

# Michigan HIV News

A PUBLICATION OF THE MIDWEST AIDS PREVENTION PROJECT

WINTER 2000

## INSIDE

Detroit is one of several cities targeted nationally to receive Centers for Disease Control (CDC) funding for a community driven initiative to virtually wipe out syphilis.

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## Prevention for women

### Evolving programs tailor their message

**P**revention of HIV infection for women is a very broad issue. And HIV 101 just doesn't cut it to affect behavior change. Having all the information does not equate with prevention behavior. Some research even indicates that if the message is fear-based and the audience does not have the skills or the self-efficacy to carry out the recommended prevention activity (or inactivity), programs can actually be detrimental. Other research shows that programs based on behavior change models that do not consider the change within relationship aspect peculiar to a woman's psychology will fall short of the desired affect.

As a gender women tend to process information through relationship with others. Yet it is the power structure of some relationships that can put women at risk. To overcome the barriers and obstacles that can get in the way of prevention for women, whether the risk is sex or injection drug use, requires much more

than knowing HIV is a health risk and the availability of a sterile syringe or a condom.

The programs that are starting to evolve targeting women are getting at the important underlying issues and are working with small groups that can provide support. Some are culturally specific. The best, the ones that will have the most impact, happen over time allowing for relationships to develop within a group that will support behavior change.

### SISTERS AND DAUGHTERS OF SHIBA<sup>SM</sup>

One Michigan program, that the national Centers for Disease Control and Prevention (CDC) recognized with an award of funding last year, is the Sisters and Daughters of Shiba<sup>SM</sup> program in Detroit, developed by Debra Ann Brody, Ph.D. Thanks to the CDC funding, SADOS moved in February into new offices. The CDC funding has also al-

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## Voices at the top

**W**ho better to respond to the needs of women in Michigan than, well — *women*. Loretta Davis-Satterla recognized the feminine face of AIDS long before she was appointed as the first director of the Division of HIV/AIDS and STD (DHAS) a year ago July. Davis-Satterla was a long-standing member of the Michigan Women and AIDS committee and served as the chair for five years. Debra Szwajda, who took on the position of HAPIS manager in December, comes to HAPIS from the Michigan Department of Community Health/Bureau of Substance Abuse Services (now the Division of Substance Abuse Evaluation) with a broad knowledge of public substance abuse services.

The Women and AIDS Committee has always been a very grass-roots group of dedicated women and men in the Detroit area, who very early on recognized that women needed advocates to address their special needs. "Having worked with the Women and AIDS Committee for many years and seeing the faces change and the numbers of women grow and those faces become younger, it makes me keenly aware that we have a lot of work to do," said Davis-Satterla.

Those faces have also been, disproportionately, the faces of Black women. "Being an African American woman, I do understand how difficult it can be for women in our culture to be able to say, 'I am an IV

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## Budget skimps on prevention

In February, President Clinton announced his FY'01 budget which, according to some national leaders, lacked the increase needed for prevention programs. Ryan White CARE Act programs would receive a \$125 million increase (up 8% from last year). There would also be a \$26 million increase for drug (ADAP) and \$260 million for housing (HOPWA) assistance. NIH would receive a \$105 million increase for HIV/AIDS research. While there is \$35 million proposal for family planning clinics which provides for HIV prevention efforts, the less than \$40 million increase for the CDC's prevention program is "half of what is necessary for slowing the spread of HIV infection," according to AIDS Action. Acting Executive Director Claudia French said, "Now we look to Congress to turn

President Clinton's ounce into a pound of prevention."

■ The U.S. Conference of Mayors working with the CDC, has announced competitive funding of \$915,000 for HIV prevention efforts directed to three groups: women at high risk, gay and bisexual men of color, and Native American tribe/nations. Organizations must apply by April 17. Community-based organizations, local health departments and Native American nations are encouraged to apply. For more information, contact USCM at (202) 293-7330.

■ The Vaccines for the New Millenium Act, a \$150 million bill introduced by Sen. John Kerry last month, would increase a tax credit to 50% from 20% for private industry development of vaccines for HIV/AIDS, TB or malaria.

## world news

### AIDS TOLL RISES

AIDS continues to take a devastating global toll. At the end of 1999, the World Health Organization estimated nearly 34 million people worldwide were living with HIV/AIDS, and more than 16 million had died since the epidemic began.

### Gore Pledges U.S. Aid to Africa

In January, Vice President Gore presided over a United Nations Security Council meeting which focused on the current problems in Africa. The Council recognized that HIV/AIDS in Africa is a security threat due to the large number, and the age groups of the infected in some countries. Gore pledged to seek an additional \$100 million in the federal FY '01 budget for prevention, education and treatment programs in Africa. If approved by Congress, this would raise the U.S. international HIV/AIDS funding effort to \$325 million.

