

# OUTReach

SAN FRANCISCO AIDS FOUNDATION

**hiv health news**

**New NNRTI Approved**

On January 18<sup>th</sup>, the FDA approved etravirine, Tibotec's second-generation non-nucleoside reverse transcriptase inhibitor (NNRTI), for adults with drug-resistant HIV. Formerly known as TMC125 and now marketed as Intence, etravirine works against HIV that has developed resistance to other drugs in the class.

First-generation NNRTIs, efavirenz (Sustiva), nevirapine (Viramune), and delavirdine (Rescriptor), are limited by their low genetic barrier to resistance: a single mutation can make an individual's HIV resistant to the all three drugs. Newer NNRTIs, including the recently approved etravirine and the drug candidate rilpivirine (TMC278), were designed to sidestep the mutations that make HIV resistant to older NNRTIs—meaning that people with NNRTI-resistant HIV may once again be able to benefit from this drug class.

Advanced clinical trials also showed etravirine to be well tolerated, without the troubling mental side effects associated with efavirenz or the liver toxicities experienced by some individuals taking nevirapine at higher CD4 cell counts.

The new NNRTI hit pharmacy shelves in January and came with a wholesale price tag of \$21.80 per day.

**Updated Treatment Guidelines**

In response to reports that people who begin HIV treatment early tend to live longer, healthier lives, the U.S. Department of Health and Human Services (DHHS) has updated its *Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents*, now recommending that therapy begin when the CD4 cell count drops below 350 cells/mm<sup>3</sup>—a significant change from the previous guidelines, which advised starting treatment at 200 cells/mm<sup>3</sup>.

The updated guidelines, issued December 1<sup>st</sup>, also recommend that treatment-naïve individuals first receive the now-effective HIV resistance testing, which can identify upfront the most effective antiretroviral regimen for each individual. (Otherwise, physicians must prescribe regimens through trial and error, which may increase resistance to other antiretrovirals.) A tropism assay is advised for those considering the CCR5 antagonist maraviroc (Selzentry), and HLA-B\*5701 testing for abacavir hypersensitivity is recommended before starting a regimen containing Ziagen. For treatment-experienced individuals, the updated guidelines offer information about new antiretrovirals in two novel classes: the CCR5 antagonist maraviroc and the integrase inhibitor raltegravir (Isentress), both approved in 2007. The complete updated DHHS guidelines are available for download at [www.aidsinfo.nih.gov](http://www.aidsinfo.nih.gov).

The Foundation's treatment journal, *BETA*, is available for free. To subscribe or find a pick-up location, visit [www.sfaf.org/beta](http://www.sfaf.org/beta) or call 415-487-8060.

## New HIV Benchmarks Worldwide

**LAST NOVEMBER, STARTLING AND** conflicting statistics surfaced regarding the world prevalence and national incidence of HIV.

First, the Joint United Nations Programme on HIV/AIDS (UNAIDS) revised its estimate of the number of individuals worldwide living with HIV from 39.5 million to 33.2, an apparent 16% decrease. Later in the same month, numerous leaks of information from the U.S. Centers for Disease Control (CDC) revealed that their estimate for the annual number of new HIV infections in the United States could jump dramatically, from 40,000 to as many as 63,000, an increase of more than 50%. (The CDC report, which has not been released, is currently under extensive peer review.)

In both cases, the new statistics are the result of expanded collection and better interpretation of data.

In the developing world, home to the overwhelming majority of people living with or at risk of acquiring HIV, data is hard to obtain. Most HIV diagnoses occur inadvertently, in hospitals among women giving birth or individuals complaining of what turn out to be AIDS-related illnesses.

Even so, India and five sub-Saharan African nations, all among the hardest hit by HIV, re-



cently increased their number of testing sites, which meant they had more data to contribute. Then, when interpreting data, UNAIDS adjusted for the now apparent disparity between urban and rural rates of HIV infection.

Similarly, in the United States, new federal law requires all states

to adopt more precise names-based HIV testing. Also, a new method of blood analysis, called STAHRs, enables researchers to distinguish long-standing infections from recent ones.

