

Michigan HIV News

A PUBLICATION OF THE MIDWEST AIDS PREVENTION PROJECT

FALL 2002

A crisis in the schools

Sexual minority youth are targets of ridicule and abuse

Most of us can remember the social politics of high school, the pressure to fit in, the ostracizing and dehumanizing treatment if you didn't. For individuals outside of the boundaries of acceptance by appearance or behavior, the treatment can be so cruel the victims can be scarred for life emotionally and/or physically.

Sexual minority youth – gay, lesbian, transgender, bisexual and questioning (GLTBQ) teens (and those who are perceived to be) – in a culture of heterosexism and homophobia are most often the subjects of bullying and harassment because they do not fit most middle and high schools' definition of the norm. Racial minority youth who are also GLTBQ face the greatest risk.

Why is this our concern as HIV/AIDS professionals? It all ties into a relationship with risk-taking, that's why. Adolescents who feel safe being who they are or just free to question their sexual identity are less likely to take risks – with drugs and alcohol and therefore with sex.

Social alienation brings two kinds of risk; harassment and bullying that can lead to violence is one. The other is self-inflicted – risk behavior to try to conform AND drown out depression or internalized homophobia. Those adolescents who are the target of ridicule and abuse are more likely to engage in risk behaviors.

The feature story (pages 8-9) is about how Michigan is responding to the needs of sexual minority youth.

Violent reaction

The nation is past the anniversary of 9/11, but the heightened anxiety it created remains just below the surface of our collective psyche. Add to this the raging hormones of adolescence within the public school system and you have a captive population that can be a powder keg. This is where eruptions of fear and hate get acted out on "scapegoats," occasionally with violent reaction.

"Some of the most notable school shootings occurred because of anti-gay taunting and harassment," said Sean Kosofsky, Director of Policy and Victim Services for Triangle Foundation, Michigan's statewide civil rights, advocacy and anti-violence organization for gay, lesbian, bisexual and transgender (GLBT) people. "Nothing enrages young people more, and provokes violent reaction like humiliation by peers. In Paducah, Littleton and

Santana the students that erupted with violence had been harassed for being perceived as gay."

But you don't have to bring a machine gun to school to inflict irreparable damage on stigmatized members of the student body. The long-term effects of bullying and harassment have been documented in numerous national, state and local reports including *Bruised Bodies, Bruised Spirits: An Assessment of the Current Climate of Safety for Gay, Lesbian and Bisexual Youth in Southeastern Michigan Schools* (1996).

And yet, it is those who go ballistic as the result of (possibly years of) social isolation, intimidation, and bullying - who finally get our attention. "Much of the anti-gay intimidation goes undocumented by schools and law enforcement," said Kosofsky.

There has never been a more critical time to address the safety of sexual minority youth.

INSIDE

Early, widespread diagnosis of acute infection with HIV is not only possible but also feasible, according to a study published in the *Journal of the American Medical Association*. See Page 10.

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Roche and Trimeris apply for FDA approval of Fuzeon

world news

Pharmaceutical makers Roche and Trimeris have applied to the FDA for approval of their new antiretroviral drug Fuzeon. (*Wall Street Journal*, 9/18).

Fuzeon, formerly known as T-20, is the first in a new class of antiretroviral drugs called fusion inhibitors, which are designed to prevent HIV from entering cells. Fuzeon is designed for patients who have developed drug-resistant strains of the virus and is administered in combination with other antiretroviral drugs.

Roche and Trimeris have asked for a six-month priority review for Fuzeon, and said they hoped Fuzeon would be on the market in the United States by the first quarter of 2003. They also plan to apply to market in the European Union. (*Asso-*

ciated Press, 9/17).

Analysts say that a year's supply of Fuzeon will cost between \$10,000 and \$15,000 per patient, a cost that would exceed the prices of most other HIV drugs.

Although Fuzeon has not yet received FDA approval, it will be available free of charge in October to approximately 1,200 seriously ill HIV-positive people worldwide through a compassionate use program. Under the program, people with certain life-threatening conditions for which standard treatment is not working can access new medications before they receive FDA approval if their physician is enrolled in the program. About 600 U.S. patients are expected to be able to access the drug through the program. *Kaiser Daily HIV/AIDS Report* (9.18.02)

The West Nile threat

HIV/AIDS patients, people with diabetes, those undergoing chemotherapy, and steroid users are more likely to get seriously ill or die if they become infected with the West Nile virus, say health experts.

Prevention advice: Stay indoors during peak mosquito hours, wear long sleeves and pants, and use mosquito re-

pellent with DEET. *Associated Press* (09.06.02)

State officials said symptoms of West Nile include severe headaches, stiff necks, disorientation, tremors, muscle weaknesses and convulsions. People who believe they have contracted the disease can call the West Nile Virus Hotline at (888) 668-0869. *Detroit News* (9.13.02)

news briefs

■ A vaccine could be developed within five years that would provide complete protection against HIV, said AIDS researcher Dr. Robert Gallo of the University of Maryland. However, a finding that could have ramifications for HIV vaccine research, a man has contracted a second strain of HIV more than two years after initially becoming infected with the virus, according to a case study published in the September issue of the *New England Journal of Medicine*.

■ The trend of men who have sex with men (MSM) resorting to increasingly un-

safe sexual practices is becoming apparent throughout the developed world, as studies continue to highlight increases in the prevalence of STDs.

■ US allocations for International HIV/AIDS efforts continues in its volley among the House, Senate and White House, see the website for the latest details www.mihivnews.com/nation.htm.

■ The U.S.-Mexican border is a hotbed for risky sex according to reports at the U.S.-Mexico HIV/AIDS Border Conference in Tucson, Ariz. See the website www.mihivnews.com/minority.htm.

