The AmidaCare View

AIDS 2012

Special Issue

International AIDS Conference

A Newsletter for Amida Care Members!

Volume 16 • Sept/Oct 2012

Your Vote = Your Voice

November 6th, 2012

The deadline to register to vote for this year's general election is Friday, October 12! You can get a Voter Registration Form at your local Post Office or Dept. of Motor Vehicles. You can also register online at www.dmv.ny.gov

For more information call the Voter Hotline at 212-868-3692 or visit www.nyccfb.info

AMIDACARE
LIVE YOUR LIFE

Dear Amida Care Members,

Being at an International AIDS Conference (IAC) is like no other experience I've known. It's rich with politics, economics, social justice teachings, diverse cultures, broader understandings of gender, human sexualities, resistance in the face of inaction or slow progress, fighting discrimination, many voices, prevention strategies, newer treatments, emerging research, life-affirming spirituality, compassion, and a deep desire to end HIV/AIDS.

The 2012 conference, while attended by thousands from around the globe, was limited because not everyone had the money, time or opportunity to attend. So, this issue of the Amida Care View is dedicated to sharing IAC 2012 information and experiences with you, our members. Even if you couldn't attend the conference, it's important to us that you have information about what happened there, so read on!

Amida Care sent seven staff and one member to IAC 2012 in Washington DC this past July. I invite you to read their articles and see what it sparks in you. Health Navigator Lee Garr speaks passionately about HIV/AIDS in the African and Black Community on page 8. Jeronimo Roman, Plan Member, talks candidly on page 10 about facing many of the same issues as other members, but listen closely to his empowered voice as a Community Health Outreach Worker that brings others back into medical care and recovery. Nicole Mylan, Director of Amida Care's Retention in Care Unit, covers issues of getting older and understanding the effect of HIV on the body (page 12). Reyana McKenzie, Outreach Liaison, confronts the stigma that young people face as a result of active drug use on page18 and encourages members to stand up/speak out. Carlos N. Molina, Director of Publications and editor of the Amida Care View, created visual representations of HIV/AIDS impact in the United States (see page 20).

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Photographic Image Disclosure:

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Amida Care Medical Director, Dr. Jerry Ernst, RICU staff and I presented key findings (see page 4) from Amida Care's coordination, outreach and special programs, which have contributed to our members' getting regular care, accessing life-saving medications and receiving the housing and peer support that are central to thriving while living with HIV/AIDS, while often also sustaining recovery so you can "LIVE YOUR LIFE!"

Besides Amida Care, New York was well represented at IAC 2012 by community organizations including: ACRIA, Bailey House, Cicatelli Associates Inc., CitiWide Harm Reduction, GMHC, Harlem United, HELP PSI, Housing Works, Latino Commission on AIDS, St Luke's Roosevelt's Center for Comprehensive Care, and Village Care (just to name a few that we caught up with at IAC 2012). A variety of articles about their AIDS work and IAC 2012 appear in this issue and we thank these community partners for their contributions to The Amida Care View.

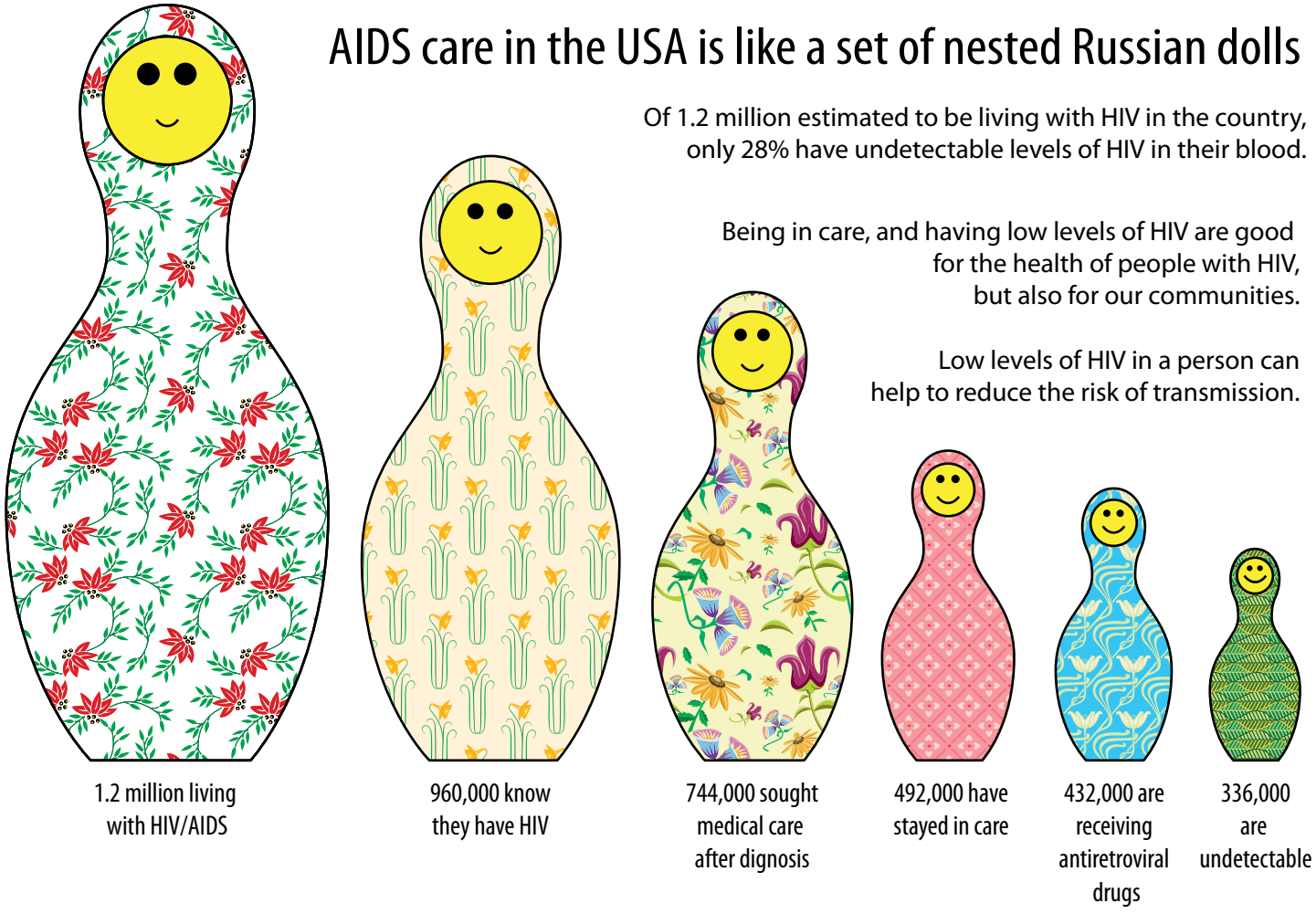
These CBOs were also joined by leaders at the NYS Department of Health – AIDS Institute and the National Quality Center who shared about the New York experience and what we've learned that could be applied around the world.

