

Michigan HIV News



FALL 2003

INSIDE

This special World AIDS Day edition focuses on Care. Read all about the DHAS Continuum of Care Unit and meet the staff on page 3.

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One Corner of the World

Mozambique is one of the twelve African countries selected by the Bush Administration for the targeted (\$15 billion) AIDS funding, due to their high rate of AIDS. No one has seen the money yet and in recent months there has been much controversy over this funding. One argument is that there isn't the infrastructure in Mozambique to effectively provide care. (Washington Post 10.3.03)

In the Winter 2002 issue, Michigan HIV News reported on the work of Jonathan Cohn, MD, Assistant Professor of Medicine at Wayne State University, who went to Mozambique for HRSA (Health Resources Services Administration) to lay the groundwork for AIDS care in one of the poorest countries on the continent.

The plight of sub-Saharan Africans half way around the world is beyond our scope. As we arrive at another World AIDS Day with a deluge of good,

bad and confusing news globally, this issue will take a closer look at one small corner of the world, and the efforts of one Michigan doctor and his wife doing their part to effect positive change.

It's not as if he has a lot of free time to do this. Jonathan Cohn, MD not only heads the Title IV program at Detroit Medical Center, he is also the director of the new Midwest AIDS Training and Education Center – Michigan at Wayne State University for HRSA, as well as some MDCH HIV/AIDS prevention grants. Dr. Cohn has cut back on his clinical load and some administrative duties in order to work in sub-Saharan countries, primarily in Mozambique.

As you read this article, Dr. Cohn will be there working with his wife Jeanne Raisler, a nurse midwife at the U of M, continuing their work providing consulting and training to help develop HIV treatment services and antiretroviral therapy.

See Feature on page 8-9

Why the Red Ribbon

Tin 1991, on the nationally televised Tony Awards, Jeremy Irons appeared with a red ribbon prominent on his lapel and overnight this became the symbol of AIDS recognition, compassion, and solidarity. Behind the scenes, Visual AIDS, a group of 15 artists from

the East Village art scene had worked to create a symbol of their despair as they watched the devastation of their community.

"We thought of using ribbon," says Allan Frame, one of the group members "because we'd had just gone through the Gulf War and observed that Americans

in small towns were willing to visibly express their support for soldiers by putting up yellow ribbon.

Visual AIDS decided on the simple design and the color red, vibrant and attention-



getting, the color of passion and blood.

They had contacts on Broadway; the Tony Awards were around the corner from where they met. The group made 3,000 red ribbons and delivered them to the theatre that night where the Tony's were being presented. *BBC News (11.7.03)*

From the Division Director

Just as the feature story for this issue focuses on one of the poorest nations of Africa, I would like to talk about how Michigan is addressing one of its communities most in need.

Governor Jennifer Granholm appointed a Task Force as a response to the civil unrest that occurred on the streets of Benton Harbor earlier this year. In order to take a holistic approach to addressing the community problems in Benton Harbor the Task Force consisted of issue specific workgroups. At the request of State Surgeon General Kimberly Dawn Wisdom, I joined the Health Awareness and Improvement Workgroup.

This Workgroup is comprised of residents of Benton Harbor, as well as representatives from several health service agencies. The community representatives of the Workgroup took an active leadership and participatory role in the Workgroup's process and the healthcare agencies partnered with consultative and other supportive assistance.

The role of the Workgroup was to learn what were the important health issues according to the people who live in Benton Harbor. In order to determine the top health priorities a health survey was distributed to the residents that asked the following questions:

- 1) What are your health concerns that are not being met?
- 2) What are your family's health concerns that are not being met?
- 3) What do you feel are Benton Harbor's health concerns that are not being met?
- 4) If the state were going to give resources (money, people) for health issues in Benton Harbor, where would you want it spent?

Surveys were distributed door to door, on the streets where the unrest occurred and in various places of worship. Because of the dedication and commitment of workgroup members, 444 residents were able to make their voices heard. It came as no surprise that HIV/AIDS and STDs were identified among the top five health concerns. In addition, substance abuse also ranked in the top five.



Loretta Davis-Satterla

Staff of the Division of HIV/AIDS & STD (DHAS) worked closely with the Workgroup to develop sustainable strategies. The strategies include, but are not limited to increased awareness, educa-

tion, and testing for sexually transmitted diseases and HIV. We have assigned additional staff to work within the City of Benton Harbor and we have established new partnerships with community-based agencies and leaders. Several of the strategies are long-term. However, because DHAS had already identified Benton Harbor as an area in need of increased targeting, we were able to implement many strategies immediately.

The process that was used by the Workgroup is one that is familiar to and has been very effective in the HIV/AIDS community. It affirms that by reaching out to a broad, representative group of those most affected, not a select few, the information obtained is rich, and can be trusted to guide resource allocation and future initiatives.

If you would like to read the complete report presented to the Governor, go to http://www.michigan.gov/documents/BH_final_report_76471_7.pdf (or find a link on our website below).

URS Continues Important Job

The Client-level Demonstration Project (CDP) that HRSA funded in Michigan for nine years, officially ended on September 30, 2003. The CDP funds enabled Michigan to establish and maintain a statewide client-level data system to describe the population being served and track service utilization and health outcomes. Data from the Uniform Reporting System (URS) helped to establish Michigan as a "data rich" state for HIV/AIDS program monitoring, planning, allocation and needs assessment. In spite of the loss of demonstration project funding, data will still be collected, processed and analyzed every quarter. In fact, URS staff will continue to pursue the goal of implementing a statewide web-based data system for Care services, similar to the systems implemented by the Prevention programs.

PWA Needs Assessment and Advisory

The Division has partnered with the PWA Affected and Infected Advisory Group for the purpose of planning and implementing needs assessment and related activities throughout the state. This advisory group is open to any PLWH/A living in Michigan who has an interest in assisting in these critical activities.

The 2003 MHAC PWA Needs Assessment Report, a comprehensive report of all PWA needs assessment results conducted via open forums, surveys, and provider interviews is now available. The process included 229 participants at the open forums, 1,016 completed surveys, 40 provider interviews.

The 2004 PWA Conference has been scheduled for Ypsilanti, May 20-22. Contact Belinda Chandler at (517) 241-5926 for the Report or Advisory Group/Conference information.

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FOCUS ON: *Continuum of Care Unit*

The goal of the MDCH, Division of HIV/AIDS-STD (DHAS) HIV care programs is to improve the health status and quality of life for Michigan residents who are living with HIV infection. The primary focus is to ensure that persons living with HIV (PLWH) have access to and are sustained in primary care. To this end, DHAS supports a comprehensive continuum of care throughout the state, including a drug assistance program, a dental program, medication adherence programs, and a full range of community-based care services including services targeted to minority populations.

The Continuum of Care (CoC) Unit, which has been operating since 1990, oversees policy development for continuum of care programming, monitoring and quality assurance for care programs operating in local health departments and non-governmental and community-based agencies. Staff supports coordination and technical assistance for the Michigan HIV/AIDS Council (MHAC), evaluation of care programming and management of the Drug Assistance and Dental programs.

