arthritis; or
5. Endocarditis; or
6. Sinusitis documented by appropriate medically acceptable imaging.

—or—

K. Repeated (as defined in 14.00I3) manifestations of HIV infection, including those listed in 14.08A–J, but without the requisite findings for those listings (for example, carcinoma of the cervix not meeting the criteria in 14.08E, diarrhea not meeting the criteria in 14.08I), or other manifestations (for example, oral hairy leukoplakia, myositis, pancreatitis, hepatitis, peripheral neuropathy, glucose intolerance, muscle weakness, cognitive or other mental limitation) resulting in significant, documented symptoms or signs (for example, severe fatigue, fever, malaise, involuntary weight loss, pain, night sweats, nausea, vomiting, headaches, or insomnia) and one of the following at the marked level:

1. Limitation of activities of daily living.
2. Limitation in maintaining social functioning.
3. Limitation in completing tasks in a timely manner due to deficiencies in concentration, persistence, or pace.

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and male circumcision, had to be delivered more effectively and efficiently to populations at risk; moreover, that new potential strategies for prevention such as antiretroviral-based prevention strategies like microbicides and pre-exposure prophylaxis needed to be implemented rapidly and efficiently once efficacy studies were completed. He presented results of a preliminary mathematical model that suggested that current and new tools for prevention could cut new infections by 90% in the next 20 years. Bill Clinton also stressed the need for better systems of delivery and additional funding now. He emphasized that investing now rather than later would have an effect on our entire global economic infrastructure. His Clinton HIV/AIDS Initiative (CHAI) through his foundation works with governments and corporate partners to expand treatment access in developing countries where more than 90% of people living with HIV/AIDS reside. Among other things, the Clinton global initiative has assisted in getting 5.2 million people on treatment, strengthening health care delivery systems to fight malaria and tuberculosis, negotiating a price reduction for generic medicine, and getting a hand-held device to rural villagers that determines baseline health status (i.e., CD4 count).

The second day of the conference began with one of the most powerful plenary addresses of the week given by Everjoyce Win, a speaker from Zimbabwe. She addressed the magnitude of violence perpetrated against women and girls around the world and the linkages between violence and HIV. The statistics were startling: at least one in every three women or up to one billion women have been beaten, forced into sex or otherwise abused in their lifetime. Usually the abuser is a family member or someone known to women. Gender inequality perpetuates both violence and HIV, according to Win, describing violence as a cause and a consequence of HIV. For example, women are more likely to be on the receiving end of violent or coercive sexual intercourse (30% of first sexual experiences are non-consensual) and HIV+ women are more likely than men to be targets of domestic violence from partners or family members who stigmatize them. While it is recognized by the international community that violence against women is a violation of human rights and governments have a responsibility to prevent violations and punish perpetrators, Win called for the recognition and prioritization of violence against

AIDS 2010, CONTINUED FROM PAGE 1

the number of people living with this disease rising daily as a result of global population growth, continued transmission, and fewer deaths as a result of antiretroviral therapy. Each day an estimated 7400 infections, 1200 in children; 5000 people die of HIV/AIDS daily and 3000 begin antiretroviral therapy. Therefore, **the HIV/AIDS epidemic is outpacing treatment and prevention efforts.**

Treatment and prevention efforts continue to be paramount in the fight against HIV/AIDS, however, and some very positive developments have taken place as a result. UNAIDS estimate that 200,000 HIV infections in children have been prevented in the past 12 years due to antiretroviral medications used for prevention of mother to child transmission. This number is expected to increase as there is expanded access

to treatment. There are more than five million people currently on antiretroviral therapy in low and middle income countries, and as a result fewer AIDS related deaths. While prevention has had a great impact on new sexually transmitted diseases in countries where there is a higher prevalence, stigma, discrimination, and human rights violations remain the greatest barrier for many others. Even in affluent countries like Canada, where many treatments are accessible without cost, people are becoming infected with HIV and getting sick without linkage to treatment as a result of stigma and discrimination.

Both Bill Clinton and Bill Gates addressed the conference in plenary sessions on the first day and emphasized the importance of improving the efficiency of delivery and scale-up of HIV prevention in their addresses. Bill Gates emphasized that known effective strategies for HIV prevention, including antiretroviral treatment

women in the AIDS response. Gender-based violence is about power, and aimed at maintaining unequal gender roles, behaviors, power relations and restricting women's lives and choices. She pointed out that many women are not in a position to negotiate the sex act. Therefore, the push for condom use and/or abstinence is not working for women in HIV prevention. Ms. Win urged health care providers to examine their responsibility in asking a woman to bring her partner back following her positive test result, when there is the realization that there is no way that she can do that and stay alive. She urged governments not to use culture, religion, or tradition as excuses for not addressing violations of women's human rights and to implement stronger anti-violence laws that take HIV into account. Her address was strong and heartfelt.