As a national leader, AIDS United (AU) played a key role in convening special conference sessions to discuss the state of HIV treatment/prevention and access to/retention in care in the U.S. At the conference, and outlined below, we see clearly that:

- 20% of the PWHAs in the U.S. don't even know that they are HIV+
- 40% of people who know their HIV+ status haven't sought medical care after their HIV diagnosis and then many drop out of care over time; which results in only
- 36% of PWHAs receiving HIV medications and less than 30% achieving undetectable viral loads (clinical/treatment success).

We conclude this issue with an article by HAF that highlights the issues that put our LGBTQ youth at risk (page 28), more information about our newly implemented Restricted Recipient Program (page 45) and an invitation to participate in our 2013 Calendar Art Contest (page 48). We hope that you find this information helpful and inspiring.

Yours truly,
Doug Wirth
President and CEO



IAC 2012 *a time for reflection and inspiration*

By Doug Wirth
President and CEO

Many of the most inspiring moments at the conference were powerful words from famous faces or passionate pleas from regular people across the globe who are living with HIV/AIDS. US Secretary of State Hillary Clinton and Sir Elton John spoke (see pages 6-7) about the future. But a young woman who recounted being born HIV negative because her mother and she had access to HIV medications, and her loving challenge that global AIDS funding be expanded to make those life-saving medications available to all women/ mothers around the world, reduced me to tears as I felt the vastness of blessings and opportunities as an American and a New Yorker.

But I didn't always feel so blessed. In the late 80's as an HIV Test Counselor who opened so many positive test results for gay/bi-sexual men in the Midwest, and later in the early 90s as a GMHC volunteer on mobile vans and a community educator who was arrested in Grand Central Station for simply handing out condoms/ lubricants; I felt enraged by our government's in-action and disheartened by Americans' apathy which led to the deaths of so many.

At the open plenary, seated in a packed room, speaker after speaker reminded me why I personally got involved in HIV work and advocacy over twenty-five years ago. "AIDS WORK CALLS FOR THE BEST IN HUMANKIND." And yet, our "FAITH" is challenged when our most basic needs go unmet. In DC, we were encouraged to, "STAND UP," and "TURN THE TIDE TOGETHER!" – to reduce new HIV diagnoses till there are no new infections. To do this, we will need bigger hearts that yield investments in comprehensive care and services that meet the most basic human needs such as safe and affordable housing. Each one of us was asked, "TO USE OUR PERSONAL POWER TO CHANGE THE COURSE OF THIS PANDEMIC" … and "END AIDS" once and for all. Many conference speakers spoke of how the end of AIDS is within our grasp. "BE UNITED" in this purpose, pleaded various world leaders, which were followed by thousands of voices in prayerful unison, "LET **IT** BE SO," followed by even louder calls to, "LET **US** MAKE IT SO!"

The end of AIDS is a noteworthy goal, and that we're even discussing it, is an indication of how far we've come. But this goal will require a consciousness in us that demands more than access to HIV medications! HIV/AIDS is also about economics (confronting poverty), social justice (fostering empowerment and dealing with racism/prejudice) and the human heart (seeing the connectedness of all beings).

At Amida Care, we understand these barriers are real and impact our members. That's why we are committed to not only offering you quality health care, but to working with you to eliminate these barriers - so that you live in health and with dignity. As a consumer of health and behavioral health services, you have the right to receive care that is high quality, delivered in respectful ways and that empowers you to be the central voice in deciding what is right for you, right now.

We know our primary work is to ensure access/ retention to life-saving health and behavioral health care for members like you. But we also recognize our broader duty is to contribute to the end of HIV/AIDS by addressing structural, political, economic and social issues.

We encourage you to talk with others - providers, care partners, lovers/spouses, friends at programs, community leaders, clergy/spiritual teachers, family - about what's happening in HIV/AIDS prevention, care/ treatment, recovery, housing and support services.

I ask you, Amida Care members, "**How will you choose to use your voice in service of the vision of a world without AIDS?**" Feel free to send your ideas to: Amida Care View, Attn: Member Visions/World w/o AIDS, 248 W. 35th Street, NY, NY 10001. We'll post/print your ideas in a future issue.

AmidaCare @ AIDS 2012

Amida Care members know that it's no secret that their health plan gives them really good healthcare. And now the rest of the world knows this, too.

That's because on Monday July 23, Amida Care CEO Doug Wirth, Chief Medical Officer Dr. Jerome Ernst, RICU staff and a member were at the International AIDS Conference – **AIDS 2012** – in Washington, D.C. This is one of the biggest and most important conferences for people who work in HIV. This year's motto was **Turning the Tide Together**. The Amida Care team were there to show a poster of research called "**A Health Plan's Initiatives Bring More PLWHA into Ongoing Care.**"

The poster is important for members to know about. It was really about each of you, and the quality care that the Plan provides. As you know, Amida Care members get a wide range of services. They are also more involved in taking care of themselves. The conference thought that it was important to show others how this is done.

"We were really excited to be there," said Wirth. He added that he was inspired by the progress that has been made in fighting the worldwide epidemic, but was also struck by how much more there is to do. "While we fight for a cure, it's important for us to also remain focused on quality and availability of treatment options. On that front, Amida Care is clearly onto something."

Ernst said that being invited to present the poster was important because it showed what a good job the Plan has done in providing high-quality care. "It has done so with high retention in care rates," Ernst said. He added that Amida Care has lowered hospital admissions and ER visits for members, too. "It's important for others to see what we have done so that it can be modified and duplicated."