AIDS DRUG ASSISTANCE PROGRAM AND MICHIGAN DENTAL PROGRAM

A critical component of the CoC is making combination medication therapies available to those who can't afford them. The AIDS Drug Assistance Program (DAP) has been a successful program in Michigan since 1992. Supported through DAP-earmarked Ryan White Title II CARE Act funds and centrally managed by DHAS, DAP provides reimbursement to pharmacies for HIV/AIDS medications and other prescription drugs to eligible persons with HIV, who would otherwise be unable to afford these lifesaving treatments. The DAP earmark also supports the Bureau of Laboratories for DAP approved testing including CD4, viral load and genotype tests. These CARE funds also cover the cost of insurance premiums for the previously insured, and provide for

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CoC Unit

CoC Staff from upper left clockwise:
 Stephanie Tate,
 Belinda Chandler,
 Traci Goulding,
 Jane DuFrane,
 Debbie Cornell,
 Don Calhoun,
 Merry Donn
 Gastambide, Deb
 Champan Cooper,
 Sam Burke,
 Patrick Yankee
 Brenda Behm,
 Chris Hanson,
 Diane Rydahl,
 Ron Hanson,
 Becki Bishop



Meet the staff

Jane DuFrane

Continuum of Care Unit Manager, has served HAPIS in this position since 1991. Prior to that she was the administrator of the HIV/AIDS services within the Maricopa County Public Health Clinic; managed HIV prevention and care programs with the Arizona Department of Health; directed the YWCA Health Promotion Service in Phoenix; and was a STD Disease Intervention Specialist with the Louisiana Department of Health-Delgado Clinic in New Orleans.

Brenda Behm, MPH

Contracts and Grants Administrator, has been on the Continuum of Care (CoC) staff since February 1999, and has a background in local public health and environmental advocacy. She is responsible for coordinating development of the annual Ryan White Title II application, for preparing required Title II programmatic and fis-

cal reports throughout the year, and for overseeing the contract-related work of Program Assistant Traci Goulding.

Becki Bishop

URS Project Coordinator, started her career in data management in 1989 at the AIDS Consortium of Southeastern Michigan. In March, 1994, she was hired to establish a statewide client-level data system known as the URS (Uniform Reporting System). Bishop oversees URS data collection and analysis activities for the COC. She graduated with Honors from U of M.

Sam Burke

DAP/MDP Program Assistant, has been with HAPIS Michigan Drug Assistance Program (DAP) and the Michigan Dental Program (MDP) for 18 months. He has taken management courses at Oakland University and Macomb Community College.

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Statement of Anthony S. Fauci, M.D. on World AIDS Day

New estimates on the scope of the HIV/AIDS pandemic are profoundly sobering. An estimated 40 million people worldwide are living with HIV/AIDS, according to a newly released report from (UNAIDS). In 2003 alone, 5 million people worldwide were newly infected with HIV — about 14,000 each day, more than 95 percent of whom live in low and middle income countries. In 2003, 3 million people worldwide with HIV/AIDS died. In the United States, nearly one million people are living with HIV/AIDS, and by the end of 2002, more than 500,000 people with HIV/AIDS had died, according to estimates of the (CDC)....

Even as the burden of HIV/AIDS continues to grow, recent developments provide some measure of optimism. Four new antiretroviral drugs were licensed in 2003 ..., bringing the total of FDA-approved antiretroviral formulations to 23 and providing new hope to individuals who may have exhausted other treatment options. Novel approaches to HIV prevention are being studied and validated, and the pipeline of HIV vaccines is larger than it has ever been....

To help turn the tide of the global HIV/AIDS pandemic, the National Institute of Allergy and Infectious Diseases (NIAID) has established research collaborations with international colleagues in more than 50 countries..., encompassing vaccine development and other prevention activities, therapeutics, and care of the HIV-infected person. These collaborations already have yielded important results, notably in developing methods to reduce mother-to-child transmission of HIV...

A rate-limiting factor in providing treatment for HIV/AIDS in developing countries has been a lack of funds for the



purchase of antiretroviral drugs and for improving existing healthcare infrastructure. The President's Emergency Plan for AIDS Relief will help change this situation. The plan...complements (and will contribute to) another significant effort, The Global Fund to Fight AIDS, Tuberculosis and Malaria.

I am further encouraged by the substantial reductions in the prices of anti-HIV medications recently announced, and by new national plans to fight HIV/AIDS, developed by countries seriously impacted by HIV/AIDS, notably South Africa,

which has the most HIV-infected citizens of any country in the world.

...(W)e now can point to numerous examples of community programs in developing countries — generally modest in scale — that clearly demonstrate that HIV care and prevention services can successfully be delivered in resource-poor settings. ...

Let us not expend our energies in concern for reasons why these efforts might fail; rather, on the occasion of World AIDS Day, let us apply ourselves as a global team to assuring that such efforts do indeed succeed.

Dr. Fauci is the director of the NIAID at the National Institutes of Health

In the United States, nearly one million people are living with HIV/AIDS.

Briefly from the CDC Summaries

On November 17, House and Senate conferees agreed to provide \$2.4 billion this year to fight AIDS, TB and malaria in 14 African and Caribbean nations - \$400 million more than President Bush proposed.

Drug and Treatment Access

Under a deal brokered by the William J. Clinton Foundation, four Indian drug companies and a South African firm will cut the prices of their AIDS drugs for distribution in South Africa, Mozambique, Rwanda, Tanzania and the Bahamas, at a cost of \$139 per year, or 36-38 cents per day.

Canada unveiled legislation that would provide low cost AIDS drugs for Africa and Asia, making it the first country taking concrete measures to implement a World Trade Organization agreement to provide cheap drugs to developing nations.

In South Africa, treatment could be months - if not years - away for hundreds of thousands with AIDS, the government said as it unveiled its national treatment plans.

Epidemics Looming

India, with more than a billion people, has 4.58 million people with HIV/AIDS, the second largest case count after South Africa's roughly 5 million out of a population of 42 million. A study funded by the Gates Foundation says India could face an AIDS epidemic similar to the one in Africa.

The Global Fund awarded its first grant to China - a \$95 million grant to control and prevent the spread of HIV and treat patients, most of whom are poor and live in rural areas.

Russia and some neighboring countries are on the verge of a major epidemic stemming from injection drug users. There are nearly 250,000 known HIV cases in Russia and possibly four to six times as many undiagnosed with HIV. In some Eastern European cities, the infection rate among IDUs is greater than 60 %.

Northern Michigan Loses Veteran ASO

Wellness Networks GTA, Inc., which served the greater Traverse City area with prevention and care services for sixteen years, was forced to close its doors on September 30. "It has been an incredibly difficult and painful decision to make," said Board member Brooke Borgeson-Gray in the final issue of the agency's newsletter. She cited numerous reasons, "unexpected expenses, difficulty attracting the funds needed to support our activities, our struggling economy, our conservative community, compounded by the ever-increasing numbers of clients overwhelmingly limited our ability to continue."

The Thomas Judd Care Center at Munson Medical Center will be assuming the responsibility of the three main care services that Wellness provided for the community, psychosocial support, transportation and access to food and nutritional supplements. Mary Dillinger, Clinical Nurse Specialist/Case Manager for the Thomas Judd Care Center, said that with the help of HAPIS "a smooth transition of these client services has taken place." She acknowledged how instrumental Wellness was 10 years ago in creating the Thomas Judd Center, which provides comprehensive services for persons living with HIV/AIDS.

