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Close Up on the *New* Michigan AIDS Fund

For the past several years the Michigan AIDS Fund (MAF) has had a low profile. However Executive Director Stacey Barbas plans to lead Michigan's oldest private AIDS funding source into a future of renewed visibility and in new directions. Michigan HIV & STD News took the opportunity to speak with Barbas in September, just prior to the FY 06/07 MAF grant announcements.

Following the resignation of former Executive Director Glen Jack in 2002, the MAF Board decided to step back and look at the big picture (see Michigan News, Summer Issue). The Kellogg Foundation provided a grant for the work of a transition committee, resulting in a new mission and a strategic plan with rededication and commitment to HIV prevention as well as plans to become involved in public policy. "We've really done a lot in the past four months since our strategic plan was adopted," said Barbas.

Barbas said MAF now has a fund development plan for the next three years, which includes building up the Board of Directors by three new members per year to provide a more diversified base for leadership. Last year the funding cycles ended for three major foundations, so exploring new avenues of funding has to be part of the plan if MAF is to remain viable. "We are like other non-profits struggling to raise dollars," said Barbas. One of the new approaches is house parties sponsored by MAF Board members. Besides raising funds these events will also raise HIV & AIDS awareness among new audiences.

Because MAF is a private funding source, it has more flexibility than the Michigan Department of Community Health (MDCH) in the programs it can support. With the new focus on HIV prevention programs comes a renewed commitment to fund syringe exchange programs. "Our board is very, very committed to syringe access and so they are working really hard to do some fund development, and looking at some specific funding just for syringe access." To this end MAF has been working in partnership with the National AIDS Fund, which collaborates with the Tides Foundation and the Levi Strauss syringe access program.

Due to the loss of foundation grants for this year's grant cycle, the current funding is a little less than past years, so there were no new programs funded, "but we were able to maintain almost all of our continuation funding," said Barbas. "We're working with organizations that have proved to us that they know what they are doing." (See the box of MAF funded programs for FY 05/06 on page 13.) "Ultimately, we'd like to reach out to where



**MAF Executive Director
Stacey Barbas**

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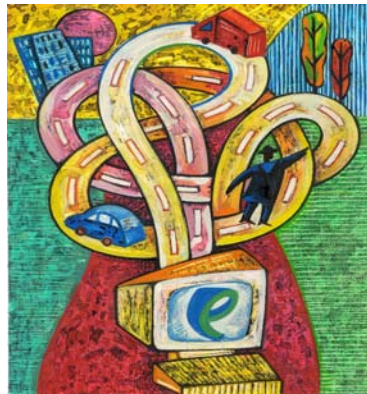
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DHWDC News

MDCH Division of Health Wellness and Disease Control



The Division's Okemos office moved to downtown Lansing on October 24. All phone numbers remain the same. The new mailing address for the Lansing staff is: DHWDC, Washington Square, 109 Michigan Avenue (9th or 10th Floor) Lansing, MI 48913. Note: It will be important to include the floor number. Look for the latest DHWDC news report on the Michigan HIV News website: www.mihivnews.com/dhwdc_news.htm.

Title IV - Maternal and Child Health

The Michigan Department of Community Health (MDCH) Ryan White CARE Act (RWCA) Title IV Program services are aimed at achieving the best possible comprehensive care for women, adolescents, and children living with HIV/AIDS. This model program serves to assure the coordination of medical care and social support services for families living with and affected by HIV/AIDS. The Title IV Program service delivery system is based on a family-centered care approach that recognizes the ever-present influence of family in the management and care of HIV disease.

In April of this year, Title IV moved from the Division of Family and Community Health to the Division of Health, Wellness, and Disease Control within the HIV/AIDS Prevention and Intervention Section. Title IV services are designed to be comprehensive, community-based and culturally competent as well as family-centered. Currently, Title IV funds are allocated to medical and case management agencies in Detroit (See page 9). These agencies provide primary and infectious disease medical care, prenatal and postpartum care, mental health and psychological services, case management, patient and peer advocacy, and health education.

Title IV employs family case manag-

ers and family advocates who serve to link families with needed care across service systems. The Title IV program works to assure that HIV positive women have access to medical therapies to improve their own health outcomes and that reduce the transmission of HIV to their newborn(s). Title IV also assures that women, infants, children, and youth have access to clinical trials that provide each of these populations with state-of-the-art medical care and treatment.

Another important component of Title IV programming is the Title IV Community Action Group (CAG), which, though a women's group, is coordinated by Title IV Program Adolescent Coordinator Laeki Harris. The CAG is designed to give HIV positive women opportunities to develop and use advocacy and leadership skills in the area of policy enrichment and program development for the HIV service system.

The Detroit Medical Center (DMC) is the provider of medical services for the Title IV eligible population living in Southeast Michigan. Within the DMC Title IV funds services for adults, pregnant women,

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HAPIS Core Public Health Unit - Ryan White CARE Act Title IV Program



Hollie Malamud-Price Title IV Program coordinator

Along with all of the administrative duties for the Title IV program Malamud-Price has a special interest in prevention of mother to child transmission (PMTCT) of HIV. While Title IV is a CARE Act, the program is charged with the obligation of PMTCT. Malamud-Price, who has an MPH as well as a BA from the University of Michigan, became interested in this while working in the MDCH HIV Surveillance Section doing chart reviews. She noted that there were children who were “needlessly exposed

Continued on page 9

youth, and children. These services include not only medical, but psycho-social and mental health services as well. One of the most unique aspects of the DMC program is the ability to transition clients moving from one program into the next. “There is coordination along the continuum of care so the clients as they age feel comfortable moving from one program to the next. For example, from the children’s program to the adolescent program or the adolescent to the adult program,” said Title IV Program Coordinator Hollie Malamud-Price.

Children’s Hospital of Michigan (CHM) is the main medical provider for



Laeki Harris



Geraldine Motley

Meet the staff

Laeki Harris Title IV Adolescent Coordinator specializes in information and technical assistance regarding children/adolescents/young adults and HIV/AIDS, with special attention to the Horizons Project-Children’s Hospital of Michigan. She also provides health education regarding HIV/AIDS, STDs, and safer sex issues, including abstinence in non-traditional settings. Harris has worked in the HIV/AIDS field for five years, previously in the HIV/AIDS Department, within the Detroit Department of Health, Wellness and Disease Control, as the Senior Program Consultant for the prevention community planning group.

Geraldine Motley provides administrative support for the Title IV office including preparation of grant application, and preparation and maintenance of administrative budget. She provides technical support to contracted agencies that provide care to Title IV eligible clients, coordinates data collection from the agencies as well as data generated from the administrative office, and she administers the Title IV Emergency Support fund. In addition she provides clerical day-to-day clerical support to both the Program and Adolescent Coordinators as well as program support for the Michigan Community Action Group, a client empowerment group that meets monthly.