Dr. Ernst

This year, 23,767 people came to the International AIDS Conference from all over the world. The Amida Care team spent a couple of hours talking to many of them. They answered questions about the Plan and the work that Amida Care does for members. They also learned about other groups and their research.

In 2014 the conference will move to a new city—Melbourne, Australia. Wirth said that Amida Care would be doing more research and putting together proposals for the Melbourne conference, too, when 2014 rolls around.

For more conference impressions and highlights make sure to read the articles written by our staff.

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Engagement of this members is a product of:

- Community Health Outreach Workers who find and bring members back to care
- Health Navigators who assist members to their appointments
- Behavioral Health staff addressing mental health and substance abuse issues
- Discharge Planners
- Care Coordinators
- Patient Educators
- Live Your Life Events
- Monthly Health Programs which engage members in managing their health
- Intensive and Supportive Case Management
- Bimonthly Member Newsletters

Results

As a result of Amida Care's expansive outreach and engagement efforts, Quality Assurance reporting in 2011 showed 93% of members were in regular primary care, and reporting in 2010 showed that 92% were engaged in care and 82% had viral load monitoring. Federal statistics show 30% to 40% of similar patients to be out of care.

As of January 2012, the Retention In Care Unit's efforts to re-engage the over 900 members who dropped out of care resulted in:

- 78% of these members re-engaged.
- Of those re-engaged,
  - 55% had viral load testing;
  - 54% had CD4 testing;
  - 82% filled a HAART prescription.

Engaging patients in effective HIV primary care resulted in significant cost savings. Figure 2 reflects a three-year period, where Amida Care's internal data showed a 63% decrease in emergency room visits and a 74% decrease in hospital admissions.

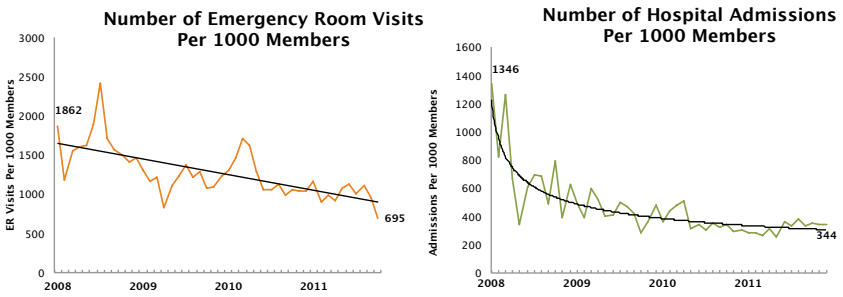


Figure 2. Year-over-year emergency room visits and hospital admissions continue to trend downward.

Available Viral Load and CD4 results from a representative subpopulation of community-based clinics (Figure 3) in 2011:

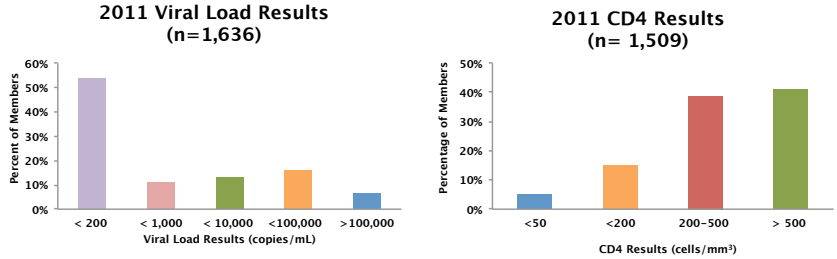


Figure 3. In 2011 over 50% of above member subpopulation had a viral load of less than 200 copies/mL and 41% had a CD4 result greater than 500 cells/mm^3.

Highlights of Our Poster at IAC 2012

"It's important for us to remain focused on quality and availability of treatment options."

The Amida Care Team at IAC 2012 (from left), Jeronimo Roman, Nicole Mylan, Reyana McKenzie, Lee Garr and our CEO, Doug Wirth

Turning the Tide Together
The International AIDS Conference

Every two years, the international HIV community comes together to hold the International AIDS Conference. For the first time in 22 years, the conference was held in the United States; the event was held at the Washington DC convention center. This follows the lifting of the United States travel and immigration ban on HIV-positive individuals from entering the U.S.

According to the conference conveners, AIDS 2012 drew nearly 24,000 participants from 183 countries. The week-long program featured 491 sessions covering science, public policies, trainings, best practices, leadership skills, stories in the field, and more.

The conference was supported by almost 1,000 volunteers from all over the United States and other countries. The amount of information and activities occurring was almost mind-boggling. Just sifting through the agenda to select sessions and events to participate in took careful planning. On top of the formal conference, countless receptions, marches, demonstrations, presentations in the Global Village and other unofficial activities were buzzing all around the conference itself. The energy at the conference could be described as "electric."

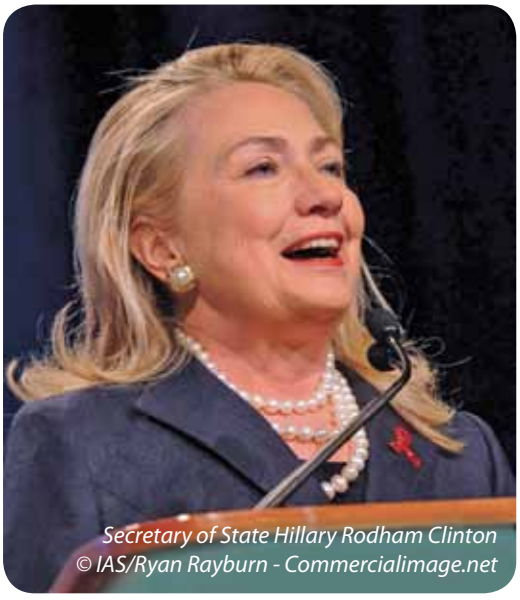
If there was one overall theme to many of the speeches and presentations at this year's conference, it was that the science and medical technology is now available to end the HIV epidemic – what is needed is the willpower and resources devoted to ending the scourge of HIV.

Speaker after speaker acknowledged that the treatments and research are available that show us that if we can get everyone into treatment and undetectable, not only will the quality of life of persons living with HIV/AIDS dramatically improve, but the number of new infections could be almost completely eliminated. The reality is, however, that only a small percentage of those who are infected are on treatment across the globe. The challenge for all of us is how to get these treatments and research to everyone who needs it.