The MSM Outreach Program, Risk-To-Resilience supported for another year by the Michigan AIDS Fund will be taken over by the Community Health Clinic as part of its Counseling and Testing program. They are working on adding a skills building workshop for positive people. However, the Youth Peer Outreach Program was not refunded. See that story on the Teen News page.

"Transitions are never easy," said Dillinger. "It is my hope that everyone who has been involved at Wellness realizes what an important role they have played and continue to play in the lives of those with HIV."

People On the Move

Cyril Colonius announced at the September meeting of the Michigan HIV/AIDS Council that it would be his last. The founding Executive Director of CARES, Colonius rode off into the sunset, literally, moving to Los Angeles at the end of October. He was one of a group of eight who gathered at the Kalamazoo Human Services Department back in 1985 to provide peer support for those testing HIV-positive or diagnosed with AIDS. By the following year the AIDS Resource Group began keeping minutes. Almost two decades now into evolutionary transition, Community AIDS Resource and Education Services (CARES) provides prevention and care services to a wide area of west Michigan from its offices in Kalamazoo.

Under the leadership of Colonius, the organization has grown from a small staff of volunteers in rented space to owning its own building by January 1997, with a staff now of 17. CARES has been involved in cutting edge prevention work with its needle exchange program, which kept under the radar for years, and outreach to migrant farm workers. In 1995, CARES was selected by migrant service providers and MDCH to coordinate an HIV Prevention, Counseling and Testing program for this population. At one point, CARES had the

only bi-lingual care coordinator in southwest Michigan.

Brenda Stoneburner can now be found at the MDCH Office of Drug Control Policy (ODCP), Prevention Section. Stoneburner was the Lansing Area AIDS Network executive director for close to 6 years and has worked in the non-profit arena for the past 18. "It was a hard decision for me to leave LAAN...(with) the dedication to the mission and just the passion that people have (there)." And she wants to continue to volunteer, but her new day job has the Michigan seal. "When this position came up I saw it as a really nice way to bring most of my professional experience together." Her first job out of grad school was at CMU working with college students and substance abuse. This position combines HIV and substance abuse. As the communicable disease specialist for ODCP, Stoneburner will be overseeing the six HIV/AIDS Regional Training Centers, which provide training for substance abuse and mental health providers. She will also be working with the 15 Early Intervention Programs around the state for substance abuse coordinating agencies. She looks forward to this new opportunity to work on program and policy development.

Positive Perspective Speakers Bureau

A new statewide speaker's bureau entitled a "Positive Perspective" will utilize HIV positive speakers who tell their story in a three-part format that focuses on life before, during and after their HIV diagnosis (this is the same format used for the previous speaker's bureau, "Stories from the Heart"). Speakers are now available to requesting agencies. MDCH/DHAS-HAPIS has contracted with the

Michigan AIDS Fund (MAF) to provide this service. Please contact MAF at (248) 395 3244 to request a speaker.

The next training for new speakers will be held in early 2004. If you are interested in being a part of the program or know of someone who is interested, please contact Stacey Barbas, MAF program officer at the above number or at sbarbas@michaidfund.org.

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429 Livernois
Ferndale, MI 48220
(248) 545-1435 (tel)
(248) 545-3313 (fax)
www.aidsprevention.org

Michigan HIV News

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Bwood@mihivnews.com

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Statewide Training

Schedules and/or contacts for training provided by the American Red Cross, Community Health Outreach Workers, MAPP and MDCH 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.

MDCH Training

You will find on the website (www.mihivnews.com/train.htm) the complete DHAS training schedule, also the MDCH Office of Drug Control Policy, HIV/AIDS Regional Training Centers Training Schedule.

HAPIS HIV Prevention/Test Counselor Related Training

Module trainings scheduled through March. For more information, registration deadlines and application forms to download, see the website (www.mihivnews.com/dhas_train.htm). To register for Prevention/Test Counselor Trainings, contact the Education, Training and Resource Development (ETRD) Unit Secretary, Julie Babb, at (517) 241-5903.

Module 1: Basic Knowledge Training

<u>Dates</u>	<u>Location</u>
Jan 7-8	Detroit
Jan 26-27	Detroit
Feb10-11	Detroit
February 12-13	Lansing
February 26-27	Detroit
March 11-12	Detroit
March 18-19	Kalamazoo

Module 2: HIV Prevention Specialist Certification Training

<u>Dates</u>	<u>Location</u>
January 13-14	Detroit
January 28-29	Detroit
February 19-20	Detroit
March 2-3	Lansing
March 23-24	Detroit

Module 3: HIV Test Counselor Certification Training

<u>Dates</u>	<u>Location</u>
Jan. 15-16	Detroit
March 4-5	Lansing
March 25-26	Detroit

One-Day HIV Prevention Specialist/Test Counselor Update

For additional options, see the website www.mihivnews.com/dhas_train.htm; for further information contact Francisco Michel (517) 241-5916.

<u>Dates</u>	<u>Location</u>
April 15	Detroit
May 4	Lansing
June 2	Detroit

Assuring the Quality of HIV Counseling, Testing, and Referral

<u>Dates</u>	<u>Location</u>
June 7-8	Detroit

Addressing the Issues of Substance Use: A Workshop for HIV Prevention Counselors

<u>Date</u>	<u>Location</u>
April 26-27	Detroit

Case Management Certification 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. More information on these trainings and recertification options is available on the website. **Contact:** Bear Pross: (517) 241-5929.

<u>Date</u>	<u>Location</u>
March 8-12	Detroit
May 17-21	Lansing

Partner Counseling and Referral Services Training

For more information on these PCRS trainings, contact Audrea Woodruff (313) 456-4421.

PCRS Certification Training for Local Public Health

<u>Date</u>	<u>Location</u>
Feb. 25-26	Detroit
April 28-29	Benton Harbor
June 22-23	Flint

PCRS Supervisory Training

<u>Date</u>	<u>Location</u>
Feb. 18-19	Lansing
June 10-11	Newberry

PCRS Certification Update

<u>Date</u>	<u>Location</u>
May 12	Port Huron

A discussion on techniques used to conduct a thorough investigation, and how these skills can be used to enhance PCRS investigation skills. Also, a presentation on child protection issues, and learning the proper procedures to report to the Family Independence Agency (FIA).

Sexually Transmitted Disease Training Courses

For more information on the STD trainings, contact Deana Hurlbert (517) 241-5921.

<u>Date</u>	<u>Location</u>
Feb 4-6	Detroit

Interviewing MSM for Syphilis. This two-day event will feature trainers from the Centers for Disease Control and will focus on information and skills necessary for interviewing men who have sex with men in the Detroit area regarding sexually transmitted disease with a particular focus on syphilis. **Registration restricted to disease intervention specialists.**

<u>Date</u>	<u>Location</u>
April 20	Bay City
June 22	Kalamazoo

Syphilis 101. This half-day event will provide an overview of symptoms, dis-

ease progression, transmission, epidemiology, testing, treatment and syphilis prevention strategies.