Chinese AIDS activist released from detention

China's most prominent advocate for AIDS patients, Dr. Wan Yanhai, was unexpectedly released Sept. 20 after nearly a month's detention by China's State Security apparatus. The release came after an international outcry over his arrest. *New York Times* (9.21.02)

Wan was a key figure in exposing the connection between unsafe blood collection practices and HIV infections in Henan between 1994 and 1997. Chinese officials told one of Wan's colleagues that he was detained for posting on his Web site a classified document that indicated officials in the province "were well aware of a serious HIV problem as early as 1995." *Kaiser HIV/AIDS Daily Reports*

Wan Yanhai was recognized for this work with the Award for Action on HIV/AIDS and Human Rights by U.S. and Canadian groups. Wan's wife, Su Zhaosheng, was to accept the award on his behalf. *Associated Press* (09.12.02)

PREVENTION AND CARE FOR THE HARDEST HIT

South African life insurer Metropolitan funded the search for an easier way to use condoms, to reduce the spread of HIV. The result is a new applicator, which costs just one US cent more to produce than a traditional condom. The new product, not yet being marketed, comes inside a traditional condom package. The user bends the packet, which splits open. The condom slides directly onto the penis, then the applicator pops off the condom. *BBC News* (09.06.02)

Botswana, with the highest HIV infection rate in the world, is the only southern African country to offer universal access to AIDS drugs through its public health system. People with HIV/AIDS from neighboring countries are showing up at hospitals and clinics asking to receive free drug treatment. *Financial Times (London)* (09.11.02)

Syphilis 'crisis' in Detroit

Two Detroit Health Department employees have left the department in the wake of revelations that the city is undergoing a "syphilis crisis," the AP/Boston Globe reports.

One employee was fired and another resigned, according to Loretta Davis-Satterla, director of the state health department's sexually transmitted disease division. She stated that "the changes were made to bring about an overall improvement" in syphilis eradication efforts (*AP/Boston Globe*, 9/19). Wende Berry, a city health department spokesperson, added that the personnel movements were "part of a reorganization under way for months and not a response to external pressure" (*AP/Milwaukee Journal Sentinel*, 9/19).

As of July 30, Detroit had recorded

245 new cases of the sexually transmitted disease, which can cause brain damage, heart disease, arthritis and death if left untreated. The city expects to record more than 500 cases by the end of 2002. *Kaiser Daily HIV/AIDS Report* (9.20.02)

MICHIGAN HIV/AIDS COUNCIL (MHAC) MEETING

Following much hard work over the summer by the MHAC Membership Committee, the transition workgroup and HAPIS staff, the MHAC approved the changes to the Michigan HIV/AIDS Council policies and procedures at the Sept. 5 meeting in Lansing. The framework for the revised and streamlined Council, which will commence in January 2003, is now in place.

programs & publications

programs

■ **Michigan's Drug Assistance Program (DAP):** The formulary has added new drugs, Singular, Atrovent and Ultrase MT20 as of 8/8/02. Beginning October 1, genotype testing became available to DAP clients.

■ **Prevention Opportunities for Positives (POP):** This HAPIS-MAPP venture is a pilot prevention program for HIV positive individuals. HAPIS anticipates that provisional findings will be available in early January.

■ **Prevention Case Management (PCM):** PCM is a combination of intensive risk reduction prevention counseling accompanied by referral to medical, prevention and psychosocial support services necessary to support behavioral risk reduction.

Pamela Wrenn of the Midwestern Prevention Intervention Center in Chicago spoke at the CHOW conference in September on PCM, which has been used successfully in Chicago. The key component of PCM she said is individual counseling sessions with someone skilled in client-centered counseling and knowledgeable about behavioral change theories to help clients initiate and maintain behavior change.

PCM is a very costly intervention,

with priority for those most at risk and who have multiple, complex needs. For the Michigan pilot project two agencies successfully competed for the limited funds. They will be concentrating on HIV positive individuals; and one will also target men who have sex with men (MSM) and the other, African American high-risk heterosexuals (HRH). See the web site for the announcement of these agencies. (www.mihivnews.com/michigan.htm)

publications

Michigan HIV Laws: This booklet has been revised and is at the printer. It should be available at the HAPIS office by the end of October. Call the main number (517) 241-5900 to get a copy(ies).

Strategies to Improve Client Return Rates for Receiving HIV Test Results: This document has been updated. Contact: Bob Barrie (517) 241-5934.

Transitioning Persons Living with HIV/AIDS from State Correctional to Community Based Case Management Providers: This survey analysis is available upon request. Contact: Traci Goulding (517) 241-5901.

HAPIS staff updates

Judy Weber, Manager of the Core Public Health Services Unit in HAPIS is retiring her 26-year MDCH career on October 11. She has worked in HAPIS since 1989. Much too young for the rocker, Weber will work for the Mid-Michigan District Health Department as Emergency Preparedness (Bioterrorism) Coordinator.

Jane Conklin is a new prevention consultant to HAPIS in the Community Partnerships and Prevention Unit. She started in August and does contract monitoring and quality assurance, providing support to various agencies. Most recently Conklin worked in Tucson, AZ coordinating Ryan White CARE Act Title II activities for Pima County. Conklin also brings an international perspective to the state; she did condom social marketing in Sub-Saharan Africa for Population Services International.

Amy Peterson, who has been a trainer for HAPIS since 1996, has a new position as Prevention Technical Assistance Coordinator. She holds a Masters in Public Health from Tulane University School of Public Health and Tropical Medicine.

Patrick Yankee has joined the HAPIS team as Planning and Continuous Quality Assurance Operations' Coordinator. A former executive director of HIV/AIDS Resources Center in Region 2, Yankee has over 10 years of successful experience in community planning, agency management, resource development and allocation, human resources, non-profit board development, supervision, and evaluation. "He has a long standing record of working in concert with diverse individuals and agencies to develop goals, establish programs and meet the HIV-related needs of multiple target populations," said Jane Du Frane, manager of the HIV/AIDS Continuum of Care Unit.