Secretary of State Hillary Clinton started her energetic speech by saying (after acknowledging people protesting) "Part of the reason we've come as far as we have is because so many people all over the world have not been satisfied that we have done enough. And I am here to set a goal for a generation that is free of AIDS." She also very appropriately reminded us of how far we have come. The most memorable part of her speech was:

> *But I want to take a step back and think how far we have come since the last time this conference was held in the United States. It was in 1990 in San Francisco. Dr. Eric Goosby, who is now our Global AIDS Ambassador, ran a triage center there for all the HIV-positive people who became sick during the conference. They set up IV drug drips to rehydrate patients. They gave antibiotics to people with AIDS-related pneumonia. Many had to be hospitalized and a few died.*

She talked about the United State's commitment to the global fight for HIV, stating that



Secretary of State Hillary Rodham Clinton
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Sir Elton John, United Kingdom
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"On treatment as prevention, the United States has added funding for nearly 600,000 more people since September, which means we are reaching nearly 4.5 million people now and closing in on our national goal of 6 million by the end of next year. That is our contribution to the global effort to reach universal coverage." She also announced $80 million more for *President's Emergency Plan for AIDS Relief (*PEPFAR.) It should be noted that some international AIDS advocates have been highly critical of the U.S. commitment to the global AIDS efforts, as several cuts have been proposed in the past.

Elton John gave a riveting and very personal speech about how to end the AIDS epidemic. He started by talking about his own youthful experiences with drugs, alcohol and risky sex in the 1980s.

He told the audience: "I should be dead", but was fortunate to never have contracted HIV. What is needed to end the epidemic? "We need more humanity and more love if we are going to end AIDS. If you want to end the AIDS epidemic in America, then show compassion for those who cannot afford treatment and are on a waiting list to receive it. If this country wanted to end new infections at home, it could do so in a heartbeat." He went on to talk about how policies across the globe that stigmatize people living with HIV are the very drivers of the epidemic, including criminalization and homophobia.

These are but a few of the speakers that also included Bill Gates, DC Mayor Gray and former President Bill Clinton, not to mention countless researchers and leaders from other nations.

Perhaps the most riveting part of the conference outside of these two presenters was something totally outside of the conference itself: A large protest from the convention center to the White House that took place on Tuesday, July 24. In sweltering 100+ degree heat, several thousand individuals marched on a global theme of "We Can End AIDS". The march split up into a series of smaller themes, each marching a separate route and then converging together at the White House. These themes were: a Robin Hood Tax; fighting corporate greed/pharmaceutical pricing; sound public policies for HIV/AIDS (lifting the ban on syringe exchange and domestic HIV funding); human rights and harm reduction; and access to full women's health care including reproductive rights. The march was well organized and extremely well attended. As would be entirely expected of an AIDS protest in DC, several protesters closed the event by getting themselves arrested.

For more information on the conference, including information on presentations and abstracts, webcasts to some speeches and more, you may go to: www.aids2012.org

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Village Care Public Policy Observer

About Village Care:
Village Care is a non-profit organization that offers comprehensive care for persons living with HIV/AIDS and for older adults with chronic and continuing care needs.

HIV and AIDS in the African and Black Community

Attending the International AIDS Conference in Washington, DC was a powerful and moving experience for me, not only as a worker, but also as a Black man in America. One session that I attended was titled "Turning the Tide of the Impact of HIV in Black Diaspora Communities."

It was great to be in a room of people from all over the globe, who looked like me. There were doctors, policy makers and direct service workers, all of African descent present. The room had an air of confidence, hope and comfort, in part I think due to the visibility of the Black leaders present. The panel discussion was great and at times challenging, because the panel was willing to talk about two subjects that are sensitive to our community- social exclusion and homophobia in the Black church.

Lack of jobs, racism, and lack of access to educational opportunities leads to social exclusion and isolation. One panel person said it best when she stated, "Too many people in Black communities are just trying to survive, going to the doctor is not necessarily their main focus. Getting food and keeping their kids safe is." Yes, I know this, but to hear it echo off the walls, at a conference of this magnitude was hard, hard to hear actually, but important. Why do our communities have limited access to care and resources? Why are we isolated in segregated neighborhoods due to the lack of decent housing? This type of isolation can lead to higher infection rates and compromises the health

by Lee Garr
Health Navigator Supervisor

of Black people. The discussion here made me realize that we just can't treat the individual; we have to treat the community.

Then it got very interesting when the panel discussion shifted focus and talked about the Black church. One person said, "In order to combat HIV and AIDS the Black community needs the Black church." There was a chorus of people saying "Yes, indeed" and applause. For a moment, I felt like I was in church. It was a moment of great togetherness. In short, the presenters stated that there was no room in the Black church or any church for homophobia.

This is a very sensitive topic for the Black community and I was happy to see that it was not shied away from. It is a topic that can be scary to discuss, but since it was so openly put out on the table, there was no fear in having the discussion. The presence of homophobia in black churches hinders the ability of gay and bisexual black men to get services. The room seemed to agree that Black churches have to start openly talking about HIV and AIDS. With greater acceptance and getting past homophobia in the Black church, HIV infection rates will continue to decrease and our communities will grow stronger.

While attending this session and listening to the presenters on the panel I felt hopeful, I felt comfort. There was a great deal of harmony in the room. It was wonderful to see activists and workers, who represented my community, speaking about issues that directly affect my community.

Turning the Tide Together

This was this year's conference theme. Through out the gathering many participants share with the world what these words meant for them. Here are some of the highlights of the heart and wisdom of our global brothers and sisters in the fight against AIDS .

A World Without AIDS

Being a part of the International AIDS Conference 2012 in Washington DC, has truly afforded me a global view of a world with HIV and AIDS.

There were passionate conversations about a future without AIDS (the stigmas of the past and the prejudices of the present) and money—like the 45 million dollars that the USA will spend from 2010 to 2015 in HIV prevention alone. But what most impressed me was the unity between people living with and without AIDS. Together we stood focused, strong and united – all knowing that only together we would be able to overcome the walls and barriers, and bring a stop to the spread of HIV and AIDS.