As a result, UNAIDS decreased its estimate for global HIV prevalence (the number of people liv-

ing with the disease) and the CDC may increase its figure for national HIV incidence (the annual number of people newly diagnosed with it). However, the new numbers neither contradict each other nor indicate any

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## Tackling Endurance Challenges for HIV/AIDS



Three members of Team Endurance—Mike Edgehouse (center) with siblings Lori and Brian—are training together for several events including a triathlon to honor their brother, Ricky.

**MIKE EDGEHOUSE CONTACTED** the San Francisco AIDS Foundation last July with what he thought was a unique idea, but what he learned was already on the Foundation's drawing board: In honor of his oldest brother, Ricky, who died of AIDS, Mike would train for his next triathlon not only to stay in incredible shape, but to raise funds for an organization promoting HIV/AIDS awareness and prevention.

"I'd never really dealt with Ricky's death, all his and my family's suffering," Mike said. "I wanted to find a way to end such suffering while still devoting myself to the sport I loved. But no one was sponsoring an AIDS triathlon, or even willing to work with me on creating an independent fund-raising team, until I called the San Francisco AIDS Foundation."

And so was born Team Endurance, or, more accurately, Mike, his sister, Lori, his brother, Brian, and two of their closest friends. Buoyed by the support and pledges of family and colleagues, they will participate in several endurance events, including the Lake Placid Ironman in

July. The funds they raise will benefit the San Francisco AIDS Foundation. Mike hopes personally to raise \$5,000.

"My training just means so much more," Mike said, "now that I'm doing it with others who loved my brother, and who care as much as I now do about HIV."

Unbeknownst to Mike, his dream only anticipated plans well underway at the San Francisco AIDS Foundation to launch a series of new pledge events.

"We'd long been hearing from many donors and event participants that, although they loved AIDS/LifeCycle and the AIDS Walk and AIDS Marathons, they wanted to continue their training and deepen their relationship with the Foundation and each other, but with other, new challenges," explained Barbara Kimport, the Foundation's Development Director. "Some, like Mike, wanted to do triathlons. Others loved cycling, but preferred a challenge shorter in time and distance than AIDS/LifeCycle. Still others wanted to hike, backpack, kayak, roller-blade, do Pilates. We realized they weren't really

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**Service with a Smile at MAGNET**



Tim Ryan, RN, MSN, Magnet's Clinical Services Supervisor, conducts an STI (Sexually Transmitted Infection) test for one of the center's more than 4,500 annual clients. Magnet merged with the Foundation last July, and has since increased access to its services by 50%.



**Black Brothers Esteem proudly announce their second Photovoice exhibition,**

**SOUL FOOD:  
Connecting the Body, Mind and Spirit.**

**May 22nd, 6 – 9 pm**

at the Michelle O'Connor Gallery  
Blue Studio

2111 Mission at 17<sup>th</sup> Street, Fourth Floor

The exhibition will continue through June 3<sup>rd</sup>.  
Previous Photovoice project featured at

[www.sfaf.org/bbe/gallery](http://www.sfaf.org/bbe/gallery).

**Ventura Vigil: "It just never gets easier."**



**DURING AIDS/LIFECYCLE 6,** four participants kept daily blogs, which currently appear on the AIDS/LifeCycle website. Annette Flores, cyclist #5175, posted the following for Day 6 (June 8th, 2007), after the candle-light vigil on the beach in Ventura:

"Around 8:30 pm, all 2,500 riders, roadies, staff, and visiting loved ones formed a procession and walked out to the beach, just a few feet from our camp. Each person was holding a lit candle. No words were needed as we formed a huge circle on the beach.

"I remembered the times when my sister, Teresa, and I would be my brother Chris' back-up singers as he belted out songs. My favorite memory was when he took me out to my first bar. It was a gay bar and, as we stood around playing pool, a girl started chatting with me. I remember Chris coming over and gently pulling me

away and telling the girl I was unavailable. I didn't know much back then and didn't realize the girl was trying to pick me up. I remember laughing as Chris had to explain it to me. I thought she was just being nice.

"As I sat there in the sand next to my friends and family, I remembered all the times Chris was there for me and how much he meant to me...and all the times he wasn't there because he died of AIDS.

"A few tears came, but no real crying. I just sat there looking at the flame from my candle flicker around from the wind. I could hear the waves from the ocean as they came up on shore and the wind was surprisingly calm. Remotely, I could hear the soft sniffles others made as they, too, mourned the loss of their loved ones. Eventually, one by one, we stood up to take our candle to the water's edge

and dowse the flame.