### Vaccine Guidelines

UNAIDS released a new set of international guidelines on HIV vaccine research in February. The new instructions are of particular importance for developing countries, where many future vaccine trials are expected to take place. Dr. Peter Piot, executive director of UNAIDS said, "It is our collective responsibility to ensure that all vaccine trials are conducted under the strictest possible ethical and scientific standards." The document took more than two years to develop and is based on a series of consultations with representatives from 33 countries.

## news in brief

### MEDICAL PRIVACY

The task of promulgating regulations setting health privacy standards fell on the Secretary of Health and Human Services (HHS) after Congress failed to make its own deadline last summer. According to the Association of State and Territorial Health Officials (ASTHO), "One of the difficulties associated with the development of comprehensive health privacy rules is that the rules affect numerous stakeholders, making consensus on key issues difficult." The biggest challenge said ASTHO is "the need for greater accountability and protections in the health care system while meeting the demand for privacy rights." HHS is expected to unveil the final revised rule by early summer.

■ The HHS Secretary may have saved some states from losing Ryan White Title II funding. By determining that it has not become "routine practice to require testing of newborns for HIV infection in the U.S.," the Secretary nullified contingent requirements of the funding which linked reduction in new perinatal transmission cases to funding.

### SUPREME COURT ACTIVITIES

The Supreme Court has chosen not to hear two appeals. The first was the Alabama case involving HIV-positive prisoners who are segregated and are not allowed to participate in a variety of programs. The prisoners had argued that this violated the Americans With Disabilities Act (ADA). The Court also turned down another appeal, that of two men who argued their limited AIDS insurance coverage violated the ADA.

### RIGHTS TO THE FUTURE

Human Genome Sciences Inc. won the patent rights last month to the protein CCR5, a protein pathway for HIV entering cells. The patent awards the firm legal rights to a share of the profits from new antiretroviral drugs using the protein. Researchers discovered last year that people with defective copies of the protein can be infected with HIV for many years without becoming ill. In theory, a CCR5 inhibitor would work well in conjunction with existing drug regimens - hopefully inhibiting HIV from entering the cell.

## Detroit gets CDC funding for program to eliminate syphilis

**D**etroit is one of several cities targeted nationally to receive Centers for Disease Control (CDC) funding for a community driven initiative to virtually wipe out syphilis. "It's a five year plan, hoping to have transmission down to just a few cases annually," said Loretta Davis-Satterla, MDCH- DHAS director. "If they wanted us to eliminate syphilis in the next 9 - 12 months that would be impossible. But over the next five years is very doable. Nationally we are at some of our lowest rates...so the time is now."

The City of Detroit has been targeted because of the current syphilis statistics there. This will be a collaborative effort

between MDCH and a local CBO, which will directly receive 25% of the state's CDC funding to accomplish this task. Davis-Satterla sees this as "very positive." "If it is going to be community driven, then the community will need some resources to be able to incorporate that into what they are already doing. "What we are talking about is agencies that are already busy," said Davis-Satterla, with funds are already pushed to the limit providing other services. It is because they are busy, already seeing the target population that MDCH and the CDC would want to involve these agencies in the syphilis elimination project.

## Project to study risk behaviors on fast track

**D**etroit has been involved in special federal initiative to assess the attributes of and attitudes around risk behavior, targeting pockets of specific risk behavior in the city. Appropriately titled, Rapid Assessment Response and Evaluation (R.A.R.E.), this project has been on a fast track since last August.

Three pockets were identified for study: 1) the Cass Corridor, for injection drug users, 2) Detroit's lower east side, also for injection drug users, and 3) Palmer Park, for African American men who have sex with men.

While the Dept. Of Health and Human Services (HHS) has provided the technical support for the data collection and evaluation, the lead ethnographer, Harry Simpson,

said the methodology was developed creatively. They used several information gathering methods to collect data from service providers as well as those engaging in the high risk behaviors. "We will use this data to serve as a basis for an action plan which is being presented to Mayor Archer," said Simpson. The next stage will be implementation of the prevention plan.

The project is a joint effort of HHS and the Black Congressional Caucus. It is being funded as part of the \$157 million announced by President Clinton last year to target minorities. For a full report, see the Michigan HIV News website, [www.mihivnews.com](http://www.mihivnews.com). For more information you may now contact Barbara Jones at (313) 876-4846.



*Harry Simpson, left, and Sammye Stamper, new co-chairs of the Michigan HIV/AIDS Council.*

## HIV/AIDS Council elects officers

**A** year and a half after the first ad hoc work group met to discuss the merger, the first business meeting of the new statewide planning group for both prevention and care was held in February. Members voted on the official name for this merger of SCPG and SHACC, the Michigan HIV/AIDS Council, and selected its officers. Debra Szwejdka, the new HAPIS manager will serve as the official chair with newly elected co-chairs, Harry Simpson representing prevention and Sammye Stamper, care. It will be back to the drawing board at the next meeting in May to fill the prevention co-chair position. (See People on the Move on Page 10.)