This day also marked a conference highlight that potentially adds a new approach to HIV prevention that may be used and controlled by women. Groundbreaking results of the CAPRISA 004 study were reported. This study was a phase two (proof of concept), randomized, double-blind, placebo-controlled clinical trial of the effectiveness of a microbicide (tenofovir vaginal gel) in preventing HIV infection in South African women. Approximately 900 women were randomized into two groups, half receiving a placebo gel with no active ingredients and the other half receiving 1% tenofovir gel. The women were instructed to use the gel before and after sex, up to a maximum of two doses in a 24 hour period. All study participants received condoms and ongoing counseling on risk-reduction during the 12–18 months of the trial. There was a 95% retention rate with 72% of sex acts self-reported as covered by two doses of the gel. The study found that tenofovir gel resulted in a 39% reduction in the risk of HIV transmission with 38 women using tenofovir acquiring HIV, as compared to 60 women using a placebo. Thirty-nine percent is statistically significant, although true effectiveness when using reliability ranges may be as low as 6% or as high as 60%. Women in the tenofovir arm were also half as likely to acquire herpes simplex virus type 2 (HSV-2) which was a significant secondary finding since HSV-2 is a risk factor for acquiring HIV. The CAPRISA 004 study is one of six placebo-controlled HIV-prevention trials of tenofovir based products, including a large ongoing trial of the safety and effectiveness of daily use of tenofovir gel. It is important to note the high incidence of HIV in

the study participants of CAPRISA 004 even among those receiving tenofovir gel, which is indicative of the need for further HIV prevention strategies. The news of this study swept the conference with a great optimism, as it seemed that finally there was a prevention tool to give women greater control over their own health and lives.

This, of course, only gave greater momentum to the human rights march and rally that followed that evening. Led by Julio Montaner (director of the International AIDS Society), co-chair of the conference, Michael Sidibe (head of UNAIDS), and Michel Kazatchkine (head of the Global Fund to Fight AIDS, Tuberculosis and Malaria), government leaders, human rights advocates, and people affected by HIV were told to congregate at Schottentor in Vienna at 6:30 PM. We came with whistles, banners, horns and lots of spirit to march through the streets of Vienna to Heldenplatz, ironically, once the site of a Hitler rally, where there were speeches followed by a live performance by UNAIDS Goodwill Ambassador, Annie Lennox. Annie decried the government leaders of Austria for their small one million euro contribution this year in the fight against HIV/AIDS, and pointed out that this conference alone would bring about 45 million euros to the city of Vienna. She spoke out against the governments of Eastern European countries for having no representation at the conference at all, when they have the greatest increase in infection. She applauded South African leadership for finally taking steps in the right direction. Annie told personal stories of children and people she met in South Africa who are living with AIDS and have no medical care. She shared a video about a woman who was ostracized by her entire village for being HIV+, killed her four small children to spare them the stigma associated with AIDS, and then committed suicide. It was all extremely moving. She sang songs and accompanied herself on the piano in the night air and ended the evening with a most captivating performance. It was a beautiful night of protest and celebration.

While I attended several other sessions on homophobia and HIV in Africa, prevention and vertical transmission, sex workers and their education campaign on HIV and STDs, HIV and incarceration, and hospice care (see aids2010.org Web site for more detailed information on these), a session on “navigating the treatment landscape” reviewed current treatment proto-

cols and presented data indicating that beginning drug treatment therapy is simply a question of the willingness of the patient to begin, not whether or not to begin; earlier is better. They presented studies on protease inhibitors and cardiovascular risks and found that even when they thought there might be cardiovascular risks to protease inhibitors, the patients beginning therapy on protease inhibitors did better i.e. cardio incidents improved as opposed to those not beginning treatment. They also presented data from a study done in Haiti on CD4 levels and treatment which showed that patients beginning therapy with a CD4 level above 300 (between 300–350) met with greater success and fewer incidents of increased sickness than those who began with a CD4 level of 200 or less. The WHO was proactive in making the recommendation for new second line drugs, but there is a funding crisis. Their current recommendation is a boosted protease inhibitor and two nucleosides. However, boosted PIs are not available in all countries, particularly lower income countries.