HIV positive and HIV exposed children living in Southeast Michigan, but children come from as far away as Flint. At any one time the Immunology Clinic provides service to about 100 children including those infected and prenatally HIV exposed. CHM also offers services to affected family members, primarily HIV negative siblings. In addition to medical treatment, Title IV funds both winter and summer camps and support groups, including mental health, through Project Challenge.

Once they reach adolescence the children are transitioned into the Horizon’s Project program. Horizon’s Project is the

only program in the state for adolescents who are HIV infected. “And it is top notch,” said Harris. Horizons is nationally recognized and is in its third year as a Special Projects of National Significance (SPNS) site to develop innovative models of AIDS care. Horizons has a “SPNS” grant, funded by the HIV/AIDS Bureau of the Health Resources and Services Administration (HRSA). “They are really cutting edge on the psycho-social services that they provide as well as medical,” said Harris. At the appropriate time, Director Dr. Kathryn Wright will then transition young adults into the Detroit Medical Center’s Adult Infectious Disease Clinic.

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Contact Information

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A Caring Act

Authorization of the Ryan White CARE Act expired on September 30, however programs will continue under current legislation until it is reauthorized. Members of the Congressional Black Caucus spoke on the House floor September 28 in support of its reauthorization. Several groups have gathered momentum to bring awareness to the importance of renewing this Comprehensive AIDS Resources Emergency (CARE) Act. Jeanne White-Ginder, mother of the Act's namesake, created a coalition of formidable partners for an awareness campaign that includes participation by the National Alliance of State and Territorial AIDS Directors (NASTAD) and the former Surgeon General Dr. David Satcher.

This summer the administration developed principles it would like to see guide the reauthorized Act. The Health Resources and Services Administration (HRSA) began a process to develop the Severe Need Core Services Index (SNCSI), a major component of the Administration's principles according to a NASTAD CARE Act Reauthorization Watch (10.03.05). SNCSI would determine formula allocations among states and eligible metropolitan areas, to be used to fund core medical services, which would receive 75% of the funds under the President's principles. State AIDS directors have expressed concerns on the impact of the Administration's principles. MDCH Division of Health Wellness and Disease Control Director, Loretta Davis-Satterla and six other AIDS directors sent a letter to HRSA Administrator Elizabeth Duke dated September 1, which voiced their concern for the redistribution of CARE Act funding through changes in funding formulas, restrictions on use of funds, and the possible loss of resources to jurisdictions through elimination of hold harmless provisions.

Draft legislation was expected by the end of the year. See the Administration Authorization Principles at: <http://www.hhs.gov/news/press/2005pres/ryanwhite.html>

Guidelines Updated

The "Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents" has been revised to include up-to-date treatment information, including drug regimens not to use as initial therapy, information about the recently approved protease inhibitor tipranavir, and additional information about several other antiretroviral drugs. The U.S. Public Health Service "Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis" was also recently updated.

"MANY IN US PLAYING A RISKY GAME OF SEX"

CDC Summary of MSNBC.com (10.10.05):: Jane Weaver

Of 56,000 adults polled in a large new survey, only 39 percent reported always asking whether new sex partners have HIV or other STDs. The online sur-

vey, conducted by MSNBC.com and Zogby International, garnered one of the largest responses ever to a US sex survey.

Nearly one-third said they never discuss a prospective partner's sexual health status. Among those with less than a high school education, almost 50 percent never talk about STDs with a new partner. Even so, the majority of survey respondents considered themselves knowledgeable about HIV/AIDS and other STDs.

Approximately 48 percent of women claimed always to check a partner's STD status, compared to 33 percent of men. African Americans (44 percent) tend to discuss the issue more than Hispanics (38 percent) or whites (40 percent).

Alcohol and drugs were the biggest factors for unprotected sex among men and women -- nearly two-thirds said they have had unsafe sex while drinking -- in every demographic subgroup except Asians.

Almost 25 percent of men and 13 percent of women reported more than 25 part-

World News Headlines

China could have 10 M HIV cases by 2010

10.21 - Pacific Islands Face 'Urgent Challenge' To Address HIV/AIDS, UNAIDS Official Says

10.17 - Russia's Spiraling HIV, Health Problems Highlighted in UN Report

10.14 - China Reports 42 percent Rise in HIV Cases

10.11 - NIH to Launch Study of AIDS Vaccine & Brazil Reaches Deal with Abbott Labs in AIDS Drug Dispute

10.4 - Europe Needs to

'Wake Up' to Rising HIV Infections: UN AIDS Chief Says

9.27 - Mandela Warns Global Fund for AIDS, TB, Malaria Running Dry



ners in their lifetime. Women were slightly more likely than men to report between six and 10 partners. Thirty-four percent of men and 38 percent of women reported only one to five partners. Most respondents said they were in long-term monogamous relationships.

"INSTITUTE RELEASES BLACK AIDS REPORT"

CDC Summary of Windy City Times (Chicago) (09.28.05)

The Black AIDS Institute (BAI) released the second in a series of reports documenting the epidemic among African Americans. The report focuses on social factors that are leading to a disproportionate number of new HIV infections among young African Americans.

While people under age 25 account for half of all new HIV infections annually, 56 percent of the new cases occur among black youth.

For more information about the report, visit www.blackaids.org.

MICHIGAN: People and Progress

News Briefs from
Around the State

YPSI TOWNSHIP NIPS HARC'S NEP

The HIV/AIDS Resource Center (HARC) in Ypsilanti will no longer be able to distribute clean syringes to drug users in Ypsilanti Township. The township Board of Trustees voted on September 21 to withdraw its permission for the program, which has been operating at three sites in the township since 2003. Township drug paraphernalia ordinances prohibit the distribution of needles to drug users and HARC needed the Board's exemption to continue its needle exchange program. Ann Arbor News (9.22.05)



The Northern Tier Caravan of C2EA, visited four Michigan cities, Grand Rapids, Flint, Ann Arbor and Detroit, from October 30 – November 1 in its journey from Seattle to Washington, DC. This activist group planned to pick up volunteers in each location to help advocate publicly for resources needed to end the epidemic.

Events included an "Unmask the Stigma" party in Grand Rapids and a rally on the Capitol steps in Lansing sponsored by the Lansing Area AIDS Network and Michigan Equality. Wellness AIDS Services, Inc. sponsored a rally, walk and open house in Flint; HARC held a press conference and sponsored a rally in Ann Arbor on the University of Michigan campus; and Community Health Awareness Group wrapped up the Michigan tour with a rally, and lunch in their community center in downtown Detroit.