I was also part of a successful poster presentation for Amida Care, a health plan that has dedicated itself to improving the lives of those living with the disease and reducing its impact in the process. Being able to be there, not only as an employee but also being able to share my experience as a member, was truly rewarding. Being asked what my role is in Amida Care and being able to share the fact that I am a CHOW-Community Health Outreach Worker was very empowering. I feel pride in the fact that we were the first health plan that initiated health outreach workers without government funding until the importance of this kind of outreach was acknowledged, thus establishing it as the norm for other health plans, creating employment opportunities for community members and demand for people with HIV as outreach workers. When approached with questions about my experience as a member I could only respond that I wish that someone would have knocked on my door when I felt alone, sick and suffering and asked me how I was and what I needed.

The fact that I faced the same issues as many of our members and understand at a very personal level what they are going through, helps me stay committed to my work and to our members. I have come face to face with adversity far too many times not to care. As a health outreach worker, I go beyond handing out condoms and dispensing syringes – which is all good by the way – but ultimately what I do is reconnect the member to life-saving health care, by utilizing all our connections with ADHC's (Adult Day Care Centers) Clinics, hospitals, case managers and the list goes on. In the end, not only do I show them there is a better way of living, but also I introduce them back into a community that envisions a future without AIDS and that loves them and encourages them to love themselves, thus embracing our motto, "LIVE YOU LIFE!" And I am proud that I am doing my part.

by Jeronimo Roman
CHOW/Member

Doing My Part

I wish that someone would have knocked on my door when I felt alone, sick and suffering and asked me how I was and what I needed.

Children's AIDS Art Programme
Faces of Hope
South Africa

Getting Older

by Nicole Mylan
Director of Retention
in Care Unit

One issue that was extensively spoken about at the 2012 International AIDS Conference was aging with HIV. This is an issue that the medical community has been interested in for some time and more information is emerging on this issue all the time.

As people with HIV grow older, it is important to understand the effect HIV has on the body. Because of anti-retroviral therapy, people are living much longer than ever before. **By the year 2015, it is estimated that approximately 50% of people living with HIV/AIDS will be over 50 years old.** Furthermore, in the United States an additional 38,000 people with HIV/AIDS turn 50 each year.

As people get older, illnesses could emerge in those that did not have previous health problems. For people living with HIV, these "normal" health problems are often exacerbated by their HIV disease and/or treatment. Research has shown that people who are HIV-positive and over 50 are at increased risk for illnesses such as kidney stones and kidney failure, osteoporosis and bone fractures, cancer, heart disease, high blood pressure, high cholesterol, depression and suicide, to name a few. This does not necessarily mean that these illnesses happen earlier in life; however, they happen more frequently in people living with HIV/AIDS who are over 50 compared to those who are HIV-negative .

So what can you do to keep yourself as healthy as possible for a long as possible?

It is recommended that people over 50 living with HIV see a primary care provider who specializes in both HIV and aging.

- If you are over 50, speak to your primary care provider to see if they have the proper knowledge of illnesses that affect older adults.
- In addition, proper diet, exercise and a healthy lifestyle can decrease the chances of certain illnesses.
- Finally, there are many screening tests which can help catch some illnesses early.

It is important to speak with your doctor about your risks and get regular screenings as early detection and treatment can prolong both quality and quantity of life.

Amida Care members have an extensive network of medical providers to choose from. We encourage our members to use these providers to get regular screenings such as colonoscopies, mammograms (women), pap smears (women), anal paps (men and women) and prostate exams (men) and help to prevent other illnesses.

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Living with HIV as an Older Adult

by ACRIA

The number of older people with HIV is expected to increase dramatically – by 2015, half of all people with HIV in the U.S. will be over 50. Being older can have both positive and negatives effects on living with HIV.

Older adults tend to take their medications more consistently than younger people, and this is also true when it comes to HIV treatment. Many older adults with HIV feel that having had more life experiences makes it easier for them to cope with the challenge of living with the virus. Yet, these same older adults may also feel less physically strong, more isolated, and that they are treated badly by providers. Vincente wrote:

My doctor is very personal, very involved. But he can scold: "If you run out of meds, you're supposed to call me!" He's much younger than me, and I've had to tell him a number of times, "You need to listen to me." He just says, "I'm the doctor and you do what you're told." When I found out I had cancer, I had a problem with the way he talked to me. I kept saying, "Talk to me as if I'm an adult, not a child." That's something I can't tolerate – treating me like I'm stupid. It gets under my craw.

In addition, older people with HIV often have less social support. The number of friends they have may shrink as they grow older, and many live alone due to the death of a partner or spouse. Among older gay men, this may be due to the many who died early in the epidemic. David wrote:

ACRIA's booth at IAC 2012

In the past few years, I've faced becoming older and not being able to share the "old stories" with anyone who knew me then. I recently saw Priscilla: Queen of the Desert, and was so happy to hear the music of my coming-of-age years, like "I Will Survive" and "I Love the Night Life." But I was with a young family member who couldn't share the stories of what we did when those songs first graced the dance floor in the disco era.

Over 90% of older adults with HIV must also deal with other medical conditions, like high blood pressure, hepatitis, and arthritis. In addition, drug interactions between HIV meds and other drugs must be closely watched. Douglas wrote:

Part of my problem is that I refuse to deal with all my conditions: HIV, depression, kidney cancer, high blood pressure, high cholesterol, etc. I just take the medicine and that's it. Or sometimes I won't take them because I just have to take too much. I'm 52 years old and my parents are in their 70s, but when we talk it's like I'm in my 70s with them.

We need to address the care older adults are getting. Seeing different specialists can be a burden, but the visits usually don't have to be frequent. It's important to find a provider who can manage all of your conditions with advice from the specialists. There are no easy or quick solutions, but a caring primary care provider, informed specialists, and an educated patient can go a long way to managing the situation.

About ACRIA:

The AIDS Community Research Initiative of America is a leading research and education organization, working across New York City and State, nationally and internationally to help people with HIV & AIDS live longer, healthier lives. www.acria.org

AIDS United

A leader in the global fight against AIDS

AIDS United, along with its funders, grantees and advocates, had a significant presence at the International AIDS conference. With so many recent advances and tools in the community's HIV-fighting arsenal, the sense of hope was palpable that we were truly "Turning the Tide" – which was the conference's theme – to an AIDS-free generation.