Promising data results were also reported from studies on the once daily “GSK572” in treatment naïve patients and also those resistant to raltegravir (Isentress). Phase 3 studies will be done to determine the efficacy of this new treatment for those with resistance to raltegravir. Presentation of phase 3 study results of a new once daily NNRTI, “TMC278”, developed jointly by Gilead and Tibotec, showed that the percent of those with an undetectable viral load was the same as the comparator arm of efavirenz (Sustiva). This was a large study of 1300 patients.

The only mention of the “c word” (cure) that I encountered was in a session on HIV reservoirs entitled “Towards a Cure: HIV Reservoirs and Strategies to Control Them.” This workshop included scientists, clinical researchers, journalists, community leaders and research funding agencies from around the world who reviewed the latest studies of HIV reservoirs and discussed the feasibility of fully controlling the virus in an infected person. While very potent combinations of antiretroviral therapy (ARV) have substantially reduced mortality rates of people living with HIV/AIDS, current treatments do not eradicate the virus from an infected person. HIV remains hidden in certain cells called HIV reservoirs located in different compartments of the body. There was agreement that the science in the area of HIV reservoirs, while in its

early stages, was evolving rapidly, but HIV persistence is a daunting challenge and more funding of research was needed to understand why HIV infection persists under therapy. This was frustrating, as I was hoping to hear much more about the research in this area at the conference as we search for alternatives to a life-long dependence on ARV.

Probably one of the most relevant sessions to members of Being Alive—particularly those over 50—was a workshop on HIV and aging, facilitated by two AIDS service organizations (ASO), one from the UK and one from Kenya. Each gave a presentation on HIV and aging in both regions of the globe. The UK ASO then shared results of a study that surveyed 410 people over 50 with HIV (70.3% gay and bisexual) about their needs for the future. The study included a mix of long-term survivors and newly diagnosed (41% after year 2000). Participants in the conference workshop were divided into two global groups (north and south) to discuss and compare strategies on moving forward. The top five concerns from the study of 50-and-older in order of greatest need were: financial difficulties, inability to care for self, depression and mental health, inability to access proper health care, and social stigma and discrimination. Even more interesting to me as a workshop participant was the list of desires from those 50-and-older. When the participants were asked what services they wanted the top requests in order of greatest need were: health and treatment information, social care, social support and networking, physical therapy, and counseling and emotional support. It was most interesting that while financial instability was the top concern there was no mention of finances in what people actually wanted in the future. Two out of the five were related to social isolation and support. Looking at the list of desires made me extremely proud to be working with an organization like Being Alive because we are attempting to address each and every one of those needs through our services on a daily basis. We are bringing people out of isolation and providing them with a social network, giving people medical updates on a weekly basis to keep them abreast of the most current information, providing individual psychotherapy as well as counseling and emotional support in our support groups, and—with our wellness center offerings of acupuncture, chiropractic services, yoga, etc.—we are addressing the physical. This is not to say that there is no room for improve-

ment, but I encountered no other ASO currently addressing all of these issues. It was pointed out that we have a tsunami approaching of older people living with HIV globally because of improved treatment regimens, and a social network that will be crippled because of this. Currently in the UK there are more people living with HIV over the age of 50, and those numbers are expected to double in the next five years. In the US, 50% of the population living with HIV will be over the age of 50 by the year 2015. The whole range of illnesses that are problematic for the average 50-and-older population become even more so for people living with HIV: cardiovascular disease, non-AIDS related cancers, neurocognitive dysfunction, renal dysfunction are all of concern. We certainly need more attention from the National Institutes of Health (NIH) to address aging and comorbidities as those of us who are 50 and older will need more care from specialists (e.g., cardiologists, neurologists, nephrologists, bone experts, diabetes specialists etc.) to address the effects of accelerated aging.

Both workshop groups, global north and south, compared notes and then made recommendations for future work, which can be summarized as follows:

a) More medical and social research is needed on the interactions between HIV and age. The invisibility of older people in terms of their sexual behaviors needs to be overcome and we must find new ways to reach older adults that are age-sensitive and appropriate in terms of sexual health messages and access to testing. Much of this awareness work should be done through existing organizations for older adults. Religious and cultural leaders should be included in the discussion in order to further this agenda. Age-appropriate peer counseling and education is needed in relation to HIV testing, sexual health programs and education in prisons.

b) Engagement with clinical and primary care services to ensure health needs are met with greater levels of HIV awareness and clearer referral pathways. Maintaining a holistic view of health is important since our social and medical needs have strong interplay (e.g., mental health, cognitive impairment, depression and isolation).

c) Promotion of self-management strategies (e.g., exercise, nutrition, accessing support to improve physical and mental health outcomes).