AIDS Walk Michigan: Funds down, spirits up

By Dawn Wolfe Gutterman

Between The Lines (10/6/05) Reprinted with permission

DETROIT - Despite beautiful weather and an increase of one thousand walkers over 2004, AIDS Walk Michigan has raised about 14.5 percent less than the event collected last year, according to Barb Murray, co-chair of the Detroit walk and president of the board of AIDS Walk Michigan. However, Murray said that the overall news is good.

"Given the economy, given the amount of money that people have given to hurricane relief, I'm pleased; and I'm very proud of every one of these cities," she said. "It's pretty cool on any given weekend when you get up to do an AIDS walk and realize that the same thing is happening in seven other cities. That's a very powerful statement."

Murray said that not only the weather, but also the energy of the walkers was a big plus. "It was a gorgeous day, everywhere - that's what I've gotten from every walk site. People were very energized, very excited about doing this," she said.

Organizers of the walk, which took place in Ann Arbor, Bay City, Detroit, the

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Statewide Meetings Update

MHAC – The Michigan HIV/AIDS Council met on September 1 in Lansing. Presentations included a report on the results of the MSM (men who have sex with men) survey conducted by the Midwest AIDS Prevention Project (MAPP) in cooperation with MDCH/HAPIS. MAPP CEO Craig Covey and HAPIS consultant Marie Lapinski LaFaive gave the PowerPoint presentation, which can be viewed on the MHN website: <http://www.mihivnews.com/mhac.htm>, along with the entire report, *HIV-Related Attitudes and Behaviors Among Men Who Have Sex with Men: Findings from the Seventh Michigan Survey 2004*. They reported a consistent trend from previous surveys, with risk behaviors remaining unchanged from respondents, primarily Detroit bi-sexual and MSM.

HAPIS Continuum of Care Unit Manager Jane DuFrane reported on President Bush's new Ryan White CARE Act reauthorization principles, and there were conference updates from the Michigan PWA and Case Management Conferences, both held in June, the First National Conference on Methamphetamine, HIV & Hepatitis C held in Salt Lake City in August, which Covey reported was the best conference he had attended in 20 years; and the Prevention Leadership Summit held in San Francisco in August, attended by several MHAC committee members. One member commented that more than a venue for learning, the Summit was an opportunity to see how Michigan is ahead of most of the nation. Meeting business included changes in the PWA scholarship guidelines.

HIV/STDs & Adolescent Networking Committee - This committee of the Michigan HIV AIDS Council met in Whitmore Lake on September 21. Members had the opportunity to share and learn from each other the services that each agency provides. The P.A.C.T. (Peers Acting for Change Together) conference committee gave a report on this summer's conference for teen peer educators held at Eastern Michigan University, which had a small turnout but engaged participation. Next Meeting: December 15.

Research Report

Summaries edited from the **CDC HIV/STD/TB Prevention News Updates**

ABOUT THE VIRUS

“AIDS Virus ‘Could Be Weakening’”

BBC News (09.29.05)

A new study details the results of a comparison of HIV-1 samples from 1986-1989 and 2002-2003 conducted by a team at the Institute of Tropical Medicine in Antwerp. Researchers found the newer samples appeared not to multiply as well and were more sensitive to drugs.

Keith Alcorn, senior editor at the HIV information charity NAM said, “So the virus that is passed on is less ‘fit’ each time. This would suggest that over several generations, HIV could become less harmful to its human hosts. However, we are still far from that point; HIV is still a life-threatening infection.”

Superinfection can confer HIV drug resistance

Reuters Health (9.19.05)

HIV drug resistance can be acquired through superinfection with another strain of HIV, researchers in California report.

“Superinfection does occur, and it can have devastating clinical implications, including the acquisition of drug resistant HIV and probably faster disease progression,” Dr. Davey M. Smith from University of California San Diego, told Reuters Health.

“One of the best things we can do clinically is to do resistance testing prior to starting initial therapy. This would hopefully pick up transmitted drug resistance that might have occurred either from the initial infection or from superinfection.” AIDS 2005;19:1251-1256.

PREVENTION ISSUES

“NIH to Launch Study of AIDS Vaccine”

Wall Street Journal (10.11.05):: Marilyn Chase

Researchers at the National Institutes of Health have set out to recruit 480 healthy, HIV-negative volunteers at 13 sites in the

United States, South America, the Caribbean, and Africa in what is deemed the first trials for a truly global AIDS vaccine. Previously, most vaccine trials used HIV strains found in one or two regions, primarily the Western hemisphere.

This vaccine contains non-infectious, synthetic versions of four genes from three major strains of HIV. Researchers will inject them as DNA fragments of the virus, or the same genes inside a harmless cold virus. This marks the first study of a “broadly relevant” AIDS vaccine, according to Gary Nabel, director of NIH’s Vaccine Research Center.

“Condom Errors Raise STD Risks”

CBSNews.com (07.25.05):: Jennifer Warner

The study, “Prevalence of Condom Use Errors Among STD Clinic Patients,” appeared in the American Journal of Health Behavior (2005;29(4):324-330).

Researchers at the University of Alabama-Birmingham found that errors in condom usage and breakage were common and were associated with increased risk of gonorrhea in men.

“The importance of proper condom use seems obvious, yet the results from this study demonstrate that it must be taught to even sexually experienced adults and that the lack of correct use can be linked to infection,” wrote Diane Grimley and colleagues.

The errors reduced condoms’ effectiveness in protecting against STDs and unintentional pregnancy. The authors said the results highlight a need to promote correct, consistent condom usage.

ASSESSING RISK

“An Emerging HIV Risk Environment: A Preliminary Epidemiological Profile of an MSM POZ Party in New York City”

Sexually Transmitted Infections Vol. 81 373-376 (10..05)

The researchers conducted a behavioral intercept survey among men at entry to “POZ Party” events in New York City in 2003. POZ Parties are emerging sexual environments for HIV-positive men who have sex with men.

The study found high rates of unprotected sex with multiple partners occur in the venues. Subjects showed high rates of lifetime exposure to drugs but relatively little drug use was reported or observed at POZ Party venues. “Additionally, unprotected sexual contact with HIV partners and status unknown partners outside POZ Party venues heightens concern for diffusion of HIV superinfection,” it stated.

“Sexual Risk Factors Among Self-Identified Lesbians, Bisexual Women, and Heterosexual Women Accessing Primary Care Settings”

Sexually Transmitted Diseases Vol. 32; No. 9: P. 563-569 (09..05)

Few data are available on the sexual behaviors of women of diverse sexual orientations in a low-risk population. The researchers undertook the present study to evaluate sexual behaviors of women of all sexual orientations in primary care settings and their risk for HIV and other STDs.