Statewide Meetings

AIDS Fraud Task Force

The Michigan AIDS Fraud Task Force meets at the Food and Drug Administration, 300 River Place, Suite 5900. **Contacts:** information, Evelyn DeNike (313)-393-8109; RSVP, Calvin Scarber (313)-543-7000, or kscarber@menofcolor.net.

CHOW

Community Health Outreach Workers (CHOW) provides training statewide 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. **Contact:** Kim Kovalchik at MDE (517) 241-4292.

MHAC

All 2004 MHAC meetings, January 14th; April 7th; September 1st; and November 10th; will be held at the Sheraton Lansing Hotel.

The Michigan HIV/AIDS Council the statewide planning group for prevention and care. **Contact:** Belinda Chandler (517) 241-5926.

PWA Infected and Affected Advisory Group

This advisory group to DHAS/HAPIS for the purpose of planning and implementing needs assessment and related activities is open to any person living with HIV/AIDS in Michigan. **Contact:** Debbie Cornell at (517) 241-5919 or email her at cornellde@michigan.gov.

For upcoming national and international conferences, see the web site:

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)



Mozambique

According to UNAIDS figures, Mozambique – a country approximately twice the size of California with a population of 8.5 million – has about a 16% infection rate (averaged across the country) among adults (ages 15-49 yrs), stated Jonathan Cohn, MD.

A lot has happened since the Michigan HIV News Winter 2002 report on Dr. Cohn's work there. Then the plan was basically for palliative care and prevention of mother to child transmission. A paradigm shift has created more funding streams and greater possibilities for treatment and care.

"What Mozambique has - even though it is one of the poorest countries on earth - is lot of funding for introducing HIV care. So they have a plan and they have funding coming," said Dr. Cohn.

Even without the promised US dollars for AIDS funding, Mozambique has three sources of funding: first, through the second round of The Global Fund on AIDS, TB and Malaria; second, they have a grant from the World Bank; and also a large sum of bilateral donations negotiated by the Clinton Foundation.

All of this adds up to about \$500 million for Mozambique for five years - pretty impressive for a sub-Saharan country that has only been at peace for 10 years following "more or less a civil war." So while they have not been in the forefront of prevention like Uganda or Thai-

One Corner of the World

land and so far have not been very effective with prevention, said Dr. Cohn, this country is moving into the forefront of HIV treatment.

The Plan for Mozambique

"They have a concept of what they call an integrated network...where the HIV clinic is the core and around it are these other services, some new like voluntary counseling and

testing and health care and some old but needing enhancements like TB treatment, prenatal regular in-hospital care and regular out-patient clinics and all the other things that have been around, but haven't really been able to cope with the epidemic without extra resources and expertise."

In July the treatment component was approved and now they have funding, "so they are just starting to scale up, starting to introduce antiretrovirals through the public sector - hopefully within the next few months," Dr. Cohn said. He is hoping to work on "some of the technical issues about planning the antiretroviral scale-up," with other clinicians in concert with the Ministry of Health on this fall trip.

Pilot Projects for Anti-retroviral Drugs

Aside from the government planning, there are several foreign organizations operating pilot projects that are already in place in Mozambique. Doctors Without Borders has two sites. A religious organization from Italy, St. Egidio has a few clinics treating people with a high tech model - they import doctors from Italy every month to work in Mozambique. And there is a program called MTCT- Plus (Mother to Child Transmission), run by Columbia University.

MTCT-Plus is the most ambitious in scope. It is a set of pilot projects that at-

tempt to treat the whole family rather than just prevent mother to child transmission. The idea is to maintain the health of the entire family unit, so that it continues as a viable support system for the child to grow up in. It is Columbia's intent to offer those who enroll lifetime antiretroviral therapy.

The Evolution of Mozambique's Plan

When Dr. Cohn first went as a consultant for HRSA in 2000, there was the idea that antiretrovirals were not a realistic possibility for a long time to come. "Maybe we could do prophylaxis with Bactrim. There should be some testing and counseling and maybe if Bactrim were available, people would get tested. There should be home care and palliative care, because there wasn't much else that was going to be available for a long time.

"Now the plan is to have hundreds of thousands of people on antiretrovirals in the next few years - so it's really a dramatic shift. The planning has gone along but the idea of the plan has changed drastically."

One conference made a difference

"The AIDS conference in Durban I think was the turning point - that combined with the creation of The Global Fund to start an international mechanism for funding on a larger scale. Those were turning points in conceptualizing that there could really be more therapy," said Dr. Cohn.

In 2000, the XIII International AIDS Conference held in South Africa, the global epicenter of the pandemic, turned around people's thinking from "we have all these cool therapies; isn't it a shame most people can't get them." There were two key players in this paradigm shift, Jeffrey Sachs and Paul Farmer. The first came up with the idea of the global fund and how to create it; the second demonstrated that antiretroviral treatment could

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work in resource poor countries.

How does Mozambique compare to other countries?

“Right now I would say Mozambique has great planning – much better than many countries. And they have planning on a national scale,” said Dr. Cohn.

“South Africa has the know-how and in some ways may need less planning because they already have more resources and more sophistication, and better trained staff.” But they don’t have a national plan because of lack of government leadership.

Can Mozambique carry out the plan?

What’s happened in Mozambique to date has not been based on US government funding. “In order to do fundraising, they had to create a plan that was convincing to donors, and they did. It took a long time. It took a couple of years of working on it and revising it. But they still have to prove that they can do it. They proved they could make the plan; now they have to prove that they can do it.

“Five years ago when we went, Mozambique had a great international health image because they had a great plan” for an equal access program of health care across the nation. They had integrated prevention and education with treatment. They had “a terrific plan” for public health dealing with TB and malaria, but they had trouble implementing it. They didn’t have the technical expertise or resources to make it run across the country.

Mozambique has only 461 doctors for its 18.5 million people, “one of the lowest figures per capita in the world,” said Dr. Marc Biot, country representative for Medecins Sans Frontieres.

Is the infrastructure there to handle antiretroviral therapy?

There is a *plan* for infrastructure, but at present the infrastructure itself is weak. “There are 10 voluntary counseling and

testing counseling & testing sites for 18 million people – not as many in the whole country as there are in the City of Detroit. There are fewer than 10 places that are giving explicitly HIV treatment – some with, some without antiretrovirals.”

But their human resources are limited. “They have about 450 Mozambican doctors and a couple hundred foreign doctors. They have too few nurses who carry much of the work load.”

There was a scandal last year in Africa with drugs designated for one country being high jacked at the airport and shipped off and sold in Europe. “There are certainly risks of resources being siphoned off in some fashion, either money or drugs or supplies.”

“So there are a lot of issues about how to manage these very valuable resources and get them to the right people for the right purpose – that’s a very big deal.” In the scale-up plans for Mozambique and other countries “tracking systems for drug distribution, for testing, for samples, for

resources – that’s a very important thing. So, it’s not a done deal.”

“Right now I would say Mozambique has great planning, much better than many countries.” said Dr. Cohn.