HIV Prevalence Estimates for Michigan

MDCH estimates that there are up to 15,500 HIV-infected persons (including those with AIDS) living in Michigan. This estimate includes all persons living in Michigan at diagnosis of HIV or AIDS, including those not reported or not yet diagnosed. It is supported by national estimates of HIV infection and rates of new AIDS diagnoses and deaths. Categorical estimates of HIV prevalence are calculated from the distribution of reported cases among each group of confidentially reported persons living with HIV or AIDS.

**TABLE 1: Characteristics of Michigan Residents Living with HIV or AIDS
as of 7/1/02**

	Estimate of HIV Prevalence ¹	Estimated Prevalence Rate ²	Reported Living with AIDS ³		Reported Living with HIV not AIDS ³	
			Number	Percent ⁴	Number	Percent ⁴
MICHIGAN TOTAL	15,500	156	5,231	100%	5,569	100%
SEX						
Male	11,940	245	4,198	80%	4,160	75%
Female	3,570	70	1,033	20%	1,409	25%
BEHAVIOR						
Male-Male Sex	8,370	N/A	2506	56%	2248	52%
Injecting Drug Use	3,260	N/A	1006	22%	897	21%
Male-Male Sex/IDU	1,090	N/A	295	7%	282	6%
Blood Products	310	N/A	90	2%	50	1%
Heterosexual	2,330	N/A	581	13%	776	18%
Perinatal	160	N/A	33	1%	96	2%
Undetermined ^{4,5}	Not Applicable		720	(14%)	1220	(22%)
AGE AT DIAGNOSIS						
0 -12 years	160	9	35	1%	114	2%
13 -19 years	310	31	44	1%	175	3%
20 -24 years	1,400	217	224	4%	708	13%
25 -29 years	2,330	356	621	12%	1048	19%
30 -34 years	3,260	461	1121	21%	1122	20%
35 -39 years	3,100	394	1142	22%	1031	19%
40 -44 years	2,330	287	958	18%	662	12%
45 -49 years	1,400	191	558	11%	368	7%
50 -54 years	780	123	312	6%	194	3%
55 -59 years	310	64	120	2%	82	1%
60 -64 years	160	42	58	1%	39	1%
65 years and over	160	13	38	1%	26	0%
Unspecified ⁴	Not Applicable		0	(0%)	0	(0%)
RACE / ETHNICITY						
White, Non-Hisp.	5,580	71	2,035	39%	1,879	35%
Black, Non-Hisp.	8,990	641	2,962	57%	3,354	62%
Hispanic	470	145	201	4%	169	3%
Asian	130	73	18	0%	12	0%
American Indian	130	243	12	0%	27	0%
Unspecified ⁴	Not Applicable		3	(0%)	128	(2%)

**TABLE 3: Michigan Residents Reported Living with HIV or AIDS:
Sex by Race by Behavior as of 7/1/02**

MALES:	White		Black		Hispanic		Other or Unknown		TOTAL	
	Count	%	Count	%	Count	%	Count	%	Count	%
Male-Male Sex	2,490	73%	2,084	46%	128	45%	52	35%	4,754	57%
Injecting Drug Use	196	6%	896	20%	58	20%	7	5%	1,157	14%
Male-Male Sex/IDU	216	6%	341	8%	14	5%	6	4%	577	7%
Blood Recipient	91	3%	26	1%	1	0%	2	1%	120	1%
Heterosexual	83	2%	272	6%	30	11%	5	3%	390	5%
Perinatal	10	0%	54	1%	2	1%	0	0%	66	1%
Undetermined	310	9%	854	19%	52	18%	78	52%	1,294	15%
Male Subtotal	3,396	(41%)	4,527	(54%)	285	(3%)	150	(2%)	8,358	100%
FEMALES:	White		Black		Hispanic		Other or Unknown		TOTAL	
	Count	%	Count	%	Count	%	Count	%	Count	%
Injecting Drug Use	131	25%	589	33%	18	21%	8	16%	746	31%
Blood Recipient	13	3%	7	0%	0	0%	0	0%	20	1%
Heterosexual	260	50%	644	36%	47	55%	16	32%	967	40%
Perinatal	11	2%	46	3%	5	6%	1	2%	63	3%
Undetermined	103	20%	503	28%	15	18%	25	50%	646	26%
Female Subtotal	518	(21%)	1,789	(73%)	85	(3%)	50	(2%)	2,442	100%
GRAND TOTAL	3,914	36%	6,316	58%	370	3%	200	2%	10,800	100%

Footnotes for Table 1

1. This estimate includes all persons living in Michigan at diagnosis of HIV or AIDS, including those not reported or not yet diagnosed. The minimum estimate given is 130 persons (which is one percent of the state total).
2. Rates are calculated per 100,000 population in 2000.
3. Includes reports that contain patient name or are otherwise unduplicated.
4. Age, sex, race, and behavior percentages are calculated excluding missing data. The percentages of total cases missing this demographic information are given in parentheses.
5. Includes persons with exposure in the health care setting in the U.S. (2) or other countries (1), and pediatric cases with probable sexual mode of transmission (2).