The subjects, a total of 1,304 women, were surveyed by anonymous questionnaire at 33 primary health care sites. Among the women, 600 reported recent sex with men. Of these, 51 percent reported ever using condoms.

Heterosexual women were at highest risk for HIV infection as a result of lack of condom use ($P < 0.001$), especially in high-risk situations. Bisexual women reported a higher rate of substance use with sex than did either lesbians or heterosexual women ($P < 0.001$). Compared with heterosexual or bisexual women, lesbians had higher rates of sex with bisexual men ($P < 0.001$) and injection drug users ($P < 0.02$) and of condom use ($P < 0.001$).

See more research and reports on the MHN website.

*TABLE 1: Characteristics of Michigan Residents Living with HIV or AIDS

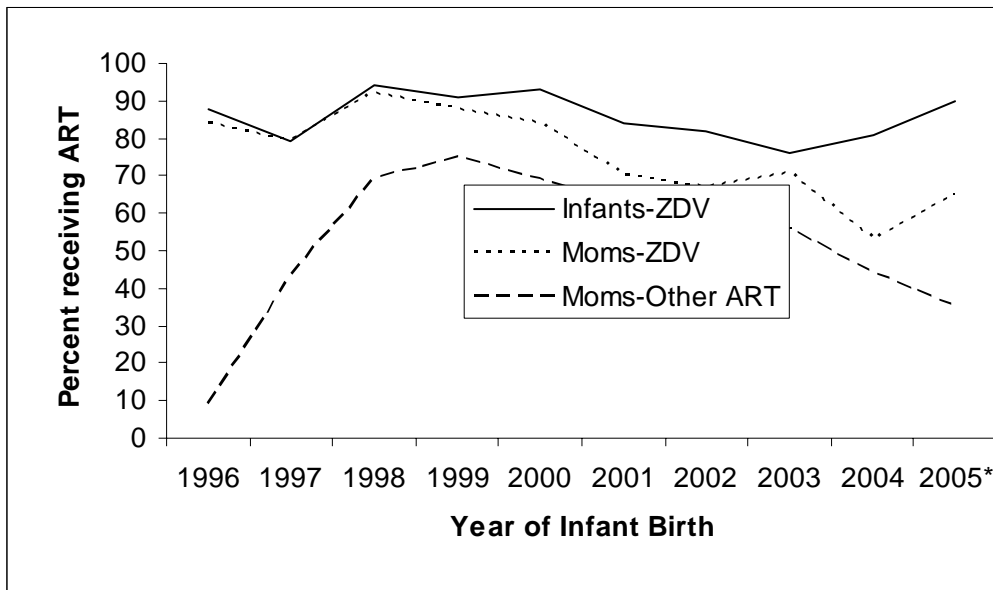
	Estimate of HIV Prevalence ¹	Estimated Prevalence Rate ²	Reported Living with AIDS ³		Reported Living with HIV not AIDS ³	
			Number	Percent ⁴	Number	Percent ⁴
MICHIGAN TOTAL	16,200	163	5,976	100%	5,956	100%
SEX						
Male	12,450	255	4,753	80%	4,420	74%
Female	3,750	74	1,223	20%	1,536	26%
BEHAVIOR						
Male-Male Sex	7,480	N/A	2,942	59%	2,570	56%
Injecting Drug Use ⁵	2,200	N/A	892	18%	729	16%
<i>IDU w/ heterosexual</i>	1,030	N/A	413	8%	346	8%
<i>IDU w/o heterosexual</i>	1,170	N/A	479	10%	383	8%
Male-Male Sex/IDU	770	N/A	305	6%	264	6%
Blood Products	160	N/A	75	1%	46	1%
Heterosexual ⁶	2,160	N/A	751	15%	838	18%
<i>Partner IDU</i>	650	N/A	223	4%	253	6%
<i>Partner Bisexual</i>	120	N/A	35	1%	50	1%
<i>Partner Rec'd Bld</i>	60	N/A	19	0%	22	0%
<i>Partner HIV +</i>	1,340	N/A	474	9%	513	11%
Perinatal	190	N/A	36	1%	104	2%
Undetermined/Other ⁴	Not Applicable	N/A	975	(16%)	1,405	(24%)
<i>Presumed Heterosexual⁷</i>	Not Applicable	N/A	778	(13%)	988	(17%)
<i>Other⁸</i>	Not Applicable	N/A	197	(3%)	417	(7%)
AGE AT DIAGNOSIS						
0 -12 years	200	11	33	1%	116	2%
13 -19 years	400	40	62	1%	232	4%
20 -24 years	1,520	236	303	5%	816	14%
25 -29 years	2,350	359	681	11%	1,053	18%
30 -34 years	3,160	447	1,173	20%	1,151	19%
35 -39 years	3,210	408	1,324	22%	1,043	18%
40 -44 years	2,430	300	1,055	18%	732	12%
45 -49 years	1,440	196	658	11%	405	7%
50 -54 years	850	134	394	7%	233	4%
55 -59 years	370	76	168	3%	107	2%
60 -64 years	160	42	78	1%	43	1%
65 years and over	90	7	47	1%	22	0%
Undetermined ⁴	Not Applicable	N/A	0	0%	3	0%
RACE / ETHNICITY						
White, Non-Hisp.	5,820	75	2,230	37%	2,055	35%
Black, Non-Hisp.	9,420	672	3,450	58%	3,488	60%
Hispanic	600	185	239	4%	201	3%
Asian	70	39	30	1%	23	0%
American Indian	50	94	11	0%	28	0%
Unspecified/Other/Multi-race ⁴	Not Applicable	N/A	16	(0%)	161	(3%)

Footnotes for Table 1

1. This estimate includes all persons living in Michigan at diagnosis of HIV or AIDS, including those not reported or not yet diagnosed. All estimates are rounded to the nearest ten, and the minimum estimate given is 10. See below for explanation of this estimate.
2. Rates are calculated per 100,000 population in 2000.
3. Includes reports that contain patient name or are otherwise unduplicated.
4. Age, sex, race, and behavior percentages are calculated excluding missing data. The percentages of total cases missing this demographic information are given in parentheses.
5. The IDU risk category is further subdivided 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).

Continued on page 8

Figure 5: Efforts to Prevent HIV Transmission to Infants



This graph (from the July 1, 2005 report) shows that an increasing proportion of mothers and infants receive therapies that reduce HIV transmission to infants since 1993. The number of mothers receiving AZT any time during pregnancy, labor, and delivery has increased markedly since the July 1994 CDC recommendations to provide this treatment. The number of infants receiving AZT within 72 hours of birth has increased almost as fast. The number of mothers receiving other antiretroviral therapies increased beginning in 1996.