Antiretroviral treatment (ART) requires much more than just systems in place for the distribution of the drugs. For many of the countries in Sub-Saharan Africa there has been no chronic care, so important parts of the medical infrastructure have not been there. If you look at a typical clinic in the U.S. you see a full staff just to take care of medical records. In a country where adults only visit a clinic when they are sick, this system is not in place.

What about adherence issues?

There is always the concern about adherence and the development of drug resistant virus. Dr. Farmer’s program in Haiti proved that ART could be done in resource poor countries, but his program

Continued on page 13

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www.maps.com

Mozambique Map provided by The World Fact Book, updated August 2003

TABLE 1: Characteristics of Michigan Residents Living with HIV or AIDS as of 10/1/03

	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	5,371	100%	5,676	100%
SEX						
Male	12,000	246	4,295	80%	4,260	75%
Female	3,500	69	1,076	20%	1,416	25%
BEHAVIOR						
Male-Male Sex	8,600	N/A	2650	57%	2436	54%
Injecting Drug Use ⁵	2,880	N/A	903	19%	801	18%
IDU w/ heterosexual	1,370	N/A	429	9%	381	8%
IDU w/o heterosexual	1,510	N/A	474	10%	420	9%
Male-Male Sex/IDU	980	N/A	296	6%	286	6%
Blood Products	210	N/A	77	2%	50	1%
Heterosexual ⁶	2,590	N/A	694	15%	841	19%
Partner IDU	820	N/A	220	5%	264	6%
Partner Bisexual	130	N/A	31	1%	43	1%
Partner Rec'd Bld	60	N/A	16	0%	21	0%
Partner HIV +	1,590	N/A	427	9%	513	11%
Perinatal	230	N/A	33	1%	102	2%
Undetermined/Other ⁴	Not Applicable	N/A	718	(13%)	1160	(20%)
Presumed Heterosexual ⁷	Not Applicable	N/A	570	(11%)	783	(14%)
Other ⁸	Not Applicable	N/A	148	(3%)	377	(7%)
AGE AT DIAGNOSIS						
0 -12 years	210	11	34	1%	119	2%
13 -19 years	330	33	47	1%	187	3%
20 -24 years	1,380	214	249	5%	735	13%
25 -29 years	2,420	370	643	12%	1083	19%
30 -34 years	3,180	449	1131	21%	1138	20%
35 -39 years	3,130	398	1192	22%	1036	18%
40 -44 years	2,280	281	954	18%	672	12%
45 -49 years	1,320	180	580	11%	364	6%
50 -54 years	730	115	324	6%	199	4%
55 -59 years	290	60	124	2%	86	2%
60 -64 years	140	37	60	1%	37	1%
65 years and over	70	6	33	1%	20	0%
RACE / ETHNICITY						
White, Non-Hisp.	5,680	73	2,054	38%	1,994	36%
Black, Non-Hisp.	8,950	638	3,060	57%	3,319	60%
Hispanic	560	173	219	4%	183	3%
Asian	60	34	25	0%	15	0%
American Indian	50	94	12	0%	24	0%
Unspecified/Other/Multi-race ⁴	Not Applicable	N/A	1	(0%)	141	(2%)

Footnotes for Table 1

- This estimate includes all persons living in Michigan at diagnosis of HIV or AIDS, including those not reported or not yet diagnosed. All estimates are rounded to the nearest ten, and the minimum estimate given is 10. See below for explanation of this estimate.
- Rates are calculated per 100,000 population in 2000.
- Includes reports that contain patient name or are otherwise unduplicated.
- Age, sex, race, and behavior percentages are calculated excluding missing data. The percentages of total cases missing this demographic information are given in parentheses.
- The IDU risk category is further sub-divided to indicate the number and percentage of persons who also had a sexual partner who is considered to be a "high risk" heterosexual, (i.e., partner is an IDU, a bisexual male (for females), a recipient of HIV infected blood or blood products or a person who is known to be infected with HIV).
- The heterosexual category includes only those persons with "high risk" heterosexual partners as defined in footnote 5.
- This subset of undetermined includes persons who had heterosexual sex but their partner(s)' risk is unknown. This includes unconfirmed occupational exposures (1).
- Includes persons with confirmed 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).

**TABLE 3: Michigan Residents Reported Living with HIV or AIDS:
Sex by Race by Behavior as of 10/1/03**

MALES:	White		Black		Hispanic		Other or Unknown		TOTAL	
Male-Male Sex	2,630	75%	2,247	49%	145	47%	64	39%	5,086	59%
Injecting Drug Use	176	5%	780	17%	58	19%	7	4%	1,021	12%
Male-Male Sex/IDU	225	6%	335	7%	15	5%	7	4%	582	7%
Blood Recipient	80	2%	23	1%	1	0%	2	1%	106	1%
Heterosexual	89	3%	322	7%	33	11%	6	4%	450	5%
Perinatal	12	0%	54	1%	2	1%	2	1%	70	1%
Undetermined/Other	296	8%	810	18%	57	18%	77	47%	1,240	14%
<i>Presumed Heterosexual</i>	182	5%	578	13%	47	15%	25	15%	832	10%
<i>Other</i>	114	3%	232	5%	10	3%	52	32%	408	5%
MALE TOTAL	3,508	(41%)	4,571	(53%)	311	(4%)	165	(2%)	8,555	100%
FEMALES:	White		Black		Hispanic		Other or Unknown		TOTAL	
Injecting Drug Use	130	24%	532	29%	14	15%	7	13%	683	27%
Blood Recipient	12	2%	9	0%	0	0%	0	0%	21	1%
Heterosexual	281	52%	731	40%	54	59%	19	36%	1085	44%
Perinatal	12	2%	47	3%	5	5%	1	2%	65	3%
Undetermined/Other	105	19%	489	27%	18	20%	26	49%	638	26%
<i>Presumed Heterosexual</i>	92	17%	402	22%	16	18%	11	21%	521	21%
<i>Other</i>	13	2%	87	5%	2	2%	15	28%	117	5%
FEMALE TOTAL	540	(22%)	1,808	(73%)	91	(4%)	53	(2%)	2,492	100%
GRAND TOTAL	4,048	37%	6,379	58%	402	4%	218	2%	11,047	100%