"Both Chris and I loved the beach. I bent down to dowse the flame of my candle and it wouldn't go out. I laughed and, as I looked up to the sky, said, "You just don't want to go out, do you?" As I finally put out the flame, my shoes got wet in the process and I started to laugh. My friend, Kelly, was near me and she laughed as well. As she hugged me, the tears really started, and I just held on. It took a few moments to compose myself, but when I was able to talk, I said, "It just never gets easier."

I miss my brother, but by riding with ALC, by sharing stories of my brother, and becoming part of this incredible community, I feel I got a part of him back."

*To experience more of AIDS/LifeCycle 6, and to enjoy selections from the other three bloggers, visit: [www.aidslifecycle.typepad.com](http://www.aidslifecycle.typepad.com).*

**A Client's Life: Alicia**



**ALICIA, A SAN FRANCISCO AIDS**

Foundation housing subsidy client, lives with her husband and children in San Francisco's Bayview-Hunter's Point district. Diagnosed with HIV in 1996, Alicia fell into a deep depression. "I left a war in El Salvador to struggle with a different war in the United States," she said. Alicia's doctors referred her to the Foundation for mental health and social service support. Since then, she has remained an active member of the Latino support group, El Grupo. She became a housing subsidy client in 1998.

Originally funded in 1996 through the Ryan White CARE Act (RWCA), the housing subsidies provided temporary homes for individuals dying of AIDS. However, thanks to protease inhibitors and better treatment techniques, many of the subsidy clients are living longer, including Alicia. Some of them have received assistance for 12 years.

Five years ago, Congress proposed a two-year cap on use of the subsidy program. Advocates, including the San Francisco AIDS Foundation, fought to stave off action until a new solution could be found.

"Most of our clients are still disabled," said Gerardo Ramos, Director of Client Services at the Foundation. "Many may never return to a normal life. Without the subsidies, we would have to put them on the streets."

Both Alicia and her husband are disabled, and she has been

unable to work since 1997. Her medication caused diarrhea, headaches, and vomiting. In fact, she nearly died four times. Nonetheless, she has never shared her HIV status with her children, fearing their reactions.

"We pay bills and food, and sometimes we cannot replace items in the house," Alicia explained. "Last year we did not exchange Christmas gifts. This year I won't be able to celebrate my daughter's Quinceañera (fifteenth birthday)." Alicia admits she's contemplated suicide.

"Without the subsidy, I do not know how we could survive."

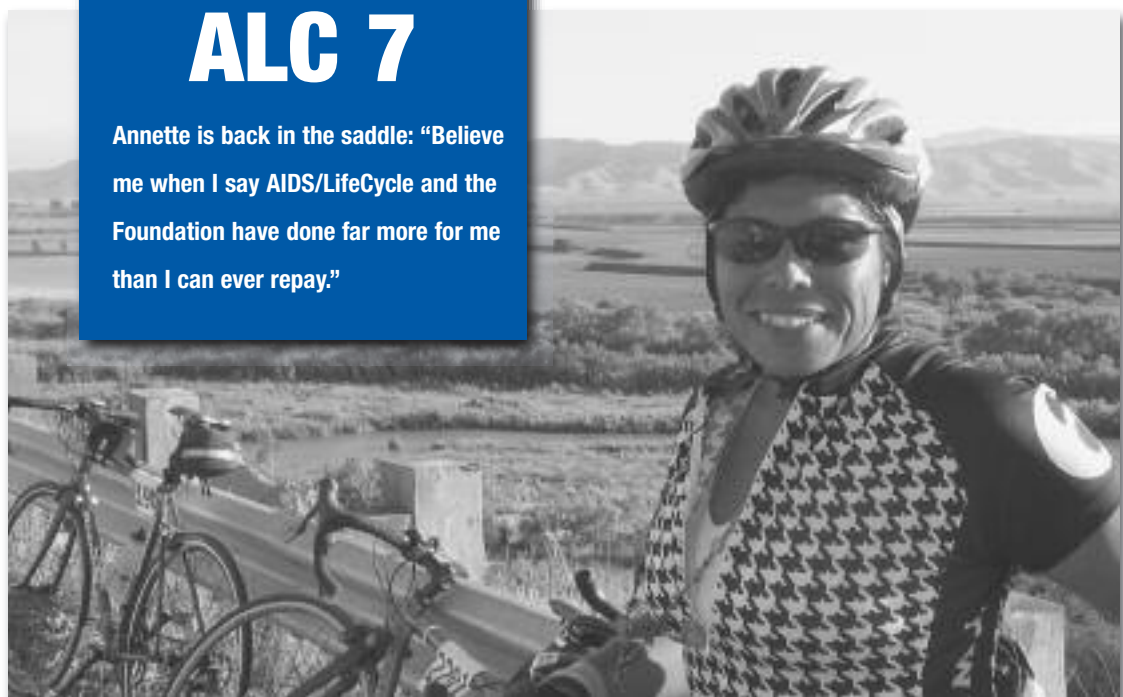
For the last six months, however, Alicia has been on a new HIV treatment that her body tolerates better. When she feels well, she volunteers at her children's school or provides peer support to other disabled people living with HIV. She now hopes to return to the workforce and begin living independently again.