There appears to be a decrease in mothers and infants who received anti-retroviral therapy (ART) in 2003-2004. This is the result of reporting lag. These data will be more complete in 2006.* Note: 2005 data are incomplete

Table 3: Michigan Residents Reported Living with HIV or AIDS: Sex by Race by Behavior

MALES:	White		Black		Hispanic		Other or Unknown		TOTAL	
Male-Male Sex	2,824	76%	2,443	50%	168	49%	77	38%	5,512	60%
Injecting Drug Use	167	4%	756	15%	47	14%	12	6%	982	11%
Male-Male Sex/IDU	222	6%	322	7%	18	5%	7	3%	569	6%
Blood Recipient	76	2%	18	0%	1	0%	3	1%	98	1%
Heterosexual	87	2%	332	7%	29	9%	8	4%	456	5%
Perinatal	12	0%	60	1%	1	0%	3	1%	76	1%
Undetermined/Other	339	9%	971	20%	76	22%	94	46%	1,480	16%
<i>Presumed Heterosexual</i>	222	6%	714	15%	58	17%	29	14%	1,023	11%
<i>Other</i>	117	3%	257	5%	18	5%	65	32%	457	5%
MALE TOTAL	3,727	(41%)	4,902	(53%)	340	(4%)	204	(2%)	9,173	100%
FEMALES:	White		Black		Hispanic		Other or Unknown		TOTAL	
Injecting Drug Use	108	19%	508	25%	16	16%	7	11%	639	23%
Blood Recipient	11	2%	11	1%	1	1%	0	0%	23	1%
Heterosexual	288	52%	769	38%	55	55%	21	32%	1,133	41%
Perinatal	11	2%	46	2%	5	5%	2	3%	64	2%
Undetermined/Other	140	25%	702	34%	23	23%	35	54%	900	33%
<i>Presumed Heterosexual</i>	120	22%	587	29%	20	20%	16	25%	743	27%
<i>Other</i>	20	4%	115	6%	3	3%	19	29%	157	6%
FEMALE TOTAL	558	(20%)	2,036	(74%)	100	(4%)	65	(2%)	2,759	100%
GRAND TOTAL	4,285	36%	6,938	58%	440	4%	269	2%	11,932	100%

6. The heterosexual category includes only those persons with "high risk" heterosexual partners as defined in footnote 5.
 7. This subset of undetermined includes persons who had heterosexual sex but their partner(s) risk is unknown. This includes unconfirmed occupational exposures (1).

8. 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).
 Statistics, provided by the MDCH HIV/AIDS Surveillance Section, are from *HIV/AIDS Quarterly Analysis*.

For complete Michigan and the latest National statistics:
www.mihivnews.com/stats.htm

Title IV Program Partner Agencies:

Wayne State University-Detroit Medical Center (WSU-DMC)

- Adult Infectious Disease Program (adult medical care) (313) 745-9035

- Perinatal Infectious Disease Clinic (PIDC-prenatal/postnatal care) (313) 993-2681

- Pediatric HIV Program (HIV exposed, infant, and child medical care)

- Project Challenge (child psychological services and camp programming) (313) 734-4892

- Horizons Project (youth medical, mental health, social work, case management, and advocacy services) (313) 924-9493

- Family advocacy

- HIV counseling and testing (risk reduction counseling and rapid testing in labor and delivery for women with an unknown or undocumented HIV status)

AIDS Consortium of Southeast Michigan (ACSEM-case management) (313) 496-0140

AIDS Partnership Michigan (APM-case management) (313) 446-9800

Detroit Department of Health and Wellness Promotion (DHWP-health education) (313) 876-0980

Title IV con't

Continued from page 3

Title IV funding originally went to the Detroit Medical Center (DMC). In '94 MDCH took over the grant and the program was administered within the Division of Family and Community Health. By then contracted providers were already set up in the City of Detroit. The clients come from Southeast Michigan, but the majority are residents of Detroit. Outstate women must utilize either Title II or III services. There is no family centered Title IV-like program outstate. Malamud-Price, as well of the rest of the Title IV staff, recognizes the need to expand services outside of Detroit and Southeast Michigan. Unfortunately, Title IV has been flat funded for the last two years. The Title IV staff is always hopeful that maybe there will be expansion funds and if there are, Malamud-Price stated, "We'd like to move into areas of the state where the epidemiology shows there is a need. But right now we do not have that money."

Since moving to HAPIS this year, the Title IV program has employed a new a tool, called motivational interview training, to assess a client's ability to change behavior and to help them move through behavior change. This is a "pretty progressive theory within health behavior and health education," said Malamud-

Price. Motivational interview training will "enhance our ability to provide better services; it's quality improvement," she said. The Title IV Program has contracted with experts in the area to provide training to the Title IV subcontracted organization staff, case managers and health educators, nurses and advocates.

"It's a new tool for them to work with the client, and it ultimately helps the client be part of their care program as well. The intention is to meet clients where they are and their ability to change," said Malamud-Price.

Title IV Program coordinator

Continued from page 3

to HIV, because the mother wasn't tested in pregnancy according to the public health code," she said. The Michigan Public Health Code requires HIV testing for pregnant women at the first prenatal care visit and/or at the time of labor and deliver or post-partum if results aren't available.

Malamud-Price recognized then the need for better compliance to the public health code and began to work on the problem, continuing when she moved to the Title IV program in 2002.

There is now an interdisciplinary team across DHWDC-HAPIS, the Division of Family and Community Health and

Title IV Target Populations and Client Demographics:

The Title IV Program services women, adolescents, and children, infected with HIV, as well as HIV perinatally exposed infants, and Title IV eligible men. Of the Title IV clients served in calendar year 2004: 88% were racial/ethnic minorities, 7% were homeless, 10% were uninsured, 34% used illegal drugs and/or alcohol, and 88% live at or below the federal poverty level.

Title IV Client's Served in '04

1,871 total clients received services

Of the 967 HIV positive clients:

- 727 (75%) positive adults age 25 or more (708 women, and 19 men),

- 52 positive (5%) children (ages 0-12) including 3 children below age 2, and

- 188 (20%) positive youth (ages 13-24) (117 male, 70 female, and 1 transgender).

Of the 904 HIV affected clients:

310 affected adults (35%), 391 affected youth (43%), and 203 (22%) affected children received services.

MDCH HIV Surveillance, and includes a doctor from the DMC working to improve compliance with Michigan law to provide this HIV counseling and testing of pregnant women.

Malamud-Price and the team have developed policies and procedures, as well as an evaluative tool to ensure hospitals and/or health care providers have implemented a "Corrective Action Plan" they developed to bring them into compliance with the public health code. Malamud-Price and another member of the team then visits the health care facility and/or provider to evaluate the implementation of the corrective action plan.