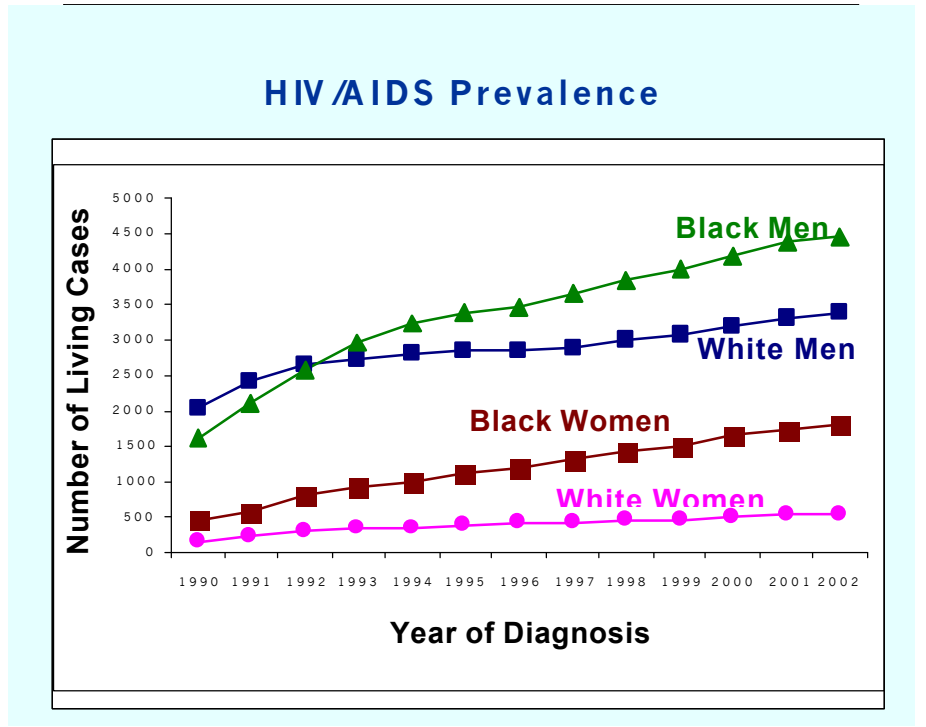
Incidence vs. Prevalence The prevalence of HIV/AIDS Among Racial Groups

Eve Mokotoff, Chief of HIV/AIDS Epidemiology - MDCH, presented updated information on the STARHS* pilot project at the Michigan HIV/AIDS Council meeting in November.

“STARHS uses a less sensitive test to match against the standard ELISA so a negative result on the second test means that you have been infected (recently).” This measures incidence, or new infections, vs. prevalence which is the total number of people who are infected.

“If you know the people who were most recently infected you can target your prevention message to them. If you are more on the cutting edge with testing,” she said you can gear your testing to the groups who are just becoming infected. This provides an opportunity to slow down that progression with targeted interventions she pointed out.

*STARHS - Serologic Testing Algorithm for Recent HIV Seroconversion



For additional statistical information from the MDCH, HIV/AIDS Surveillance “Quarterly HIV/AIDS Analysis,” please visit the web site www.mihivnews.com/stats.htm.

Increases in HIV Diagnoses — 29 States, 1999—2002

MMWR November 28, 2003 / 52(47);1145-1148

Since the advent of (HAART) in 1996, progression from receiving diagnosis of (HIV) infection to having (AIDS) has slowed substantially, making HIV-transmission patterns less predictable through AIDS surveillance alone. Consequently, CDC has recommended that states report diagnoses of HIV infections in addition to cases of AIDS (1). Recent estimates of HIV diagnoses suggested a leveling of the downward trend in HIV infections nationally and increases in HIV infections among certain populations (2). Reports of syphilis outbreaks and increased unprotected sex raised concerns regarding increases in HIV transmission among men (MSM) (3—5). In response to these developments, CDC analyzed trends in HIV diagnoses in 29 states that conducted

name-based HIV/AIDS surveillance during 1999—2002. The findings emphasize the need for new prevention strategies to reverse potential increases in HIV transmission among men, particularly MSM, and also among non-Hispanic whites and Hispanics.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5247a2.ht>

The theme of this year's World AIDS Day is "Live and Let Live" and focuses on preventing and eliminating HIV-related stigma and discrimination. According to an ACLU Report Released November 13, AIDS discrimination in the U.S. is still widespread.

Guidelines Update

The updated "Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents," released on November 10, 2003, is now available on the AIDSinfo website. (http://aidsinfo.nih.gov/guidelines/default_db2.asp?id=50)

The new guidelines make it easier for clinicians and HIV-infected individuals to select an appropriate treatment regimen from among the expanding choices of anti-HIV medications. In addition, the document provides guidance concerning the increasing incidence of drug resistance among patients treated with ART for long periods of time, and includes sections concerning special considerations during the initiation of therapy.

What Did We Learn From AIDS?

Two decades of struggling with HIV/AIDS have taught scientists lessons about the virus that cause illness and some ways to treat it as well as basic truths about the politics, economics, and psychology of health and disease.

Before HIV/AIDS, scientists naively assumed that vaccination, sanitation and antibiotics were making infections obsolete. Most considered retroviruses of academic interest only.

"The consensus was that retroviruses did not infect humans, that viruses did not cause cancer and that infectious diseases were a problem for the third world but not for us," said Dr. Robert Gallo, co-discoverer of HIV and director of the Institute of Human Virology at the University of Maryland Biotechnology Institute in Baltimore.

In figuring out how HIV works, virologists learned valuable nuances of cell biology and that viral infections can be treated, according to Gallo.

Before HIV/AIDS, only a few primi-

tive antiviral drugs existed. The success of HIV antiretrovirals marked a milestone in antiviral treatment.

Today, immunologists have a greater understanding of T-lymphocytes, said Dr. Fred T. Valentine, a professor of medicine, infectious diseases and immunology at New York University. He added that complex links between cancer, immunity and infection have been cemented by findings in HIV-positive patients. Moreover, HIV/AIDS has re-educated scientists to the importance of vaccines.

Another lesson doctors learned was to take note of their patients' private lives and to ask intimate questions about sexual behavior and drug habitHIV/s. AIDS fomented a complete overhaul of standard protocols for blood drawing, blood transfusion, organ transplantation, surgery and dentistry.

HIV/AIDS also spawned a new approach to death. Medical ethicists agree that HIV/AIDS was a prime force in introducing living wills, health care proxies,

do-not-resuscitate orders and hospice care into the common consciousness.

People living with HIV/AIDS formed, for the first time on record, a huge grassroots patients'-rights movement that has changed the process of drug approval and the structure of scientific meetings, which now routinely seek input from patients. PWAs who insisted on becoming collaborators in their own treatment altered the balance of power in doctors' offices. That philosophy has since carried over to other diseases.

The global nature of the epidemic has taught scientists to look past their laboratories to the world beyond. "AIDS has taught us both the power of science and its limitations," said Dr. Gerald Friedland, professor of medicine at Yale and director of the school's AIDS program. "It has given us incredible technologic successes. But fully implementing those successes still escapes us."

Edited from the CDC summary of New York Times (11.11.03): Abigail Zuger

Continued from page 9

was based on a pre-existing structure for TB treatment. "He had a community-based infrastructure for adherence...that had been running for years and that people trusted...So issues about secrecy and privacy and stigma were much less. It was no big deal to have a community health worker come to your house...So you can't just say, we'll export that."

A Doctors Without Borders program in South Africa was acknowledged for getting excellent adherence,"96% of patients were still taking 95% of their pills" according to the New York Times. However, "ninety percent were turned away - not only for clinical reasons," said Dr. Cohn, but also selecting those who were likely to adhere to the regimen. "They felt they had to succeed," he said. "But in all the research on adherence done in the US - it's very hard to predict. It's true that alcohol and active drug use and homelessness are strong markers for poor adherence but sometimes there are those people who do adhere. We're often lousy at guessing."

Added to the adherence issues specific to drug taking, not to mention the basics of food and water, there are also transportation issues in a poor country without public transportation. If you think Detroit public transportation is lacking or rural Michigan poses problems for patients, consider a country where the greatest resource is foreign aid.