Finally we also concluded that sharing our experiences and successes on a regional, national and international level will be essential.

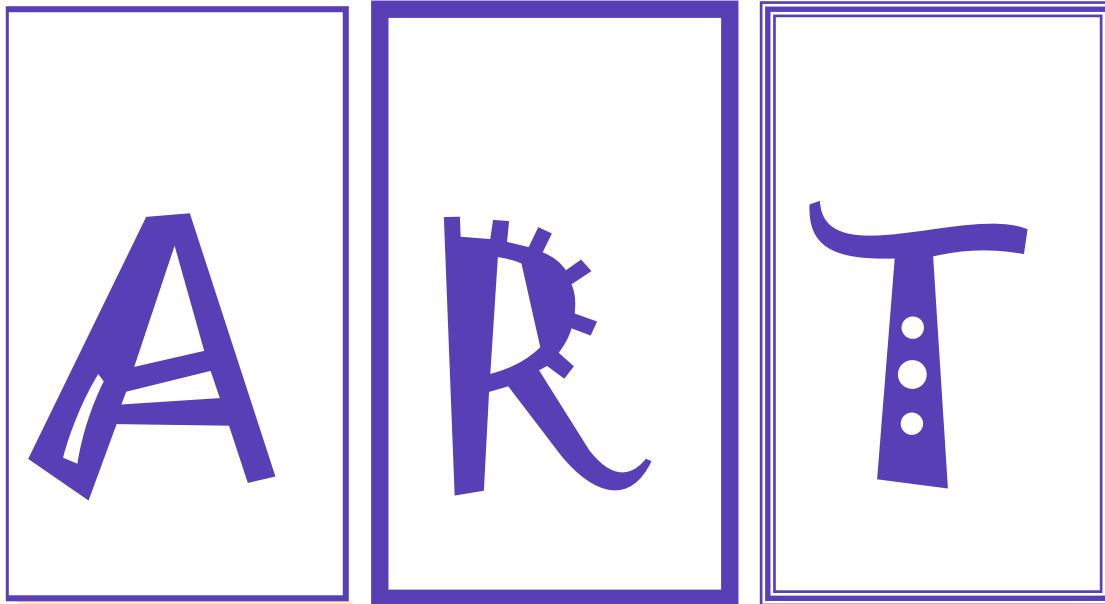
There was an early plea from the global south participants to “accentuate the positive” and there is much to be said for this statement as those of us living and working with HIV have found that maintaining a positive attitude in times of difficulty reaps rewards in terms of clinical, social and political outcomes. Rather than living in fear of a future many of us never expected to see, the can-do attitude and independence that has brought us this far will continue to guide us. As one participant in the workshop concluded, we can look forward to being “Positively Old.”

As I flew back to the US, the oil had still not been fully capped. I realized that there was no getting away from that massive oil spill. It was all related. That oil spilling into our ocean was somehow representative of the rising number of new HIV infections. We have to continue to focus on prevention and curtail the rise of new infections, or we are going to find it increasingly difficult to provide treatment for the ever growing number of people living with HIV. I thought about my first international AIDS conference experience and concluded that it was this kind of organization on a global scale, with a focus on human rights along with the brains of science and medicine that could bring us the cure. The removal of stigma, violence, and marginalization; the elimination of criminalization of homosexuality and addiction, as well as the elimination of barriers to treatment access are all obstacles that we will have to continue to fight along the way. I look forward to the next conference in Washington, DC, in 2012, and all of the progress that will be made in the meantime. 🙌

Editor's Note: This is by no means intended to be a comprehensive report on AIDS 2010. It is a personal impression of highlights of the conference. Further information is currently being published. For details and webcasts of conference proceedings, please consult: www.aids2010.org.

Craig R. Taylor is a Contributing Editor of the Being Alive Newsletter and serves as a member of the Board of Directors for Being Alive, Los Angeles.

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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 2010 will be held at 6:30pm at Being Alive on the third Mondays 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

Saturdays, Sundays, Mondays • 12:00 noon

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

Yoga

Beginning Yoga

Tuesdays, Thursdays • 3:00pm

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

Saturdays • 10:30am

Call for location.

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 Focus Group Forming 7:00–9:00pm.
Open to all who are HIV+. Facilitated by John Balma. 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.crystalmeth.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