March 8-9 Detroit
 March 23-24 Lansing

Statewide Training

Schedules and/or contacts for training provided by MAPP, the MATEC Michigan AIDS Education and Training Center and MDCH are provided on the website (www.mihivnews.com/train.htm). Community Health Awareness Group, (313) 872-2424, provides HAPIS sponsored CORE Project outreach worker training.

MDCH Training

You will find on the website the complete Division of Health Wellness and Disease Control training schedule for 2006. Following is December - March.

HAPIS HIV Prevention/Test Counselor Related Training

For more information, registration deadlines and application forms to download, go to: www.mihivnews.com/train.htm. To register for prevention/test counselor trainings, contact Training Unit Secretary Julie Babb at (517) 241-5903.

Module 1: Basic Knowledge Training

<u>Dates</u>	<u>Location</u>
January 11-12	Lansing
January 23-24	Detroit
February 1-2	Lansing
February 23-24	Detroit
March 13-14	Lansing

Module 2: HIV Prevention Specialist Certification Training

<u>Dates</u>	<u>Location</u>
December 6-7	Detroit
January 17-18	Lansing
February 7-8	Detroit
February 15-16	Lansing
March 6-7	Detroit
March 21-22	Lansing

Module 3: HIV Test Counselor Certification Training

<u>Dates</u>	<u>Location</u>
December 8-9	Detroit
January 19-20	Lansing
February 9-10	Detroit
February 27-28	Lansing

Partner Counseling and Referral Services Training

For more information contact Audrea Woodruff at (313) 456-4421.

PCRS Supervisor Training

<u>Date</u>	<u>Location</u>
March 22-23	Ypsilanti

PCRS Certification Update

<u>Date</u>	<u>Location</u>
February 23 (Tentative)	Lansing

Topic: Prenatal Care & PCRS Delivery

This update will include a discussion on reducing perinatal HIV transmission, prenatal testing requirements, and recommendations. It will also examine services provided by Ryan White Title IV funded agencies and the role of PCRS delivery.

HIV Event System Trainings

Web-based trainings for the Counseling, Testing and Referral and the Partner Counseling and Referral Services data collection modules will be held quarterly throughout the calendar year.

Trainings will be held at New Horizons Training Centers in East Lansing and Livonia. Training dates will be posted at www.mihivnews.com. **Contact:** Jeanine Hernandez (517) 241-5940.



Statwide Meetings

HIV/STD and Adolescents Networking Committee

This statewide committee provides an opportunity to network with professionals in youth serving agencies. A subcommittee plans the annual teen peer education conference. The next meeting is December 15. **Contact:** Ardith Alderdyce, aaardith@sbcglobal.net.

MHAC

The Michigan HIV/AIDS Council is the statewide planning group for pre-

vention and care. The next meeting is Weds., November 9. **Contact:** Belinda Chandler, (517) 241-5926.

PWA Advisory Group

This advisory group to MDCH - for the purpose of planning and implementing needs assessment, the PWA Conference and related activities - is open to any person living with or affected by HIV/AIDS in Michigan. **Contact:** Belinda Chandler, (517) 241-5926.

Program Review Panel (PRP)

New Members Welcomed - the PRP always seeks new members to ensure that there is representation from a wide variety of people within the community.

The next two review meetings are scheduled for December 16 and February 17, 2006 in Detroit. Materials for review should be submitted by December 1 or Feb. 3. **Contact:** Dee Hurlbert, (517) 241-5921.



Events Around the State

November 17 Satellite Broadcast
Revised Recommendations for HIV Screening of Adults, Adolescents and Pregnant Women in Health Care

National CDC Satellite Broadcast
 1:00 - 3:00 p.m. Detroit viewing location: John D. Dingell VA Medical Center Library, 4646 John R.

Bringing together experts from around the country in a fast-paced, engaging discussion, this two-hour forum will:

- Explain the rationale for expanded HIV screening in health care settings.
- Discuss alternative procedures for normalizing screening in various health care settings.
- Present practices that facilitate routine HIV screening.

The panel will also address viewers' questions, which can be sent via fax before, during, and after the program.

Who Should Attend: clinic directors, physicians, nurses, advance practice nurses, case managers, social workers,

physician assistants, peer educators, counselors, substance abuse counselors, and staff of health care and community-based organizations that provide services for persons living with HIV/AIDS

Reservations/Questions: Karen Tubolino at 313-576-1085. Parking: \$1.00 in the parking structures adjacent to the VA Medical Center. Seating is limited. Please call to reserve your place and ensure handouts. CEUs available.

National Conferences and Events

December 5 - 9 Washington, DC
National Viral Hepatitis Prevention Conference

This conference will provide important information for anyone working with persons at risk for viral hepatitis including: public health professionals, HIV/STD/Immunization program staff, substance abuse treatment professionals, correctional health providers, educators, counselors, health policy makers, and anyone interested in the prevention and control of viral hepatitis.

Contact: Visit the conference website: www.nvhpc.com or contact Wendy Watkins by phone: 404-371-5966 or e-mail: dmw7@cdc.gov

December 1-4 Los Angeles, CA
First National Conference for Black Women Fighting HIV/AIDS

The Black AIDS Institute and the National Coalition of 100 Black Women (NCWB) will host the first national meeting of African American women to address HIV/AIDS. For more information call (213) 353-3610, or visit the website: www.BlackAIDS.org.

February 18 - 20, 2006 Philadelphia, PA
13th Annual Ryan White Youth Conference

The National Association of People with AIDS (NAPWA) sponsors this unmatched opportunity for teens and youth; to learn about HIV prevention, treatment,

advocacy and support services that work; share challenges and successes; and network with others who seek to end the AIDS crisis for America's youth. Register online at www.napwa.org/rwnyc.

May 8 - 11, 2006 Jacksonville, FL
2006 National STD Prevention Conference: Beyond the Hidden Epidemic: Evolution or Revolution?

Call for Abstracts deadline: December 9, 2005. To submit an abstract, go to Online Abstract Submissions at: <http://cdc.confex.com/cdc/std2006/>

Sponsor: Centers for Disease Control and Prevention (CDC), National Center for HIV, STD, TB Prevention (NCHSTP), Division of STD Prevention (DSTDP). American Sexually Transmitted Diseases Association (ASTDA). National Coalition of STD Directors (NCSD).