What about Prevention

"Prevention programs take a lot of resources, take a lot of political will and political capital," said Dr. Cohn and most countries are not able to or prepared to do this. "There are not that many re-

sources in the world going to HIV Prevention."

There are some people who will argue that you get more out of prevention dollars spent "but the problem with that is 300 people are dying per hour and in the next five or ten years there won't be any young adults...and the kids will be at home taking care of sick family members. The short term devastation is very big and if that can be blunted that seems important." At the same time preventing the next round of infections is also important, and in his ARV course, "I personally get



up there and say, 'I can't talk about HIV without a little bit on prevention, even though it's not the topic for today.'"

The Cohn/Raisler Team

While principally working in Mozambique, Dr. Cohn has been involved in several sub-Saharan countries. Primarily he has worked directly for the US Dept. of Health and Human Resources, Health Resources and Services Administration (HRSA), and through its funded International AIDS Education and Training Center (IAETC), to provide consulting and training to help develop HIV treatment services and ART.

IAETC is the main route for HRSA to support the US Global AIDS Program. HRSA also provides some consultation around planning as well as training of health care workers in concert with CDC and USAID in this Global AIDS Pro-

gram. Dr. Cohn started working with them 3 years ago and his wife, Jeanne Raisler about 2 years ago.

"Jeanne and I have done some consulting and also training activities. In Mozambique we have gone several times to put together a training course targeting nurses and midwives. Most of the countries with the highest prevalence of HIV, which are in sub-Saharan Africa, have quite few doctors. They have quite few nurses too - but there are more nurses than doctors in many settings. And the nurses are carrying

Mozambique Nurse Training Program from upper left Jeanne Raisler, Sr Pedro Diaz, Assistant Director and Dra Olga Novela, Director of Nursing for the Ministry of Health; Dr. Mohsin Sidat, the physician representative and liaison for the course; and Dr. Jonathan Cohn.

the health system...doctors see a small subset of all the patients that are going to publicly funded health care." So the training of nurses and midwives is an important component to creating the human resources to carry out any plan for antiretroviral therapy.

Last Nov-December the Cohn/Raisler

team did a training of trainers in Mozambique with the intent that subsequent training would go on in provinces and districts further into the periphery. But that training was postponed and now with CDC funding, the Ministry of Health is able to hire a trainer coordinator for the training program. So there will be a full-time staff person "to follow through on it. And at the same time there has been better clarity developed within Mozambique about how HIV care is going to unfold."

As the planning evolves and slowly gets underway in Mozambique, it remains to be seen whether this poor country will be able to make an impact on the devastation of AIDS. But Jonathan Cohn, MD and his wife Jeanne Raisler, carry on with optimism and determination like firefighters with buckets of water into a blazing forest fire.

FOCUS ON: *Continuum of Care Unit*

Continued from page 3

adherence programs designed to support treatment therapies.

Dental Care is also very important to the health of PLWHs. The Michigan Dental Program (MDP) was initiated in May, 2000. Administered by DHAS and also supported by Title II funding, MDP is a comprehensive dental access program for uninsured persons with HIV. It enables them to obtain dental care services and maintain optimal oral health. In 2003, there were 1,300 eligible PLWH enrolled in the DAP and more than 300 enrolled in the MDP.

CASE MANAGEMENT AND OTHER SERVICES

Other CoC services supported by Title II and the Michigan Health Initiative (MHI) resources are administered by DHAS and provided by HIV/AIDS service organizations, some local health departments and some universities. These are distributed in communities throughout the state through a competitive RFP process based on the identified need as well as the ability and competency of the provider to deliver the services. Title II and MHI resources are allocated to approximately 20 local health departments and community agencies to provide quality services to PLWH. In addition to Title II and MHI funding, DHAS

also awards funds directly to several non-profit agencies or universities to provide certain services statewide or to selective populations, e.g. legal advocacy, provider education and outreach to African American clients through the Congressional Black Caucus Minority AIDS Initiative earmark.

Additional CoC Services supported through DHAS include, but are not limited to, provider education on HIV disease and prevention of perinatal transmission of HIV, ambulatory medical care, case management, client advocacy, mental health services and psychological support, emergency financial assistance, food banks, and transportation services.

The largest single service category is case management. Around the state case managers coordinate care services to increase service access and promote efficient, cost-effective service delivery. HIV/AIDS care programs supported by MDCH are required to participate in a client-level uniform reporting system (URS) to document program activity and confirm that services are reaching the intended population. Each year, according to URS data, community-based care providers and the DAP and MDP serve between 5,000 and 6,000 HIV-infected individuals.

DHAS-CoC News continued from page 2

AIDS Drug Assistance Program and DDP News

The Formulary Committee made recommendations to add several drugs to the DAP Formulary in August. In dental news, on October 1, 2003 Michigan Medicaid eliminated adult dental care (except for emergency extractions and infection care). As a result, the Michigan Dental Program (MDP) will not require clients applying for the MDP to apply for Medicaid. Currently the MDP is looking into many different options on how to handle the anticipated influx of potential clients for the program.

Effective October 1, 2003, the State Medical Plan (SMP) became the Adult Benefits Waiver (ABW) program. ABW clients will now be required to pay a prescription co-pay. Clients with regional County Health Plans will also be affected by these changes.

The Michigan Drug Assistance Program (DAP) is prepared to provide co-pay assistance for prescriptions to these clients. Due to the nature of the ABW and the set co-pays, a Medicaid application will not be required. No letter of request, or proof of co-pay will be necessary.

Interim Medication Reimbursement Pilot Program

The Division has developed an Interim Medication Reimbursement Pilot Program (IMRPP). The IMRPP is designed to

provide reimbursement for medication paid by agencies for clients need who have no other coverage in outstate Michigan (outside the Detroit EMA). This pilot program is not intended to provide permanent medication coverage or replace programs for which the client may be eligible such as Medicaid, County Health Plans, State Medical Program, or ADAP, etc. The program is also designed to prevent gaps in coverage. This program went into effect October 1, 2003. See the Michigan HIV News website for program criteria.

APM's Community Re-Entry Program

DHAS-HAPIS has redesigned the system by which formerly incarcerated individuals gain access to community-based HIV services upon their release from any Michigan Department of Corrections (MDOC) facility. DHAS-HAPIS now contracts for intake services with AIDS Partnership Michigan (APM). The goal of this new process is to insure that HIV infected persons leaving correctional facilities have continuity of medical care and uninterrupted access to HIV pharmaceutical treatments. By working closely with MDOC medical staff and the contracted provider of intake services, DHAS-HAPIS has been able to develop protocol by which persons who are preparing for release from a facility are easily connected with community-based services, and follow up. *For more DHAS news, see the website.*

PEOPLE LIVING WITH OR AFFECTED BY HIV/AIDS ADVISORY GROUP

The People Living With or Affected by HIV/AIDS Advisory Group was convened by DHAS/HAPIS, with the intention of being greater number of people that have not been active in prior PWA

activities. See the Calendar for upcoming meetings.