And AIDS United is providing technical and monetary support to innovating programs across the globe that help in turning today's hopes into tomorrow's realities.

Among the many sessions at the International AIDS Conference sponsored by AU, two special sessions highlighted issues of access to care; one featuring the work of the Positive Charge grantees and one featuring speakers Dr. David Holtgrave of Johns Hopkins and Dr. Edward Gardner.

Amida Care is a grantee of Positive Charge through ACCESS NY – which directly addresses both individual and systemic barriers to care. We had the opportunity to participate in Positive Charge grantees panel and share with the international audience our experiences with successfully engaging and keeping HIV+ New Yorkers in care.

In the other session, Dr. David Holtgrave and Dr. Edward Gardner – creator of the Gardner Cascade of HIV care – presented a look at the data emerging from the Positive Charge cohort and the movement of Positive Charge clients along the cascade. The HIV/AIDS treatment cascade is a way to show, in visual form, the numbers of individuals living with HIV/AIDS who are at different stages of treatment, from not knowing their HIV status, to being in treatment with undetectable viral loads, and everything in between.

AU Policy staff also organized "Do It Yourself Legislative Days" and Regional Organizing staff offered legislative visit trainings in the Global Village throughout the week. These trainings helped participants coordinate meetings with their Members of Congress while in Washington D.C. for the International AIDS Conference.

Senior VP, Vignetta Charles participated in a forum at the Washington Post on AIDS in America. The event also featured Health and Human Services Secretary Kathleen Sebilius among other experts from across the country. The discussion highlighted why many of those most affected still lack access to HIV treatment, how stigma and discrimination continue to fuel the epidemic, and what the public and private sectors can do to address it.

After the satellite session, *Acces to Care in the US*. In front row, Doug Wirth (2nd from the left); Dr. Edward Gardner (2nd from the right), and Cynthia Gomez (on the right.) In the second row: Vignetta Charles (second from the left) and Dr. David Holtgrave (third from the left.)

Douglas Brooks, *Chair of AU Board*

At a special stakeholder reception held at the lovely Willard Hotel, AU presented the first Innovative Strategy Award for Access and Retention in HIV/AIDS Care to Provincial General Hospital Comprehensive Care Centre (PGH CCC), from Nakuru County in Kenya, Africa. Davies Njuguna, Chair of the PGH CCC, accepted the award from Dr. Edward Gardner, who presented it in a room nearly filled to capacity with AIDS United Trustees, staff, grantees, funders and friends. This innovative Kenyan model is both inspiring and applicable to domestic interventions. AU looks forward to continuing to bring innovation (from across the globe) to our fight to end AIDS in America.

On Wednesday, July 25, AU'S Linda Scruggs brought the house down when she delivered one of the opening plenary speeches.

Also, AU Interim President and CEO, Victor Barnes co-chaired a panel on how public-private partnerships are being leveraged to fight HIV/AIDS in communities around the world, which included Nancy Mahon from MAC AIDS Fund and Rhonda Zygocki, Executive VP at Chevron.

In addition to these important presentations, AU hosted a variety of sessions on important topics in the field of HIV. These included – among others – men who have sex with men (MSM), the transgender community, women and pre-exposure prophylaxis, which uses HIV medications in HIV-individuals at high risk to reduce their risk of infection.

Linda Scruggs and Tanya Plibersek, *Australia's Minister of Health*

AIDS United & Amida Care

making a difference through partnership and innovation

Amida Care staff was able to attend the International AIDS Conference thanks to support received from AIDS United/BMS. AIDS United is a non-profit organization that combines fundraising, grant making, partnership building, expert knowledge, policy analysis and advocacy to "ensure that people living with and affected by HIV/AIDS have access to the prevention and care services they need and deserve".

AIDS United is a leader in supporting innovative projects to increase access to medical care for people living with HIV/AIDS. In 2011, they received a federal grant from the Social Innovation Fund that they then distributed to 10 organizations throughout the United States. The goal of this funding is to develop and carry out new and progressive programs that help HIV-positive people – who would otherwise not be engaged in appropriate care – get the medical services they need.

Another significant initiative funded by AIDS United is Access to Care (A2C). Through funding from Bristol-Myers Squibb, Positive Charge was developed. This money funds 5 collaborative projects throughout the country who work to break down barriers to receiving HIV care, including the AccessNY project.

Amida Care is both a Social Innovation Fund and Positive Charge grantee. With the support of AIDS United, Amida Care has created the Retention in Care Unit, which is designed to assist our members who are unconnected to care, have dropped out of or at risk of dropping out of care. Our Health Navigators and Community Health Outreach Workers (funded through Positive Charge/AccessNY) assist members in choosing a primary care provider they are comfortable with, providing escorts to appointments, engaging in case management services and offering referrals to other services members may need to help them attend regular medical appointments.

Amida Care also partners with Harlem United, Help/PSI and Housing Works to provide Mobile Engagement Teams (funded through the Social Innovation Fund). These teams are made up of an Outreach Worker, an Intensive Case Manager and a Licensed Clinical Social Worker who bring clinical and case management services into the field and meet members with substance abuse and/or mental health issues where they are at, both literally and figuratively.

Amida Care's 2011 quality reports show that 92% of our membership was engaged in HIV primary care, as compared to 60%-70% national average.

AMIDACARE
LIVE YOUR LIFE

Thank you AU for supporting New Yorkers!

RICU Team

Furthermore, as of January 2012, the Retention in Care Unit's efforts to re-engage the over 900 members who were unconnected or dropped out of care resulted in 78% of these members engaged or re-engaged in care. Of those members re-engaged, 55% had viral load testing, 54% had CD4 testing and 82% filled a HAART prescription.

The work Amida Care's Retention in Care Unit has done would not have been possible without the support of AIDS United, Social Innovation Fund, Bristol-Myers Squibb, New York Community Trust, Council of Fashion Designers of America, NYC AIDS Fund and the New York State Health Foundation. We are grateful for this support and for being able to help our members get regular care with an HIV primary care provider who is sensitive to their unique needs as well as being able to bring services into the community and our member's homes.

92%

92% of our membership was engaged in HIV primary care, as compared to 60%-70% national average.

YOUTH AND INTRAVENOUS DRUG USE

As a woman who has been working in the field of HIV/AIDS since 1999 in Guyana and now in the United States, attending the International AIDS Conference in Washington DC proved to be an eye opening experience.