Stamper has been the chair of the Persons Living with AIDS Needs Task Force for the past two years. Stamper said he is committed to "making this new body the preferred model by which other states judge their progress." Kudos for Michigan seemed to be the general thought for the day.

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## news in brief

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### RURAL OUTREACH TO MSM

Tapping into the best way to reach men who have sex with men isolated in rural areas, MAPP will be hosting a new website, CountryBoys.net. "This will provide an online forum for prevention issues with a message board and possibly a chat room," said MAPP's Rick Otterbein, the new site's webmaster. Visitors to the pilot project site will be offered a limited number of free at-home test kits for HIV and possibly the new hepatitis C kit,

Otterbein is now in the process of building the site, which will be found at [www.countryboys.net](http://www.countryboys.net) this spring.

### LONG-AWAITED NEP TO SERVE WEST MICHIGAN

HIV/AIDS Services Inc. based in Grand Rapids is planning to offer a needle exchange for injection drug users. The program will be operated by and funded privately by contributions from the Grand Rapids Foundation and the Michigan AIDS fund.



ment trainings are due three weeks before the training. For information about the HIV/AIDS Case Management Trainings, please call Jon Lacey at (517) 355-9324.

**HAPIS HIV Prevention/Test Counselor Certification Training**

This training is required for individuals who provide HIV prevention and test decision counseling, and give HIV test results, in MDCH funded/designated counseling and testing sites

Second priority will be given to applicants from agencies contracted with MDCH/HAPIS to do HIV education/prevention, outreach or case management. Those who will be doing HIV prevention/test counseling in other health facilities or settings may also benefit from training.

Following is the schedule with registration open March through June.

**Option 1: Five-Day HIV Prevention/Test Counselor Training**

Date	Loc	Deadline
June 12-16	S.S. Marie	May 19

**Option 2: Part I Two-Day HIV/AIDS Basic Knowledge Training**

*(HIV Prevention/Test Counselor Training, Part I)*

Date	Loc	Deadline
April 5-6	Detroit	March 1
April 18-19	Lansing	March 24
June 20-21	Lansing	May 26

*Part II Three-Day HIV Prevention/Test Counselor Training*

Date	Loc	Deadline
April 12-14	K'zoo	March 24
May 3-5	Detroit	April 7
May 17-19	Lansing	April 24
June 5-7	Detroit	May 19

**Application:** Please note application deadlines. Applications received after the deadline will not be given priority. For more information and an application form, please contact HAPIS at the new number, (517) 241-5900.

# Michigan Events

**Dine-Out Detroit Southeastern Michigan**

*March 24*

Metro Detroit area and Ann Arbor restaurants will donate 10% of the day's proceeds to the Midwest AIDS Prevention Project (MAPP). Check the website for list of participating restaurants or call MAPP to have one faxed to you (248) 545-1435 or 1-888-ACONDOM.

**Kick off Concert Royal Oak**

The same night at the Royal Oak Music Theater a benefit concert will be held featuring Chantal Kreviazuk. All proceeds from the concert will benefit MAPP. Tickets are available at the theater and through Ticketmaster.

**AIDS Walk Michigan**

*Sunday, September 24*

# National Events

**AIDS Action National Leadership Awards**

*April 10 Washington, D.C.*

This is the 10<sup>th</sup> Anniversary of the National Leadership Awards which salute leaders in the fight against AIDS. This event will coincide with the 10 year anniversary of Ryan White's death and will serve to re-energize the fight that White started 15 years ago. The ceremony will be held at the Lansburgh Theatre and will include a cocktail reception at 6:30 pm and awards presentation at 7:30 pm with dinner to follow. Tickets may be purchased online at [www.aidsaction.org/lead2000.html](http://www.aidsaction.org/lead2000.html).

**[www.mihivnews.com/calendar](http://www.mihivnews.com/calendar)**

*Please visit our website for a more extensive listing of conferences and events as well as meetings.*

**Where to call**

**HOTLINES**

**National AIDS Hotline:**

**(800) 342-2437**

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

**Spanish: (800) 344-7432**

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

**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 STD Hotline: (800) 227-8922**

CDC-trained specialists provide information on STDs and prevention methods. Free educational material is also available.