Figure 3: Michigan HIV Deaths, and New HIV Diagnoses, by Year

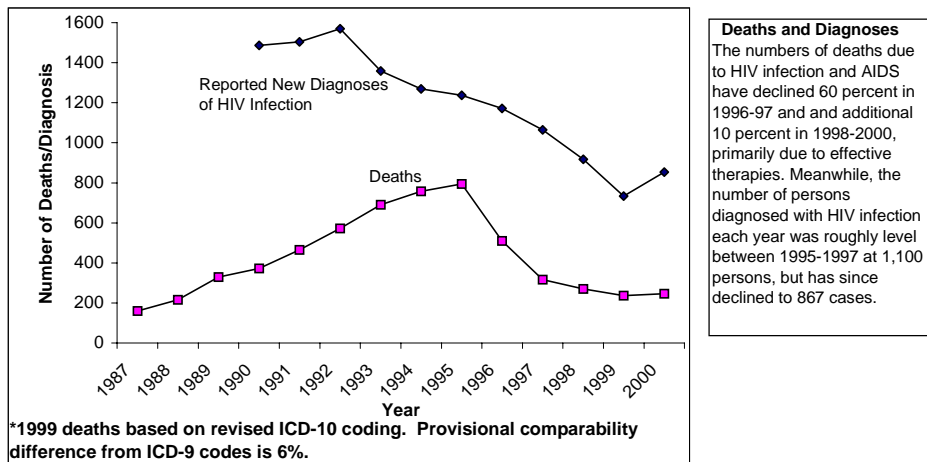
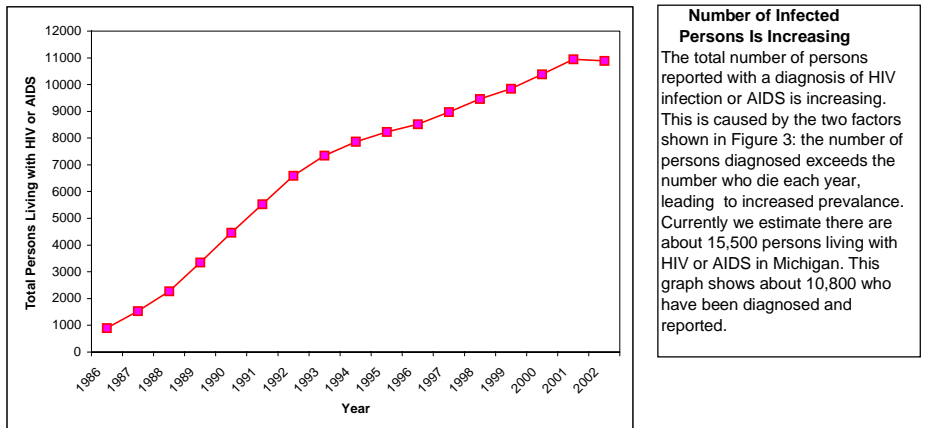


Figure 4: Reported Number of Michigan Residents Living with HIV or AIDS



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www.mihivnews.com

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Statewide Training

Schedules and/or contacts for training provided by the American Red Cross, Community Health Outreach Workers and the Wayne State University AETC are provided on the website at www.mihivnews.com/train.htm.

MAPP Training

The Midwest AIDS Prevention Project offers training (also for trainers) for a variety of programs from peer ed to GTLB sensitivity for medical professionals statewide. **Contact:** MAPP at (248) 545-1435, or visit the website www.mihivnews.com/train.htm for details.

MDCH Training

On the website you will find the complete DHAS training schedules for HIV/AIDS and STD Sections, also the MDCH Office of Drug Control Policy, Substance Abuse Prevention, HIV/AIDS Regional Training Centers Training Schedule.

Case Management Training

Participants must have already completed the five-day HIV Prevention/Test Counselor Certification training. It is necessary to attend the entire training session and satisfactorily complete the certification examination to become a MDCH-certified HIV/AIDS case manager.

Date	Location
October 28-November 1	Livonia

Case Management Recertification

All MDCH-certified HIV/AIDS case managers must attend a HAPIS-approved recertification training every two (2) years in order to retain their certification.

Date	Location
October 15	Lansing

More information on these trainings is available on the website. **Contact:** Bear Pross: (517) 241-5929 or Traci Goulding (517) 241-5906.

HAPIS HIV Prevention/Test Counselor Related Training

2002 Training Schedule

Note: HAPIS policy change. No other training curricula will be accepted as a substitute for the two-day HIV/AIDS Basic Knowledge Training.

Option 1:

Five-Day HIV Prevention/Test Counselor Training (Parts I and II)

Dates	Location
December 9-13	Detroit

Option 2:

Part I Two-Day HIV/AIDS Basic Knowledge Training (HIV Prevention/Test Counselor Training, Part I)

Dates	Location
October 1-2	Detroit
October 29-30	Lansing

Part II Three-Day HIV Prevention/Test Counselor Training

Dates	Location
October 9-11	Detroit
November 6-8	Detroit
November 13-15	Lansing

One-Day HIV/Test Counselor Update Training

Counselors who work in HAPIS funded/designated test sites are required to be updated every two years. For other options to meet update requirement, call Andrea Kelly at (517) 241-5900.

Date	Location
October 15	Lansing
November 26	Detroit

Supervisors Training: Assuring the Quality of HIV Prevention Counseling

This workshop is only open to supervisors of HIV prevention/test counselor staff. It is designed to help supervisors assure the quality of HIV counseling, testing, and referral services. **Contact:** Amy Peterson at (313) 456-4425.

Date	Location
October 22-23	Detroit

HIV Counseling and Testing Report Form Training

The HIV Counseling and Testing Report Form training is designed to ensure accurate completion of the HIV Counseling and Testing Report Form. The training is a maximum of three hours.

Contact: Sue Crandall at (517) 241-5945.
Date **Location**
 October 24 Detroit

PCRS Training

Two-Day PCRS Certification for LPH

The Counseling & Referral Services (PCRS) Certification Trainings for local health departments (LHD) familiarize staff with strategies and techniques to control the spread of HIV and other STDs. HIV prevention/test counselor certification is a prerequisite, and this course is required of all LHD counselors employed to conduct PCRS activities. **Contact:** Audrea Woodruff (313) 456-4421.

Date **Location**
 October 23-24 Detroit

Special Trainings

Addressing the Issues of Substance Use

A CDC curriculum designed to meet the needs of HIV prevention counselors who do not work in the substance abuse fields. Free to anyone certified by MDCH 5-day counselor course. **Contact:** Julie Babb (517) 241-5903.