Contact: Melanie Ross, Assistant Conference Coordinator by e-mail: stdconf@cdc.gov

For up-to-date information including program, abstract submittal, and registration, access the web site at: <http://www.cdc.gov/stdconference/default.htm>

International Conferences and Events

August 13 - 19, 2006 Toronto, Ontario
XVI International AIDS Conference

Sponsor: International AIDS Society (IAS) and its partner organizations: International Council of AIDS Service Organizations (ICASO); The Global Network of People Living With HIV (GNP+); The International Community of Women Living With HIV (ICW); and UNAIDS.

Abstract submissions, scholarship applications and early registration deadlines in February, 2006.

Contact: For additional information contact Bryan Hobson by E-Mail: info@aid2006.org or access the Web site at the end of 2005 for more information: <http://www.aid2006.org>.



December 1

The World AIDS Campaign is calling on individuals and groups to support the theme *Stop AIDS. Keep the Promise.* aimed at world leaders, governments and policy makers. The intention is to establish an international campaign to hold our leaders accountable for their promises and take action.

Achieving this goal will require the support and action of people from all walks of life—individuals and groups, members of trade unions, faith-based organizations, voices from women, men, and young people wanting a better world.

MDCH Creative Writing Contest Call for Submissions

In celebration of *World AIDS Day 2005—International Day of Action* MDCH/DHWDC is seeking: Creative Writing: fiction, non-fiction, poetry, prose and essays. Entries should relate to the celebration theme and be no longer than 500 words. **Submission deadline: Monday, November 21st, 2005.**

Six finalists will perform at the MDCH World AIDS Day celebration and will be published at *TheDetroiter.com*. First prize: \$100 and publication in *Michigan HIV and STD News*. Two runner-ups will be awarded \$50 each.

The MDCH World AIDS Day Celebration 2005 will feature a display of several AIDS quilt panels, speeches from State dignitaries and performances from singers and writers. The celebration will be held December 1st from 11am to 1pm in the Cadillac Building, located in the heart of Detroit's New Center Area.

Send submissions to: Ann Miceli, MDCH/HAPIS, Cadillac Building, 3056 W. Grand Blvd., Suite 3-150, Detroit, MI 48202; or micelia@michigan.gov. Ph: (313)456-3112; Fax (313)456-4428
Please include your name, a brief bio and telephone number with your submission.

Close Up on the New Michigan AIDS Fund

Continued from page 1

there are gaps in services, but we don't have the capacity to do that right now."

Besides providing grants to HIV prevention programs around the state, MAF also runs a few of its own programs: an HIV/AIDS specific AmeriCorps project in metro Detroit; MPowerment for young African American MSM (men who have sex with men) in Detroit; and the Positive Perspective Speakers Bureau.

Part of the new MAF strategic plan is to look at a policy agenda. The consult-

ing firm hired for the transition process will do another set of interviews around public policy.

HIV/AIDS Alliance of Michigan (HAAM) members and other policy experts will be asked what they think are public policy issues for HIV/AIDS – prevention in particular. "To me policy stretches from awareness and advocacy to literally influencing legislation. So we're going to do an analysis around the state of the policy issues folks who have really been working in HIV think are most important," Barbas said.

MAF is going to compile that information and then conduct one or two meetings, "a think tank of people" to determine the most appropriate agenda for MAF to pursue regarding public policy. They have applied to the University of Michigan for an intern and are still seeking funding for the project. MAF is currently working with HAAM, starting the process with a small grant from the National AIDS Fund. "We are still trying to frame our policy agenda. I know that we will be doing work around needle exchange and syringe access," said Barbas.

Collaboration is key for MAF. Working closely with MDCH, Michigan's primary funding fiduciary for HIV/AIDS dollars, MAF staff ensures that there is no duplication of programming. MAF has a budget of under \$1 million this year and a staff of five including Barbas, a full time program assistant and three part-time staff: Grant Manager and AmeriCorps City Supervisor Terry Ryan, Fund Development Specialist David Coulter and AmeriCorps Team Coordinator Michele Folkers.

MAF also works closely with the state and others to facilitate special initiatives. Detroit has been selected for a Centers for Disease Control and Prevention (CDC) pilot project to reach small business owners in high prevalence areas, as well as union members and leaders and connect them to HIV prevention. Detroit was chosen because of past involvement with the National AIDS Fund and the Business Responds to AIDS and Labor Responds to AIDS Programs (BRTA/LRTA). Rosalind Andrews Worthy (Gospel Against AIDS founder and Executive Director) is working as a consultant on this project and the AmeriCorps team will be used to canvas 300 businesses in high prevalence areas of Detroit.

The Detroit Business and Labor HIV/AIDS Outreach Summit, a special invitation event for local business leaders and union members and leaders, held in downtown Detroit on October 31, was part of a

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AmeriCorps Team Detroit '05-06

Michelle Folkers, Team Coordinator

Second year AmeriCorps member

Last year's placement: Vista Maria

This year's placement: Taylor Teen Health Center

Home Town: Excelsior, MN

Certified HIV Counselor

B.S. Health and Sports Studies

Jacqueline Brown

First year AmeriCorps member

This year's placement: AIDS Partnership Michigan

Home Town: Detroit, MI

B.A. Communications

Raynard (Toney) Campbell

Second year AmeriCorps member

Last year's placement: Horizons Project/Children's Hospital

This year's placement: Horizons Project/Children's Hospital

Home Town: Detroit, MI

Certified HIV Counselor

Ethel Cranford

Second year AmeriCorps member

Last year's placement: Alternatives For Girls

This year's placement: Community Health Awareness Group

Home Town: Detroit, MI

Kelly Loreda

First year AmeriCorps member

This year's placement: Alternatives For Girls

Home Town: Grosse Pointe, MI

B.A. English Masters Library and Information Science

Wayne Stallworth

First year AmeriCorps member

This year's placement: MPowerment

Home Town: Detroit, MI

Matthew Worges

First year AmeriCorps member

This year's placement: Sinai Grace Hospital
Former Peace Corps member, Guinea, West Africa

Home Town: Swartz Creek, MI

B.S. Biochemistry

Continued from page 12

collaborative among the CDC, MDCH and the Detroit Department of Health and Wellness Promotion with assistance from MAF. Getting small businesses, like beauty salons and dry cleaners, in high prevalence communities in Detroit involved will impact on community awareness of HIV/AIDS.

AMERICORPS

MAF is one of six of the 29 National AIDS Fund partnership organizations that participate in the Americorps program, which provides local HIV/AIDS service organizations with volunteer Americorps team members. The National AIDS Fund Americorps program provides opportunities in Washington, DC; Tulsa, OK; Charlotte, NC; Chicago, IL; Indianapolis, IN; and in Detroit. MAF does recruiting at the local colleges and universities. Some team members volunteer through local community based organizations. MAF is trying to nurture people in the community to become new leaders in the HIV field. Terry Ryan runs the MAF Americorps program.