For me it was interesting being able to see how countries with more resources are able to provide more effective advocacy, research, treatment and prevention strategies, than countries with less funding and resources, like my home country, Guyana.

I attended a session called *Young People And Injecting Drug Use: Overcoming Barriers To HIV Prevention And Harmonizing National Laws With The UN Convention On The Rights Of The Child*. The focus was on youth and substance abuse in relation to HIV in Romania. Usually when you think about HIV, images of the poor in Africa and the United States are the picture we most commonly see, but others around the world, around the globe are suffering too.

According to the World Health Organization, 15 to 24 year olds account for 40% of all new HIV infections and everyday 2,400 young people get HIV. Globally there are more than 5 million young people living with HIV/AIDS, with the main underlying contributors being poverty, lack of resources to effectively implement harm reduction programs and minimal to no youth-friendly health services access.

While listening to the presenters, it took me right back to my work at the Ministry of Health in Guyana, coordinating the National Youth Friendly Health services program. Issues such as cultural barriers, the loss of skilled labor (because people leave the area in search of more favorable geographic, economic, or professional environments), minimal to no kind of infrastructure, and more importantly, a lack of policies and the will to facilitate the kind of framework that would assist us with providing adolescents and youth with sexual and reproductive health, HIV/AIDS prevention, testing and treatment, and drug, alcohol and mental health services.

The presenters also addressed issues of negative attitudes by service providers and their effects on young people accessing drug treatment services—another example I can relate back to Guyana. Most of our communities are very small and confidentiality is a very foreign concept. They also have issues with putting their own personal judgments aside which drive young people away from clinics and community health centers, and those youths oftentimes fall through the cracks like in the cases that were presented. To combat this, a lot of training had to be done with community health workers to remove judgment and look at the epidemic as a public health issue which in the best interest of the communities and the country as a whole. Although Guyana doesn't have high rates of IDUs we do have high rates of alcohol abuse. And like Romania and the Philippines there is a lack of medical and community programs. There is a "rum shop" in almost every community and it's a norm for our men, as young as 15 years old, to have daily drinks. Sometimes those daily drinks lead to quarrels, fights, domestic violence and murder.

In concluding, with the global economic crises, there is a reduction of resources and funding across the globe. Less and less monies are going to poor countries outside of Africa. In the case of Guyana, USAID and Global Fund are slowly ending, forcing local governments to invest their already limited resources in these kinds of programs. Left to suffer are the local non-governmental organizations and most importantly, the people who really need the important services these organizations provide.

Notes from the IAC

by Reyana McKenzie
Outreach Liaison

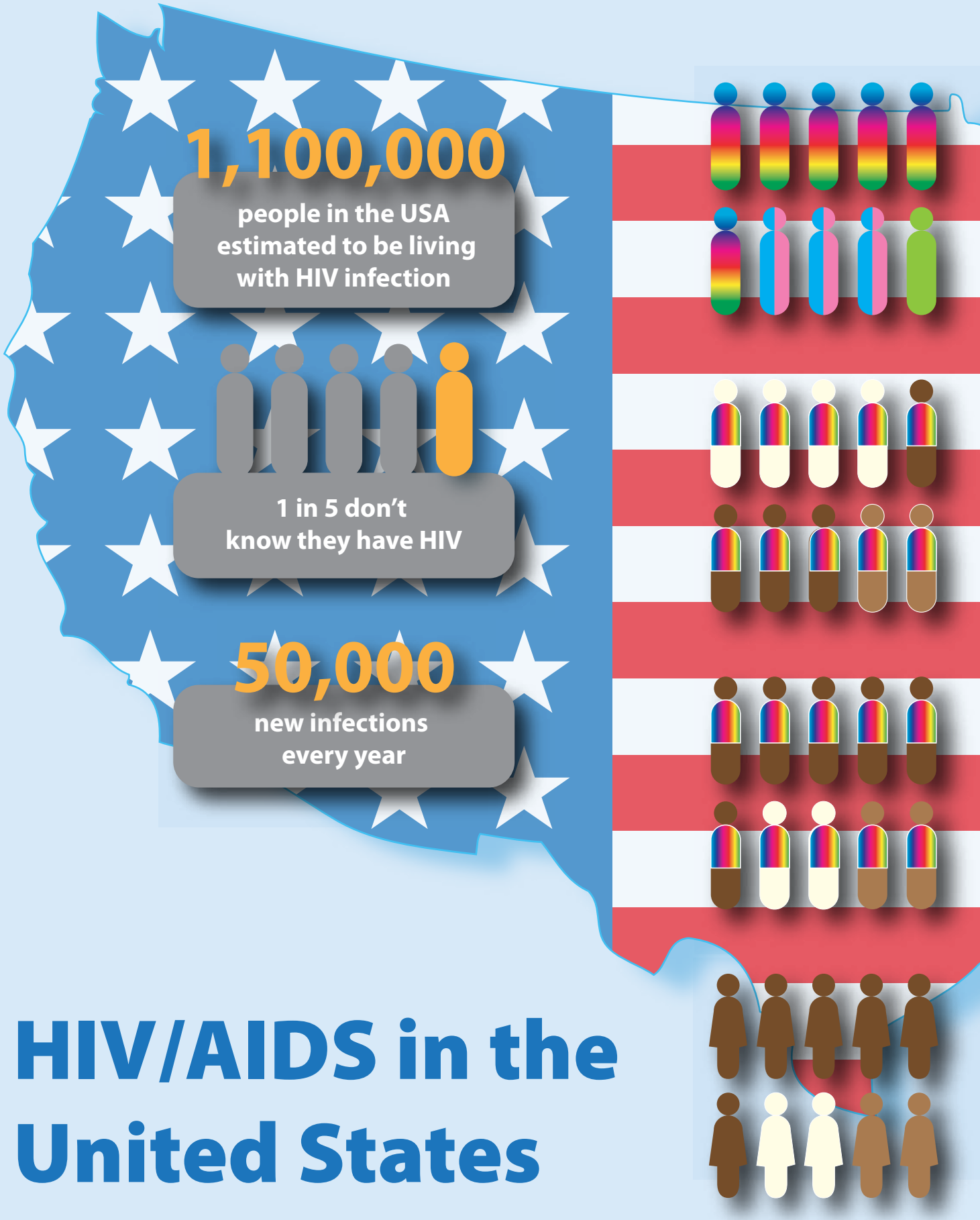
Are you experiencing judgment from a medical or service provider? You are not alone, there is help available. There are a number of things that you can do:

1 **Talk to the provider:** Since stigma and discrimination can result in poor quality of care, by talking to your provider and letting him/her know about your concerns will only enhance the quality of care you receive. Many providers want to know how they can serve you better and your feedback might not only benefit you but also benefit other members who are experiencing similar feelings of judgment.