Date **Location**
 October 17-18 *Cancelled* Detroit

Statewide Meetings

CHOW

Community Health Outreach Workers (CHOW) provides training statewide on HIV, STD and other community health information related to outreach prevention and intervention strategies. CHOW meets the second Monday of each month at 1 p.m. in locations around the state. **Contact:** (313) 963-3352.

HIV/STD and Adolescents Networking Committee

This statewide committee provides an

opportunity to network with professionals in youth serving agencies. A subcommittee plans the annual Teen Peer Education Conference. The next meeting will be held October 24, location TBA. **Contact:** Kim Kovalchik at MDE (517) 241-4292.

MHAC

The Michigan HIV/AIDS Council is a merger of the Statewide planning groups for prevention and care. The next meeting will be November 14. **Contact:** Belinda Chandler (517) 241-5926.

PLWH/A Task Force

The Persons Living with HIV/AIDS Task Force plays an active role in Michigan's community planning process. The next meeting will be November 13. **Contact:** Belinda Chandler (517) 241-5926.

Michigan Conferences

2002 STD and HIV Conference: Partnering for Better Health

November 21-22 *Novi*

This annual statewide conference will be held at the Novi Hilton. See the website for conference brochure and registration form (www.mihivnews.com/conferences.htm) or call (517) 663-5147. Deadline for early registration is November 8. Full conference fee is \$120. Make hotel reservations at (800) HILTONS. Request the "STD rate" of \$99.

National Conferences

North American AIDS Treatment Action Forum

December 8-11 *New Orleans*

NATAF 2002 is open to anyone interested in broadening their knowledge of HIV/AIDS research and treatment issues, and learning to use this knowledge to advocate on behalf of everyone living with HIV/AIDS. www.nmac.org/nataf/2002 or contact Paul Woods at: pwoods@nmac.org, (202) 483-6622.

www.mihivnews.com/calendar

Please visit our website for a more extensive listing of conferences and events, meetings and trainings.

WHERE TO CALL

HOTLINES

National AIDS & STD Hotline:
(800) 342-2437

Hours: 24 hours daily

Spanish: (800) 344-7432

Hours: 8 a.m. to 2 a.m. daily

TTY: (800) 243-7889

Hours: 10 a.m. to 10 p.m. weekdays

Michigan AIDS Hotline:

(800) 872-AIDS (2437)

Hours: 9 a.m. to 5 p.m. weekdays

Teen Hotline (Red Cross):

(800) 440-TEEN (8336)

Hours: 6 p.m. to midnight Fri.-Sat.

Hotline for Women:

(800) 554-4876

Hours: 2 p.m. to 9 p.m. Monday, Wednesday, Friday

National HIV/AIDS Treatment Hotline:

(800) 822-7422

Hours: 9 a.m. to 5 p.m. weekdays, 1 p.m. to 7 p.m. Saturday

Confidential treatment information by phone call provided by Project Inform. Volunteer operators (most are PLWH/As) can answer questions on HIV treatments and related diseases.

INFORMATION

National Prevention Information

Network: (800) 458-5231

Expanded resource center, contracted by CDC, includes STDs and TB.

Clinical consultation:

(800) 933-3413

The Health Resources and Services Administration provides consultation for health care professionals.

Clinical trials:

(800) TRIALS-A (874-2572)

“I want to thank the Michigan Department of Education in their advocacy for safe schools for all of their students. As a physician who takes care of adolescents, I have witnessed the consequences of harassment of sexual minority youth at our schools including depression, suicidal behavior, school drop out, drug and alcohol use, and sexual risk taking. This resource guide and training will save the lives and futures of many of our marginalized youth.”

— Kathryn Wright, DO, Medical Director
Horizons Project, Adolescent HIV Program, Children’s Hospital of Michigan

Safeguards for sexual minority youth

Michigan group combats harassment and bullying in schools

Professionals in Michigan responsible for youth are starting to recognize the need to address harassment and bullying in the schools. “Many educators and administrators in school districts throughout Michigan have requested information and technical assistance to help them create school environments that are physically and emotionally safe for all students including sexual minority students,” said Laurie Bechhofer, of the Michigan Department of Education’s (MDE) Learning Support Unit.

MDE has taken a stand by including sexual orientation in the state’s recommended Student Code of Conduct on bullying, harassment and intimidation. According to the *Michigan Department of Education Model Student Code of Conduct* (2001), bullying harassment, or intimidation includes, but it is not limited to, such a gesture written OR verbal, or physical act, that is reasonably perceived as being motivated by a student’s religion, race, color, national origin, age, sex, **sexual orientation**, disability, height, weight, socioeconomic status, or by any other distinguishing characteristic.

House Bill 4746, bipartisan legislation proposed in May and referred to the Committee on Education, is designed to combat harassment and bullying in Michigan’s

public schools. The legislation would mandate that all local school districts develop a policy for identifying, deterring and dealing with bullying in public schools. The bill provides guidelines and definitions to help school districts avoid liability and keep all youth safe while in school.

In recent years, several groups independently around our state have developed resources to address the issues of Sexual Minority Youth in the schools. Several years ago, Calhoun Intermediate School District (ISD) developed a resource guide on Sexual Minority Youth and began training its teachers.

“Once upon a time we began a youth group for kids who were (GLTBQ) in the Kalamazoo area and we realized in listening to what kids were saying in the support group that they were not getting any support at all. In fact, in many cases, they were being hurt by the school environment, or by counselors, teachers or administrators - by what they would say or fail to do. So we decided to come up with a training,” said Bob Higgins, Calhoun ISD.

Some of this proactive group at the Calhoun ISD had already been through the Gay, Lesbian and Straight Education Network (GLSEN) training. So they used material from this and other sources that they “begged, borrowed and stole” to come up with a one-day training for their district.

Word got out about the training and when they repeated it two years later, rep-

resentatives from the Michigan Department of Education came to observe. MDE then found the funding to develop a resource guide and a one-day training that could be used around the state.