Alicia will remain forever grateful to the donors and employees of the San Francisco AIDS Foundation. "On behalf of my children, I want to express my thanks for helping my family, for giving us the opportunity to live, for making us feel that we are worth it."

In November 2007, the city of San Francisco shifted subsidy funds from RWCA to San Francisco's general fund. The San Francisco AIDS Foundation's subsidy program may now maintain long-term housing for its 400 clients.

**ALC 7**

Annette is back in the saddle: "Believe me when I say AIDS/LifeCycle and the Foundation have done far more for me than I can ever repay."



policy watch

# A National AIDS Policy, Finally?

**WHEN THE UNITED STATES** helps other countries address their HIV/AIDS epidemics, we require that the country's government develops a national strategy that provides a roadmap for effective delivery of services and steadily improved results. Despite this requirement, however, the U.S. has never had a comprehensive national AIDS strategy of its own, even though our government committed to having one when it signed the United Nations General Assembly Special Session Declaration of Commitment on HIV/AIDS in 2001.

This is in spite of the fact that our HIV epidemic is far from over. HIV/AIDS remains one of the most significant public health issues in the US, a disease that exploits inequities in our society and reveals many of the complex challenges facing our health care system. Over a million people in the US are now living with HIV/AIDS, and over half a million have died since the beginning of the epidemic. Moreover, it is estimated that half of the people living with HIV/AIDS in the richest country in the world are not receiving lifesaving care. Many people are diagnosed with HIV late in the course of disease, losing the benefit of early treat-

ment. Nearly four out of 10 people who tested HIV-positive in 2004 received a diagnosis of AIDS fewer than 12 months later. And troublingly, the US epidemic is characterized by severe racial disparities. African Americans represent 13% of the US population but nearly half of all new HIV infections.

This data points to the fact that the United States epidemic demands a more effective, strategic approach to reducing the number of new infections and extending the lives of people living with HIV/AIDS. Many federal HIV/AIDS programs have proven highly effective. Nonetheless, the US response to HIV/AIDS is a patchwork of uncoordinated programs. Numerous government and private studies have pointed to the need for better planning of HIV/AIDS policy and programming. In 2004, the Institute of Medicine determined that fragmentation of insurance coverage, and differing eligibility requirements and services across states is prohibitive to ensuring comprehensive and sustained access to quality HIV care in the US. And in 2007, a federal government rating system determined that the US Centers for Disease Con-

trol and Prevention domestic HIV prevention efforts are not performing and results are not demonstrated.

Recognizing this, a group of more than one hundred organizations from across the United States, including the San Francisco AIDS Foundation, have come together to form the National AIDS Strategy campaign, calling for the next President to commit to ending the AIDS epidemic in America. We have requested that every Presidential candidate commit to developing a results-oriented national AIDS strategy designed to significantly reduce HIV infection rates, ensure access to care and treatment for those who are infected, and eliminate racial disparities.

So far the campaign has had some great successes with all of the leading Democratic Presidential candidates, as well as Republican candidate, Mike Huckabee, releasing their own HIV/AIDS plans (which can be found at [www.nationalaidsstrategy.org/](http://www.nationalaidsstrategy.org/)).