2 **Talk to another member of your care team:** You can also discuss your concerns with other members of your care team, e.g. Social Worker, Health or Patient Navigator, Nurse or Care Coordinator.

3 **Request the help of a Health Navigator:** If you're not satisfied with the outcome, please feel free to call Amida Care's Member Services line at telephone number 1-800-556-0689 and speak with a representative or an Amida Care Health Navigator at telephone number **1-800-786-1800**.

You deserve to be treated with respect and dignity.



HIV/AIDS in the United States

A Visual Representation Based of U.S. Centers For Disease Control And Prevention Estimates and Aproximations from 2009 Data

New Infections Overview:

61% MSM - Men Who Have Sex with Men

27% Heterosexual Contact

9% Injection Drug Users

Of the new infections among gay men and other MSM:
39% were White/Caucasian
37% were Black/African-American
20% were Hispanic/Latinos
4% were Asian-American, Pacific Islanders, Native Americans and other groups

Young gay men and other MSM (ages 13-24) represent 34% of all new HIV infections. Of these:
63% were Black/African-American
18% were White/Caucasian
16% were Hispanic/Latinos

Women represented 23% of all new HIV infection. Of these:
57% were Black/African-American
21% were White/Caucasian
16% were Hispanics/Latinas

The South and Northeast, along with Puerto Rico and the U.S. Virgin Islands, are disproportionately impacted

District of Columbia, New York, Maryland, Florida, Puerto Rico, Georgia, Louisiana, Delaware, Connecticut and South Carolina have the highest rates of reported AIDS cases per 100,000 residents in the USA in 2005.

A Community at Risk

HIV and AIDS among Gay and Bisexual Men

Gay and bisexual men — referred to in CDC surveillance systems as men who have sex with men (MSM) — of all races continue to be the risk group most severely affected by HIV. The term men who have sex with men is used in CDC surveillance systems. It indicates the behaviors that transmit HIV infection, rather than how individuals self-identify in terms of their sexuality.

CDC's most recent data show that between 2006 and 2009, the number of new infections that occur each year increased among young MSM — driven by an alarming 48 percent increase among young, black MSM 13 to 29 years old. These data clearly show the urgent need to expand access to proven HIV prevention programs for gay and bisexual men, and to develop new approaches to fight HIV in this population.

A Snapshot

- MSM account for nearly half of the approximately 1.2 million people living with HIV in the United States (49%, or an estimated 580,000 total persons).
- MSM account for more than half of all new HIV infections in the United States each year (61%, or an estimated 29,300 infections).
- While CDC estimates that only 4 percent of men in the United States are MSM, the rate of new HIV diagnoses among MSM in the United States is more than 44 times that of other men (range: 522 – 989 per 100,000 MSM vs. 12 per 100,000 other men).
- According to the latest estimates, white MSM represent the largest number of new HIV infections (11,400) in the United States, followed closely by black MSM (10,800) and Hispanic MSM (6,000).
- The primary ages at which MSM become infected differ by race:
  - Young Black MSM: The majority of new infections among black MSM occur among young black MSM aged 13 to 29 (6,500). In fact, more new infections occur among young black MSM than white MSM aged 13 to 29 and 30 to 39 combined (6,400).
  - White MSM: New infections among white MSM occur at roughly the same levels among all age groups (aged 13 – 29, 30 – 39, and 40 – 49), ranging from 3,200 to 3,400 in each group.
  - Young Hispanic MSM: Among Hispanic MSM, most new infections occur in the youngest (13 – 29) age group (2,700), though a substantial number of new HIV infections also occur among those aged 30 to 39 (2,000).
- In a study of 21 major U.S. cities in 2008, MSM had high levels of HIV infection, and many of those infected with HIV did not know it.
  - Overall, one in five MSM participating in the study was infected (19 percent). While MSM of all races and ethnicities were severely affected, black MSM were particularly impacted.
  - Among those who were infected, nearly half (44 percent) were unaware of their HIV status. Young MSM and MSM of color were least likely to know they were infected.
- AIDS continues to claim the lives of too many MSM. Since the beginning of the epidemic, more than 286,000 MSM with AIDS have died.

Complex Factors Increase Risk

High prevalence of HIV: The existing high prevalence of HIV among gay and bisexual men means MSM face a greater risk of being exposed to infection with each sexual encounter, especially as they get older. For young black MSM, partnering with older black men (among whom HIV prevalence is high) may also lead to increased risk.

Lack of knowledge of HIV status: Studies show that individuals who know they are infected take steps to protect their partners. Yet many MSM are unaware of their status and may unknowingly be transmitting the virus to others. Additionally, some MSM may make false assumptions or have inaccurate information about their partner's HIV status. It is critical to ensure that sexually active MSM get tested for HIV at least annually, or more frequently as needed.

Complacency about risk: Among young MSM in particular, complacency about HIV may play a key role in HIV risk, since these men did not personally experience the severity of the early AIDS epidemic. Additional challenges for many MSM include maintaining consistently safe behaviors over time, underestimating personal risk, and the false belief that because of treatment advances, HIV is no longer a serious health threat. We must reach each generation of MSM and develop programs that can help MSM remain uninfected throughout the course of their lives.

Social discrimination and cultural issues: For some MSM, social and economic factors, including homophobia, stigma, and lack of access to health care may increase risk behaviors or be a barrier to receiving HIV prevention services.

Substance abuse: Some MSM use alcohol and illegal drugs, contributing to increased risk for HIV infection and other STDs. Substance use can increase the risk for HIV transmission through risky sexual behaviors while under the influence and through sharing needles or other injection equipment.

From CDC Fact Sheet: HIV and AIDS among Gay and Bisexual Men, September 2011