About the same time the Midwest AIDS Prevention Project (MAPP) developed the **Virtual Online Interactive Curriculum for EducatorS or VOICES** (www.voicesproject.org/intro/welome.html). This free on-line training helps educators provide a safe and secure school environment for their GLTBQ students. The training includes information about physical and mental health issues affecting GLBTQ youth, including HIV/AIDS and other sexually transmitted infections, substance abuse, depression and suicide.

Bechhofer knew of the various efforts around the state and saw a need for statewide collaboration on this issue; so she pulled together a meeting of the key players. By the summer of 2001 a workgroup emerged called the Safe Schools for Sexual Minority Youth (SMY) Workgroup. The group is represented by the American Civil Liberties Union (ACLU) of Michigan, several school districts, the Michigan PTA, gay and lesbian groups around the state – including PFLAG (Parents For Lesbians And Gay youth), MDE, two state universities and MAPP. Its members include teachers, health educators, counselors, parents and

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Safeguards for sexual minority youth

Michigan group combats harrassment and bullying in schools

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legal professionals.

“School health coordinators at Michigan PTA and the Calhoun ISD (Intermediate School District) took the lead on the (SMY) project,” said Bechhofer. Bob Higgins and Holly White, both with the Calhoun ISD, are the project managers.

Calhoun ISD shared their materials with the group and this sprouted ideas for projects that the other agencies could do, such as a poster, web site, and resource card. The SMY Workgroup “just blossomed” said Higgins. “People have been so willing to be helpful, to donate their time, money, resources just to help out.” There are 18 active members, according to Higgins.

The same summer that the Workgroup first met, the ACLU of Michigan, along with GLSEN of Detroit published a document, *What Schools Need to Know*, which addressed the responsibilities of all school personnel to protect GLTB students.

The Safe Schools for SMY Workgroup further developed the Calhoun ISD resource guide to produce, *A Silent Crisis: Creating Safe Schools for Sexual Minority Youth*, a guide to policy and procedures around anti-violence and anti-bullying, and corresponding posters for schools.* The development of the resource guide involved technical assistance from the National Network for Youth and the American Psychological Association. The guide has already been updated.

In collaboration with the Workgroup, MAPP also developed a new website www.michiganrainbowyouth.org to serve as a resource for GLTBQ adolescents and their parents.

The workgroup has provided awareness sessions for school district regional coordinators and developed a one-day training for school staff.

So far the group has done two regional trainings, in the Lansing area and Macomb County said Higgins. And at the time of the interview, two more were scheduled for early fall, one in the Ottawa ISD (Grand

The Safe Schools for SMY Workgroup

- Affirmations
- ACLU of Michigan
- Calhoun Intermediate School District
- Central Michigan University
- Eastern Michigan University
- Eaton Intermediate School District
- Ferndale Public Schools
- GLSEN-Detroit
- Macomb Intermediate School District
- Michigan Department of Education
- Michigan PTA
- Midwest AIDS Prevention Project
- PFLAG-Detroit
- Triangle Foundation

Haven) and the other in Wayne County.

There is also the possibility they will do trainings in Mt. Pleasant and Ste. Marie. This will be a collaborative effort between the two ISDs, the local school districts, and the Inter Tribal Council.

Another collaboration that has grown out of the SMY Workgroup is between the Calhoun Co trainers and Kathleen Russell at the Eastern Michigan University LGBT Resource Center. Higgins and White will come to Eastern to facilitate a training then Russell will help Higgins and White train students and staff at Northern Michigan University.

An interesting program that Russell is currently working on at Eastern is Project Yes (Youth, Equality and Safety). She is working with five non-profits in southeastern Michigan to build a continuation of care model for LGBT youth. It will include “health education workgroups to runaway shelter to residential care,” said Russell. Project YES is currently targeting out of school youth.

Higgins shared ideas the SMY Workgroup has for expanding this project into the coming year. They will be looking into teacher education programs and administrator education programs at state universities, trying to get the schools to start incorporating some of this informa-

tion for their students.

“We’d like to broach that subject with the universities. Along with Eastern and Northern Universities, Western, Central, Michigan State and University of Michigan all have teacher training programs,” said Higgins.

This fall, Calhoun ISD will travel to Eastern “to work with us on structuring K-12 interventions with our college of education,” said Russell. According to her, Eastern has the largest college of education in the Midwest, and trains more than 600 student teachers a semester.

Higgins and White are also conducting a “Silent Crisis” workshop at the National Association of Social Workers Michigan Annual Conference in Detroit in September. This conference is attended by school social workers.

Some members of the SMY Workgroup are holding discussions with law firms representing school districts. This group is so cutting-edge; they are being invited to share their ideas and resources with other states.

“It is not a concern that is just happening in Michigan,” said Barb Flis, Michigan PTSA (Parent, Teacher and Student Association). “Bullying and harassment are issues that are coming up across the country. There is even more concern for a child who is gay or lesbian or who is perceived as gay and lesbian.” Flis, a member of the SMY Workgroup, has also provided training, for parent groups. She presented a “Silent Crisis” workshop at the Michigan PTSA conference in May.

To order *A Silent Crisis: Creating Safe Schools for Sexual Minority Youth*, call Central Michigan University at (800) 214-8961 or email emc@cmich.edu. To order posters, call MAPP (248) 545-1435. For more information on the training, contact Bob Higgins, (616) 789-2415; or Holly White, (616) 789-2434. If you would like a presentation for your local PTSA, contact Barb Flis, (248) 349-5477.

Identifying the newly infected

Early, widespread diagnosis of acute infection with HIV is not only possible but also feasible — by pooling blood samples from people being screened for HIV and conducting nucleic acid (polymerase chain reaction) tests on those grouped specimens, a study published in the July 10 issue of *Journal of the American Medical Association* shows. Nucleic acid screening of pooled blood can boost the total number of people diagnosed by about 10 percent, said study head Dr. Christopher D. Pilcher, assistant professor of medicine at University of North Carolina School of Medicine.