The effort will continue beyond the presidential election, so stay tuned and get involved. Please check the SFAF website ([www.sfaf.org](http://www.sfaf.org)) which has a link to the National AIDS Strategy website.

	
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**commentary** Mark Cloutier, Chief Executive Officer



*"...interventions like these are most useful when we can confirm their validity through research..."*

## Shaping HIV Research

**WITH RECENT RESULTS FROM** vaccine and microbicide trials, revisions to global surveillance data and newly approved antiretroviral drugs, HIV research is back in the headlines. As we endeavor to understand, translate, and disseminate emerging HIV/AIDS research, the San Francisco AIDS Foundation occupies a unique nexus among our clients, the San Francisco community, researchers, and policymakers.

Occasionally, the Foundation must not only interpret research data, but protect the public from hasty conclusions. For example, *The New York Times* recently reported on a study conducted at the University of California, San Francisco, which found a higher-than-average rate of the drug-resistant staff infection MRSA (methicillin-resistant *Staphylococcus aureus*) among men who have sex with men in and around San Francisco's Castro district, even implying that MRSA was sexually transmitted.

Almost immediately, other media sensationalized "a new gay disease." Not surprisingly, the news coverage caused fear and even anger in San Francisco, and raised anxiety for many of our clients.

The Foundation issued a press release explaining that MRSA has been present in the population for 15 years. A serious infection, MRSA does cause 19,000 deaths annually, but these are primarily among elderly hospital patients. The bottom line? MRSA transmission can normally be prevented with simple soap and water. Two days later, the Foundation hosted a public conversation about MRSA at Magnet, the Foundation's health and community center in the Castro; and joined with other local organizations to sponsor a follow-up forum two weeks later. By then, the University had apologized for its misleading report, and the *Times* went so far as retracting its article.

Sometimes the Foundation needs to remind the government of the importance of research, too. Through our federal policy efforts, we have consistently challenged the Congressional ban on federal funding for needle exchange. Until just last December, even dollars raised locally in Washington, D.C., were prohibited from going towards providing clean needles there, despite the city's alarming rate of HIV prevalence, 5% of the city's total population, the highest by far of any city in the nation. Like a stinging gadfly, the

San Francisco AIDS Foundation reminds lawmakers that scientific evidence, not ideology, should guide their legislation.

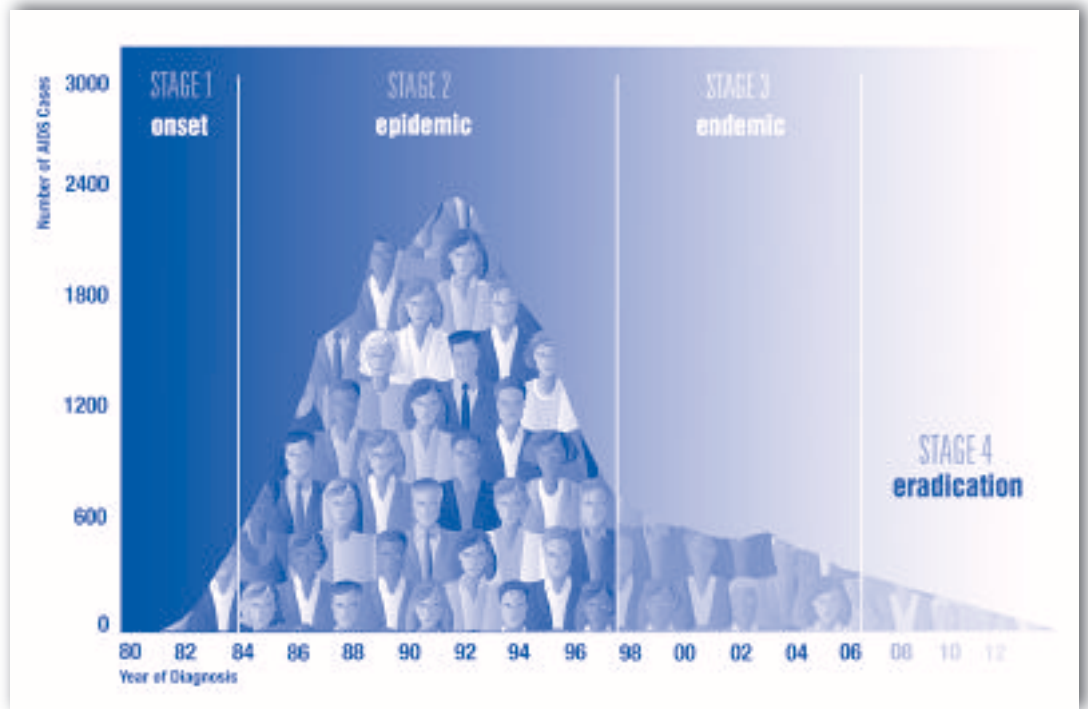
More recently, the Foundation has focused on the role of evidence in evaluating programs, and how valid and reliable that evidence might be for replicating our strategies in other organizations and communities. Several of our community programs, including Magnet, Black Brothers Esteem, the Speed Project, and Stonewall, compliment their focus on HIV prevention and treatment with an emphasis on promoting health. If we enable individuals to connect with their desires for a hopeful, meaningful future shared with friends, partners, neighbors and families, we know they are far more likely to make smarter choices surrounding drug use and HIV risk behaviors.