“Our philosophy is to hire a very diverse group,” Barbas said. For example, they have hired the young person going to med school that needs hands on experience in this kind of work and also a person who may not have had opportunities to achieve in their life.

This year Michigan has a seven member team providing services in metro Detroit. “Unfortunately our costs have gone up,” said Barbas. The MAF share used to be \$1,000 per year per member; this has increased to \$6,500. Agencies are asked to help with the matching funds and are selected because of a known history of managing volunteers well. “It’s imperative for us to have a member go in there and be challenged, coached, and receive some guidance and supervision, while still having the opportunity to be creative,” said Barbas.

Through a partnership with MDCH, the Americorps team members are pro-

Michigan AIDS Fund 2005-2006 Grantees and funded programs

AIDS Partnership Michigan (APM) - Detroit

HIV Primary Prevention Services for Black MSM— HIV prevention and education programs for Black men who have sex with men.

AIDS Walk Michigan - Detroit

Produces the AIDS Walk event in 11 communities including Ann Arbor, Berrien County, City of Detroit, Flint, Grand Rapids, Kalamazoo, Lakeshore, Lansing, Muskegon, Port Huron and Traverse City.

Alternatives for Girls (AFG) - Detroit

Street outreach, harm reduction supplies, small workshops and case management services to sex workers and exotic dancers.

ACCESS (Arab Community Center for Economic and Social Services) - Dearborn

Prevention/risk and harm reduction efforts, outreach and counseling and testing for Arabic-speaking IDUs and MSM.

Community AIDS Resource and Education Services of Southwest Michigan (CARES) - Kalamazoo

Culturally competent HIV prevention and education to the high-risk Latino population in Grand Rapids and Southwest Michigan.

Community Health Awareness Group (C-HAG) - Detroit

Needle Exchange program offered in eight community sites providing sterile syringes, risk-reduction education, and HIV counseling and testing.

Hearth Home Health Delivery - Saginaw

HIV/AIDS prevention for at-risk youth including community members and parents.

HIV/AIDS Resource Center (HARC) - Ypsilanti

Needle exchange, individual risk and harm-reduction education, and technical assistance to other agencies for similar programs.

HIV/AIDS Services, Inc. - Grand Rapids

Comprehensive syringe access and HIV prevention education program in West MI.

Grand Traverse County Health Department - Traverse City

Peer outreach program designed to increase the number of MSM accessing HIV counseling, testing and prevention. Education and risk and harm-reduction in small groups.

Lansing Area AIDS Network (LAAN) - Lansing

HIV/AIDS prevention outreach with high risk youth and communities of color in Ingham, Clinton, Gratiot, Eaton and Montcalm co.'s.

Midwest AIDS Prevention Project (MAPP) - Ferndale

HIV/AIDS prevention/outreach extension program to reach Latino MSM through outreach activities, support groups and distribution of condoms and ed materials in Spanish.

Planned Parenthood Mid-MI Alliance - Ann Arbor

HIV/AIDS prevention education to incarcerated youth and education for professionals working with youth.

Planned Parenthood Northern Michigan - Traverse City

Health education and risk-reduction programs in workshop format conducted at alternative and vocational ed programs, jails, etc., and targeting business and community leaders.

Planned Parenthood Centers of West Michigan - Grand Rapids

Prevention education for male and female inmates at the Kent Co. Correctional Facility, juvenile detention and treatment, and a pilot sex health and ed program for sex workers.

Starfish Family Services - Inkster

HIV/AIDS education and risk reduction for youth and their parents visiting the Inkster Teen Health Center.

Michigan AIDS Fund con't from page 13

vided training in counseling and testing and outreach. Because the HAPIS training unit is so well recognized nationally for its top notch trainers and programs, HAPIS trainers travel to Washington, DC, to provide training for all AmeriCorps team members nationally.

The AmeriCorps workers are evaluated on a quarterly basis by each agency. The National AIDS Fund also conducts pre-and post tests with each member about their experience. MAF does an ongoing evaluation on a less formal basis. Ryan deals with the agencies on a regular basis to handle with any issues that arise. Prior to hiring, the prospective AmeriCorps workers go through a series of interviews, which they themselves have to initiate, to get the right fit. "But sometimes it just doesn't work out," said Barbas.

This year there are three returning members and four new ones. Questions MAF considers when deciding on selecting returning members include: did they get the most out of the program; and are they really ready yet to go out on their own? Every year MAF rotates participating agencies in the metro Detroit area.

This fall Barbas and Ryan brought along members of the AmeriCorps team for a moving presentation to the MAF Board of Directors. Barbas described the presentation, "We have a woman on our AmeriCorps team, a second year member, who three years ago was pregnant, drug addicted, and a commercial sex worker. She saw a van pull up to her one night with two women in it from Alternatives for Girls, who said to her, 'Hey, do you need a coat, need a sandwich, need some help?' They started talking to her; she started talking to them. Alternatives for Girls has a wonderful program for sex workers. She started in that program and eventually worked as a peer educator. She applied to the AmeriCorps team last year, worked at Alternatives for Girls, and then was hired in for a second year. Last year she got her GED and three weeks ago she enrolled at Wayne State. Terry and I both believe that's what this program is about." MAF now has about 10 graduates of the

AmeriCorps program working in HIV/AIDS.

"I think it's one of the best programs we do because we've provided over 100,000 hours for agencies in the last nine years. At \$10 an hour that's more than \$1 million in services," said Barbas.

For more information on the Michigan AIDS Fund, call 248-395-3244. A new improved website www.michaidsfund.org will be up and running early next year.

AIDS Walk con't

Continued from page 13

Flint and Bay City/Saginaw/Midland areas, Grand Rapids, Kalamazoo, Lansing and Traverse City during the weekend of Oct. 1 and 2, will donate five percent of proceeds to the Katrina HIV/AIDS Emergency Fund at the National AIDS Fund.

Murray said that 4,186 walkers participated in the 2005 event, an increase of one thousand walkers over 2004. She estimated that \$218,000 had been raised so far.

Murray also gave kudos to the organizers of the Bay City/Saginaw/Midland walk. "It was their first walk," Murray said, "and they had over 270 walkers and raised over \$25,000. Those are great results for a first walk."

Compassion drove marchers at 2005 AIDS Walk Detroit

ROYAL OAK - According to Ken Rosen, president of the board of directors of Steppin' Out, this year's walk raised over \$275,000 in gross revenues through walker pledges and corporate sponsorship contributions. Though the total is not as high as last year, Rosen was content with the outcome. Rosen said that immediately after the hurricane hit registration for the walk dropped from an average of 100 people a day to an average of 8, though the numbers picked up again right after Labor Day. Between The Lines News (9.22.05)

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)