“The acute stage of infection is almost never diagnosed in clinical practice and is

always missed by routine antibody tests,” said Pilcher. “So without this type of testing, we miss the time when we know that people have by far the most virus in their blood and are... most infectious.” *AIDS Weekly* (08.05.02)

The risk of secondary HIV transmission is another reason to catch individuals early in their infection with testing. One group of researchers studied the risk behavior of men who have sex with men (MSM) seroconverters from the HIVNET Vaccine Preparedness study cohort.

“Our results indicated that to reduce the risk of secondary HIV transmission during the early seroconversion period, enhanced efforts are required both to iden-

tify newly infected individuals as early as possible, and to provide risk-reduction counseling more effectively throughout at least the first year after infection.

“We found some evidence that individuals with symptoms consistent with HIV seroconversion may be at higher risk of secondary transmission. If real, this association would suggest that providers should have heightened sensitivity not only to testing high-risk individuals presenting with non-specific viral symptoms, but also providing risk-reduction counseling both for HIV acquisition and transmission during the pre-testing counseling session,” the researchers concluded. *AIDS* (07.26.02)

world issues

JUST ONE DOSE

Researchers reported at the 14th International AIDS Conference in Barcelona this summer that a simple and inexpensive drug given just once after birth would protect many infants from HIV infection. Babies given a single dose of nevirapine within 24 hours after birth were no more likely to become infected with HIV than those given AZT for the first six weeks of life. But while one dose of nevirapine costs 75 cents, a six-week course of AZT costs about \$40. *New York Times* (07.14.02)

BENEFITS OF MOTHER'S MILK

Mother's milk contains cells that are capable of suppressing HIV infection, researchers in the United States and Africa report. “Breast-feeding infants of human immunodeficiency virus (HIV)-infected women ingest large amounts of HIV, but most escape infection,” explained one of the researchers. HIV-specific cytotoxic T lymphocytes (CTLs) are present in milk from infected mothers, and may help control vertical transmission of the virus, Sabbaj and coauthors found. *AIDS Weekly* (08.05.02)

DIAPHRAGM AS ALTERNATIVE

A study of Zimbabwean women who were unable to persuade their male partners to use condoms consistently has found that 98 percent of the women used the diaphragm as an alternative method of contraception and disease prevention, University of California-San Francisco researchers reported at the 14th International AIDS Conference.

“The cervix appears to be a ‘hot spot’ in terms of susceptibility to HIV. It is also very thin and fragile and has more cells with HIV-specific receptor sites than the vagina,” said principal investigator Nancy Padian, PhD, UCSF professor of obstetrics, gynecology and reproductive services and director of international programs at UCSF's AIDS Research Institute.

Data from observational studies show that protecting the cervix protects against bacterial STDs that can facilitate HIV transmission. And because diaphragms can be used as vehicles to hold spermicides, they may thus increase the effectiveness of new microbicides to prevent HIV transmission, Padian said. *AIDS Weekly* (08.05.02)

GATES FOUNDATION GRANTS

This research at UCSF on diaphragms is one of three programs that will receive funding from the Bill and Melinda Gates Foundation. In August the Foundation announced nearly \$46 million in grants that will combine new uses of existing tools and procedures with the development of new products that may offer new approaches to both HIV prevention and contraception. Each of the newly announced grants “parallel” the recommendations the Global HIV Prevention Working Group issued in its July 2002 report.

In addition to UCSF, the Eastern Virginia Medical School's Contraceptive Research and Development (CONRAD) Program will receive a grant to research microbicides that are effective both as contraceptives and as a method of preventing the spread of HIV and other STDs. Columbia University's Mailman School of Public Health's grant will support an ongoing study in Uganda examining adult male circumcision as a way to decrease HIV transmission risk. *Kaisernet.org Daily HIV/AIDS Report* (08.29.02)

Psychosocial risk factors

In a household-based CDC study of 2,881 men who have sex with men (MSM) in four U.S. cities, the rate of HIV infection and high-risk sex were much higher when psychosocial problems were present. The percentage of men reporting high-risk sex increased steadily from 7.1 percent among men with no health problems to 33.3 percent of those with psychosocial problems, according to Ron Stall, PhD, MPH, chief of the behavioral inter-

“A CLUE TO WHY GAYS PLAY RUSSIAN ROULETTE WITH HIV”
Don't miss this incisive New York Times (9.24.02) article. Find a link at www.mihivnews.com/r-prevention.htm

ventions and research branch at the CDC. The most common psychosocial problems were multiple drug use, partner violence, a history of childhood sexual abuse, and depression. In men who reported no psychosocial health problems, 13 percent indicated they were HIV-infected compared to 25 percent of those with all four health problems.

“The more of these other problems [that] gay and bisexual men reported, the more likely they were to have high-risk sex or to be infected already. These findings help point us toward the kind of sophisticated prevention programs that are needed — ones that

incorporate a more comprehensive approach to gay men's health, addressing the multiple health and social issues influencing HIV risk,” said Stall. *STD Advisor* (7.01.02)

Emory University investigators reported at the 14th International AIDS Conference in Barcelona that lower amounts of social capital - trust, reciprocity and cooperation among community members working together to achieve common goals - were associated with higher rates of AIDS and other STDs, as well as higher rates of risky adolescent sexual behaviors.

“Although the amount of social capital in a particular society previously has been correlated with violence and mortality, its relationship to infectious diseases has received little attention,” said David Holtgrave, PhD, professor of behavioral science and health education at Emory's Rollins School of Public Health. “In making that connection for the first time, we found that social capital is a very good predictor of infectious diseases, as well as a predictor of adolescent risk for these diseases.” *TB & Outbreaks Week* (08.06.02)

Behavioral risk factors

The data from a San Francisco study highlight a significant relationship between Viagra use and sexual risk behaviors, drug use and new STDs among a sample of gay or bisexual men in men seeking public STD services.