Of course, interventions like these are most useful when we can confirm their validity through research; evidence of their effectiveness helps us document our progress against HIV and work to replicate the programs elsewhere. But because of their focus on community wellness, such programs don't lend themselves to randomized controlled trials, the current gold-standard of HIV/AIDS research. Our innovative programs require new means of evaluation.

That's why the Foundation has spearheaded a series of national discussions about the various types and quality of research that may be used as valid evidence for replication of programs and services. We hope to identify criteria that, while still rigorous, incorporate the lived experiences of individuals and communities affected by HIV/AIDS. Simultaneously, we're partnering with San Francisco State University to collect from our programs precisely that kind of meaningful evidence, specifically in 13 broad domains including social support networks, substance abuse, life stability, and spirituality.

At the San Francisco AIDS Foundation, we believe the effort to use research to establish a solid base of evidence is necessary to develop robust strategies and programs to eliminate new HIV infections. We will call for more targeted HIV/AIDS research, interpret it, share it, sometimes argue with it, other times defend it, and now even shape it. We'll continue to do so until the only researchers interested in HIV are historians.

## San Francisco: Working Towards the Final Stage of the Epidemic



*While the developing world bears the brunt of the world HIV/AIDS epidemic, Stage II, San Francisco has progressed to Stage III, an endemic: a lower, constant rate of infection. The San Francisco AIDS Foundation, modeling a broad, evidenced-based approach, is refining its current strategies, pioneering new ones, all towards eradicating HIV/AIDS.*

## BENCHMARKS

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trend. They are simply more accurate than previous estimates.

"Better numbers are always good. But it is important to recognize that these numbers, while dramatic, only provide new benchmarks," said Judy Auerbach, Deputy Executive Director for Science and Public Policy at the San Francisco AIDS Foundation. "They cannot not be compared to previous figures, and so we'll have to wait several years to discern from

them any trends in either global prevalence or national incidence of HIV."

Meanwhile, other world statistics remain alarming. Treatment and prevention programs are still scarce in most of the world. Since 2003, the President's Emergency Plan for AIDS Relief (PEPFAR) has provided nearly 1.5 million people access to needed HIV medication; but for every individual who has received it, three have gone without; and another three have become newly infected.

President Bush recently pro-

posed \$30 billion for the next five years of PEPFAR. "This represents flat funding for an extremely effective program," said Mark Cloutier, the San Francisco AIDS Foundation's Chief Executive Officer. "To keep pace with HIV, we must get more people into treatment, improve effective prevention programs based on science, not ideology, and meet the needs of children orphaned by AIDS."

Thanks to the Ryan White Care Act and the federal AIDS

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THE MANY LIFE-PRESERVING ACTIVITIES OF SAN FRANCISCO AIDS FOUNDATION VOLUNTEERS

## All in a Day's Work

### Volunteers: The Backbone of San Francisco AIDS Foundation



**A MULTITUDE OF VOLUNTEERS HELPS TO** sustain the San Francisco AIDS Foundation. In 2007, more than 730 individuals donated close to 48,000 hours of their energy, expertise, and laughter.