ASSESSING THE NEED

Assessing the need for services in Michigan requires collaboration among MDCH divisions and community partici-

pation. DHAS supports the Michigan HIV/AIDS Council (MHAC), a state-wide group that advises MDCH on HIV prevention and care issues. DHAS provides staffing to MHAC and coordinates its many committees and workgroups. *See the Calendar for upcoming meetings.*

meet the CoC Staff con't

Don Calhoun

URS Data Project Management Specialist, has been with HAPIS since 2000 working with the city of Detroit on one of the first Web-based HIV/AIDS client tracking systems in the nation. Previous positions included supervisor of computer operations for the Detroit Medical Center, system analyst with Electronic Data Systems (EDS), director of operations for EMU Housing Services. Calhoun is also licensed as a Social Worker.

Belinda Chandler

Community Planner, has been with HAPIS since 1999. She coordinates the activities of the Michigan HIV/AIDS Council and its committees. Belinda has a B.A. in Communications from WSU, and has extensive experience in organization and event planning.

Deb Chapman Cooper

DAP Billing Coordinator, has been with HAPIS since February, 1997, when she started as the Drug Assistance Program Assistant and has been the DAP Billing Coordinator since May, 1999.

Kelley Clevenger

DAP/MDP Assistant, has been with the DAP and MDP since 2000. Previously she was the Administrative Assistant to the Lansing Area AIDS Network for two years. She also served in the Army National Guard for a six year term.

Debbie Cornell

Program Assistant/SEMHA Liaison, has been with the COC Unit since November

1997, where she provides assistance to the Unit Manager and is the Liaison for SEMHA contracted employees. She has a certificate in computer science and has attended Indiana University.

Merry Donn Gastambide

Coordinator for the DAP and MDP, has worked in the HAPIS office for the past seven years. She began working in the COC Unit in 1996 with the Early Intervention Program and Contracts, before taking over the Drug Assistance Program responsibilities in 1997. Gastambide received a BA degree in the arts, as well as a B.S. in Education from CMU.

Traci Goulding

Program Assistant, has been with the COC Unit since 1998, where she provides clerical support and coordinates the contract development process with Title II/MHI funded care providers. Previously she was the secretary at Telamon Corporation, which provided Head Start child care, adult services, and health education for migrant and seasonal farmworkers, and prior to that was an admin. assistant for a child development center.

Chris Hanson

Client Services Coordinator for the Drug Assistance Program and Michigan Dental Program, has been with HAPIS since February 2001. Prior to working at HAPIS he worked as a Market Director for a supermarket chain in Traverse City.

Ronald Hanson

Special Projects Coordinator, works not only on programs and projects that are CARE-related, but he also works on projects for Prevention and STD as well. Some of the projects that he has been in-

involved with are HIPPA, security, SEMHA budgets, web research, website management, MDP, quality assurance, meeting planning, and compiling DHAS policies and procedures. Hanson has been with DHAS since 1999, and has a background in accounting, data processing, and office management. He is also in the process of completing a degree at MSU.

Diane Rydahl

DAP/MDP Program Assistant, is a registered dental assistant, who worked for a general DDS in Ingham county and for Delta Dental Insurance, before taking time off for full time parenting prior to coming to work for the Michigan Dental and Drug Assistance Program in 2002.

Stephanie D. Tate

URS Information Systems Trainer, has been providing training and technical assistance for local CBO, ASO and primary care agencies using the Uniform Reporting System (URS), since June 2002. She has 14 years of technical and service experience within various industries. She received a B.S. degree in Computer Science from Jackson State University in her native state of Mississippi. Additionally, she is a Certified Novell Administrator (CNA) and a Microsoft Certified Professional (MCP).

Patrick Yankee

Program Operations Coordinator, joined the COC Unit in the fall of 2002 in this new position at HAPIS and works in the Detroit office. Prior he was Manager of Community Programs at Home Access Health Corporation in Chicago, and the executive director at the HIV/AIDS Resource Center in Ypsilanti from 1992-1999. Yankee is a graduate of EMU.

STD & HIV Conference features Surgeon's General



Michigan's annual STD & HIV Conference, "Collaborating for a Healthy Michigan" held this year in Grand Rapids in November had the honor of both Michigan's first Surgeon General, Kimberlydawn Wisdom, MD and former US Surgeon General David Satcher, MD presenting keynote speeches.

Isabello C. Reyes, MD 1955-2003

In September, Michigan lost a compassionate, committed physician for persons living with HIV/AIDS. Isabello Reyes, MD also served on the Michigan HIV/AIDS Council.

A native of Chicago, Illinois, Dr. Reyes received his Bachelor of Arts from the University of Chicago, and his Doctorate in Medicine from Rush College. Before coming to Michigan he was the staff physician and Regional Health Coordinator for the Texas Department of Corrections. In 1986 he moved his family to Detroit, where he was first a physician at Mercy Family Care, then at the helm of his private practice at Beyer Hospital in Ypsilanti. Dr. Reyes moved to the Detroit Community Health Connection where he became Medical Director and then Associate Vice President of Medical Affairs for Mercy Hospital, both in Detroit. In partnership with four other physicians, Dr. Reyes served as an Internal Medicine Specialist in the Primary Care Office where he received, cared for, prayed for, healed, and delivered those with, but mostly without insurance.

He shared his knowledge like he shared his heart as an instructor at Wayne State University, University of Michigan, and University of Detroit just to name a few. He was a member of the American College of Physicians/American Society of Internal Medicine, American Medical Association, and the Michigan State and Detroit Medical Association. His licenses, board certifications and honors are numerous. Above all else, he stood on the front lines, in the trenches, advocating for the rights, providing care, and education free of charge, and worked tirelessly for people infected and affected by HIV/AIDS. He was the board chair and lead trainer for Gospel Against AIDS/Global Research, Education and Training Networks (GREATNES). He was our cornerstone. Rosalind Andrews Worthy

late breaking news briefs

Worldwide 40 Million Living with HIV/AIDS

Five million new HIV cases occurred and three million people died of AIDS-related causes throughout the world in 2003, according to the annual "AIDS Epidemic Update" released on Tuesday by UNAIDS and WHO. *Reuters Health* (11.25.03)

Retired N.F.L. Player Announced He is HIV positive

Roy Simmons, 47, said he wants to reach athletes who may still be in the closet and as tortured as he was. In 1992, years after his retirement from the N.F.L., he appeared on national television (and told) that he was gay.

Then in 1997 he got the news he dreaded most: he was HIV positive. Now, after living privately with the condition for six years, Mr. Simmons has decided to discuss it publicly. The only other professional team athlete to admit having HIV is Magic Johnson, the Los Angeles Lak-

ers star. *Edited from New York Times* (11.30.03)

India Announces Plans to Expand AIDS Therapy Programs

By April 2004, the government hopes to begin providing free antiretroviral therapy to all HIV-positive new parents, all children under 15, and eventually, to all AIDS patients in the six states with the highest rates of HIV/AIDS. *New York Times* (11.30.03)

Dine Out Ann Arbor December 5

Do you need an excuse to visit Ann Arbor? Eat in one of many restaurants to choose from and 10% of the price of your meal will be donated to the Midwest AIDS Prevention Project. See the website Calendar for statewide events for a list of participating restaurants in the Ann Arbor area. Download a flyer at www.mihivnews.com/