“It is incumbent on the manufacturer of Viagra and prevention health educators to inform gay or bisexual men of the risks of Viagra use taken outside of medical supervision, and to work with medical providers to ensure risk-reduction counseling along with the safe and proper use of this valuable drug,” the authors concluded. *AIDS* (07.05.02)

A 10-year study in a STD and HIV testing clinic in Madrid, followed an open

cohort of heterosexual HIV-serodiscordant couples to evaluate the risk of transmission ascribed to unprotected orogenital intercourse. Participants were individuals who were initially seronegative for HIV and whose heterosexual steady partner had had a diagnosis of HIV infection confirmed.

While a number of women presented with vaginal infections, the 135 individuals, “who had had over 19,000 unprotected orogenital contacts with their HIV-infected partner,” presented without a single case of seroconversion to HIV. According to the authors, “this seems to point to a very low probability of HIV transmission related to this practice, when other risk exposures are excluded.” *AIDS* (06.14.02)

A prevention program that works

A group of Albuquerque gay men ages 18 to 28 reported a 12 percent decrease in risky sexual behavior as a result of a community-building HIV prevention intervention, according to researchers from the University of California-San Francisco Center for AIDS Prevention Studies (UCSF's CAPS).

The baseline data from the study were collected in 1996, prior to widespread use of highly active antiretroviral therapy (HAART), from young gay men recruited from gay bars and social networks and through advertising in Albuquerque, N.M., Austin, Texas, and Phoenix, Ariz. They were surveyed independently of the intervention in 1996 and again in 1998/1999 with additional men recruited for the follow-up survey. Unprotected anal intercourse (UAI) with a nonprimary partner was the measure for risky sexual behavior. In 1996, 28 percent of young gay men in Albuquerque, 23 percent in Austin and 25 percent in Phoenix reported UAI.

A peer-led, community-level, HIV prevention intervention was implemented in Albuquerque for 12 months in 1997-98. Its components were a young gay men's community center; informal outreach conducted among friends; formal outreach conducted at gay venues and social events; small peer-led groups that teach safer sex through discussions about dating and relationships and that encourage participants to assist in community building; and a small publicity campaign about the project. *AIDS Weekly* (08.05.02)

Care research

Edited from summaries provided by the CDC

“Durability and Predictors of Success of Highly Active Antiretroviral Therapy for Ambulatory HIV-Infected Patients”
AIDS (08.16.02) Vol. 16; No. 12: P. 1617-1626

The benefits of highly active antiretroviral therapy (HAART) in the treatment of HIV infection have been well described, including viral suppression, CD4 lymphocyte repletion and durable reductions in opportunistic infections and death. However, the durability of the effectiveness of HAART remains to be delineated. Factors that limit the success of HAART include poor therapy adherence, therapy complexity, and co-morbid conditions. In this report, the authors describe correlates of HAART efficacy over time among HIV-infected patients in the HIV Outpatient Study (HOPS).

After a lengthy discussion of implications and questions raised by this study, the authors stressed their findings as ones that show that sequential HAART regimens were of progressively shorter duration, demonstrated less viral suppression and CD4 cell count benefit, yet low morbidity and mortality rates were sustained.

In conclusion, the authors stated that

patients clearly derive progressively less benefit from successive and increasingly more complex and more difficult to tolerate HAART regimens.

“Antiretroviral Therapy in HIV-Infected Children Can Stop Neurological Damage”

Virus Weekly (08.27.02)

Treating HIV-infected children with antiretroviral therapy can stop and potentially even reverse neurological damage caused by the virus, doctors from the University of Texas Southwestern Medical Center report in *Journal of Pediatrics* (2002;141(1);36-44). Neurological symptoms are often one of the first signs HIV has progressed to AIDS in children.

“This study proves that HIV infects the central nervous system of children, causing severe neurological problems,” Ramilo said. “The study underscores the importance of using antiretroviral agents which are active in the central nervous system for treatment of children infected with HIV,” he said. “You can see the difference in kids treated with antiretroviral therapy. They lead almost normal lives. They do much better.”

“High CSF Viral Loads Presage Neurological Impairment”

AIDS Weekly (08.26.02)

Health care workers should monitor brain and spinal viral loads in HIV patients, according to research published in *Archives of Neurology* (2002;59[6]923-928). “If cerebrospinal fluid (CSF) human immunodeficiency virus (HIV) RNA levels are elevated before the development of neuropsychological (NP) impairment, such observation would support prospective monitoring of CSF HIV RNA levels as well as therapeutic interventions designed to lower CSF HIV levels,” according to Dr. Ronald J. Ellis and colleagues at the University of California-San Diego, San Diego State University, and the San Diego Veterans Affairs Healthcare System.

The researchers found evidence that high CSF viral loads do indeed presage HIV-induced neurodegeneration. No other factor predicted NP decline as well as CSF HIV levels.

Above summaries were edited from the CDC HIV/STD/TB Prevention News Update. The full summaries can be found in the Medical News Archives www.mihivnews.com/medical.htm.



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December 1**

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for the latest world news and
statistics. See the calendar for
events planning.

Job Postings

Midwest AIDS Prevention Project (MAPP) has 2 full-time education/outreach positions. Applicants should possess basic HIV knowledge and have some computer skills. Training will be provided. Those interested should be motivated self-starters with strong administrative skills and be comfortable working in diverse environments. Must have own reliable transportation. Full benefits package. Mail resume to MAPP Personnel, 429 Livernois St., Ferndale, MI, 48220 or fax to (248) 545-3313.

MAPP is assisting a local agency in immediately hiring a half-time HIV/AIDS education and health outreach worker. Program is targeting Arabic and Muslim men in diverse environments. The position is based in Dearborn and will involve flexible hours. Training provided. Own reliable transportation required. Resumes should be sent to MAPP Personnel at 429 Livernois St., Ferndale, MI, 48220. Call the MAPP office for more information (248) 545-1435.