That was equivalent to nearly 24 full-time employees, a contribution which enabled the Foundation to direct additional resources to its clients and the community, as well as towards effective AIDS policies on a city, state, national, and international level.

Volunteers assist with the Foundation's hotline, needle exchange program, office projects, community outreach, fundraising events, and many other important ways. In one weekend alone every June, for example, at least 300 volunteers wake hours before dawn in order to help produce

AIDS/LifeCycle's Orientation Day and Ride Out.

Virtually the backbone of the San Francisco AIDS Foundation, volunteers make every aspect of its life-saving work possible. As they do, most of them discover the joy of working with new friends on a great cause: preventing new HIV infections.

Anyone interested in joining this community of volunteers should contact Sergio Cano, (415) 487-8104, [scano@sfaf.org](mailto:scano@sfaf.org), or visit the Foundation's volunteer website:

[www.sfaf.org/volunteer/current.html](http://www.sfaf.org/volunteer/current.html)

Help make progressive HIV/AIDS public policy move forward with the San Francisco AIDS Foundation. Go to [www.sfaf.org/policy/han](http://www.sfaf.org/policy/han) to become a member of the HIV Advocacy Network.

### ENDURANCE EVENTS

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asking for another pledge event or two, but for a broad array of training opportunities they could undertake, a list of athletic accomplishments they would check-off throughout their lives.

"It really was an exciting idea," added Kimport. "Mike's phone call only reassured us we were on the right track."

October 18<sup>th</sup> and 19<sup>th</sup>, the Foundation will launch the new series of endurance events with the Seismic Challenge, a two-day, 200 mile cycling adventure along the San Andreas Fault, from Mendocino County to San Francisco.

"This is the perfect first event,"

said the new Director of Endurance Events, Robert Pinnix. "It builds naturally upon the model and success of AIDS/LifeCycle. We're working very hard to ensure the weekend will provide the same high quality of support, the same amazing sense of community and shared purpose. But, of course, it'll still be a ride, not a race."

Pinnix is already contemplating many other events for the endurance series after the initial two-day bicycling kick-off. One fact about Pinnix is bound to please Mike Edgehouse, though: Pinnix as well is an Ironman triathlete.

The goal of the San Francisco AIDS Foundation—preventing

new HIV infections with an emphasis on health and wellness for all—will remain at the core of all such events. "The bottom line," said Kimport, "is people want to support the many programs and services of the San Francisco AIDS Foundation, and to enable it to pioneer new ones. Individuals like Mike hope to make a difference in other people's lives—and, frankly, in their own. Now we can offer them more opportunities to do so."

For more information about next October's cycling challenge, contact 415-487-3053 or [eventinfo@sfaf.org](mailto:eventinfo@sfaf.org). To support Mike Edgehouse and Team Endurance, visit [www.active.com/donate/teamendurance](http://www.active.com/donate/teamendurance).

### BENCHMARKS

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Drug Assistance Program, half of HIV-positive Americans have access to antiretroviral medications. However, the higher CDC estimate for annual HIV incidence in the United States underscores the fact that, every year, many thousands more will need them.

"Far more important than the aggregate new number itself," said Auerbach, "is what it can tell us about who, exactly, is becoming infected. Our current statistics already indicate a frightening epidemic for African Americans, especially among men who have sex with men (MSM) and women. That's one area where, nationally, we ought to focus our immediate attention."

Under Auerbach's direction,

the Foundation's next HIVision Forum on May 15<sup>th</sup> will convene national experts in San Francisco to discuss the pressing issue of HIV/AIDS in the African-American MSM community.

Unlike UNAIDS and the CDC, the San Francisco Department of Public Health has announced no significant changes in HIV/AIDS statistics, since its surveillance of infectious disease is among the best in the nation. For instance, annual incidence of HIV in San Francisco has remained fairly constant in the last five years, at nearly 1,000 new infections a year.

"We're really confronting an endemic here, which poses new and in some respects even more difficult challenges," said Cloutier. "We must refine all our strategies and pilot new ones if we are to reduce the consistent number

of new infections, and eventually eradicate HIV."

Cloutier highlighted Magnet and the Stonewall Project as laboratories for many of these new strategies. Both merged with the Foundation last June and now provide increased services to gay and bisexual men who comprise almost 90% of new HIV infections in San Francisco.

"The new UNAIDS and CDC numbers will provide a better snapshot of HIV and AIDS," said Cloutier. "We need to remember, though, that behind every number are millions of real people facing daily challenges, and too often stigma and suffering. The revised HIV/AIDS statistics should only increase our dedication to alleviate that suffering, and to create a future without HIV disease."



## "What's Going On: HIV and Black Gay Men"

THURSDAY, MAY 15, 2008

5:30 – 8:00 pm,  
reception immediately following

African American Art and Culture Complex  
762 Fulton Street, San Francisco

RSVP at [HIVision@sfaf.org](mailto:HIVision@sfaf.org) or 415.487.3073

### programs, services, opportunities

#### CLIENT SERVICES

##### SUPPORT SERVICES FOR HIV-POSITIVE PEOPLE

Financial benefits counseling, information and referrals, client advocacy, intakes and rental subsidies.

- ☎ 415-487-8000
- ☎ En Español 415-487-8004
- ☎ [www.sfaf.org](http://www.sfaf.org)

##### NEEDLE EXCHANGE

Anonymous, free needle exchange services and referrals available from the San Francisco AIDS Foundation's HIV Prevention Project.

- ☎ 415-241-5100; [www.sfaf.org/hpp](http://www.sfaf.org/hpp)

##### BETA (BULLETIN OF EXPERIMENTAL TREATMENTS FOR AIDS)

Available for free through individual subscriptions, local pick-up sites, and distribution programs at San Francisco General Hospital Ward 86 and St. Francis Memorial Hospital's HIVCare. Available in both English and Spanish.

- ☎ 415-487-8060; [www.sfaf.org/beta](http://www.sfaf.org/beta)

##### THE STONEWALL PROJECT

Harm reduction counseling and treatment program for men who have sex with men and have questions about speed use or seek help reducing their use of speed. Services available in English and Spanish.

- ☎ 415-487-3100; [www.stonewallsf.org](http://www.stonewallsf.org)

##### MAGNET

A center for gay men's health and wellness in the Castro, Magnet provides sexually transmitted infection services, including HIV testing and screening, in a social networking space for gay men.

- ☎ 415-581-1600; [www.magnetsf.org](http://www.magnetsf.org)

#### COMMUNITY PROGRAMS

##### BLACK BROTHERS ESTEEM

Weekly drop-in support groups, workshops, and retreats discuss sexual and emotional health issues of importance to African-American gay, bisexual, and same-gender-loving men.

- ☎ 415-487-8018; [www.sfaf.org/bbe](http://www.sfaf.org/bbe)

##### SPEED PROJECT

Works with gay and bisexual men who use drugs, particularly crystal meth, to help them understand the connections between substance use and their sexual, emotional, and physical well-being.

- ☎ 415-788-5433; [www.thoughtsonspeed.com](http://www.thoughtsonspeed.com)

##### EL GRUPO AND LATINO SUPPORT SERVICES

Weekly drop-in Spanish-language support group discusses managing HIV and its effect on those living with and affected by HIV. Enhanced services are also available.

- ☎ 415-487-8034; [www.sfaf.org/services/el\\_grupo.html](http://www.sfaf.org/services/el_grupo.html)

#### INFORMATION AND VOLUNTEER OPPORTUNITIES

##### CALIFORNIA AIDS HOTLINE (ENGLISH AND SPANISH)

The hotline provides HIV/AIDS information, referrals, and peer counseling. Hotline volunteers respond to calls covering a range of HIV-related issues in English and Spanish.

- ☎ 415-863-AIDS in San Francisco
- ☎ 800-367-AIDS elsewhere in California
- ☎ 415-487-8014 to volunteer
- ☎ [www.aids hotline.org](http://www.aids hotline.org)

##### HIV ADVOCACY NETWORK

Grassroots network advocacy at all levels of government for effective HIV-related policies.

- ☎ 415-487-3080; [www.sfaf.org/han](http://www.sfaf.org/han)

##### ONGOING VOLUNTEER OPPORTUNITIES

Volunteers needed for special events, phone support programs, and administrative duties.

- ☎ 415-487-8014; [www.sfaf.org/volunteer](http://www.sfaf.org/volunteer)