**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.

**Characteristics of Michigan Residents Living with HIV or AIDS**

As of 1/1/00			
	Estimate <sup>1</sup> of HIV Prevalence	Reported <sup>2</sup> Living with AIDS	Reported <sup>2</sup> Living with HIV/ not AIDS
<b>MICHIGAN TOTAL:</b>	<b>13,000</b>	<b>100%</b>	<b>100%</b>
<b>GENDER</b>		<b>Pct.<sup>3</sup></b>	<b>Pct.<sup>3</sup></b>
Male	10,140	82%	74%
Female	2,860	18%	26%
<b>TRANSMISSION</b>			
Male-to-male sex	6,760	55%	49%
Injecting drug use	3,120	25%	23%
Male-male sex + IDU	780	6%	6%
Blood products	260	2%	1%
Heterosexual	1,950	11%	18%
Perinatal	130	1%	2%
Undetermined <sup>4,5</sup>	NA	(12%)	(20%)
<b>AGE AT DIAGNOSIS</b>			
0-12 years	130	1%	2%
13-19 years	260	1%	3%
20-24 years	1,170	4%	13%
25-29 years	2,080	12%	19%
30-34 years	2,860	22%	21%
35-39 years	2,600	22%	18%
40-44 years	1,950	18%	12%
45-49 years	1,040	11%	6%
50-54 years	520	5%	3%
55-59 years	260	2%	1%
60-64 years	130	1%	1%
65 and over	130	1%	0%
Unspecified	NA	(0%)	(0%)
<b>RACE/ETHNICITY</b>			
White, non-Hispanic	4,810	41%	34%
Black, non-Hispanic	7,540	55%	62%
Hispanic	390	4%	3%
Asian	130	0%	0%
Native American	130	0%	0%
Unspecified	NA	(0%)	(1%)

**Quick Stats**

**Total Michigan AIDS cases reported through January 2000: 10,549**

84% male 42% White  
16 % female 55% Black  
3% Hispanic

**Persons living with HIV/AIDS (reported) in Michigan: 9,122**

**Estimate of HIV prevalence in Michigan: 13,000**

**Counties in Michigan with more than 60 estimated persons living with HIV:**

Allegan (80)	Kalamazoo (290)	Saginaw (170)
Bay (70)	Kent (620)	St. Clair (80)
Berrien (190)	Macomb (480)	Van Buren (70)
Calhoun (140)	Muskegon (100)	Washtenaw (420)
Genesee (470)	Oakland (1,320)	Wayne (1,230)
Ingham (410)	Ottawa (60)	City of Detroit (5,920)
Jackson (90)		

This does not include the prison population, which has a total of 670 inmates living with HIV/AIDS.

**National Data**

**Total AIDS cases reported through June 1999: 711,344**

83% male 44% White  
17% female 37% Black  
18% Hispanic  
Asians and American Natives together were only 1%

**Occupational Exposure through June 1999**

Documented AIDS/HIV through occupational exposure: 55  
Possible acquired through occupational exposure: 136

**Pediatric AIDS**

There are 8,596 cumulative Pediatric AIDS cases; 5,017 (or 58%) are Black; of the 1,956 Pediatric HIV cases in the U.S., 63% are Black.

**Changes in Quarterly Statistics**

**OVERVIEW**

In keeping with the MDCH HIV/AIDS Surveillance Section’s report, you will see that the Michigan data shown here emphasize persons living with HIV and/or AIDS. In fact in this report there is only a brief breakdown of cumulative AIDS cases — cumulative including persons who have died.

The numbers that have taken prominence in the surveillance report are the estimated prevalence numbers — numbers that have been calculated using known data to show something closer to the real picture of the state of infection, and how widespread it is. They are now listed first in the table on this page.

Comparing reported AIDS cases to reported HIV can be like comparing apples to oranges since most people living with HIV have not been reported. So, for your comparison we have added here the percentage breakdown for the gender, behavior, age at diagnosis and race/ethnicity

of both reported persons living with AIDS and reported persons living with HIV not AIDS. As you compare the behavior percentages and the race/ethnicity percentages, it is easy to see in what direction the epidemic is moving. You may view the entire 10-page HIV/AIDS Surveillance Section report, “Quarterly HIV/AIDS Analysis,” at our website ([www.mihivnews.com](http://www.mihivnews.com)).

If you have any questions regarding these data, please call the MDCH HIV/AIDS Surveillance Section, at either the Detroit office (313) 876-0353 or the Lansing office (517) 335-8165.

**FOOTNOTES**

**Michigan Residents Living with HIV or AIDS**

1. MDCH now estimates there are 13,000 HIV-infected persons (including those with AIDS) living in Michigan. This estimate includes all persons living in MI at diagnosis of HIV or AIDS, including those not reported

or not yet diagnosed. It is based, in part, on statewide maternal antibody seroprevalence survey data. It is supported by national estimates of HIV infection and rates of new AIDS diagnoses and deaths.

The minimum estimate given in each category is 130 persons (rounded up from 1% of the state total).

2. Includes reports that contain patient name or are otherwise unduplicated.
3. Age, sex, race, and behavior percentages are calculated excluding missing data. The percentages of total cases missing this demographic information are given in parentheses.
4. Includes persons with exposure in the health care setting in the U.S. (2) or other countries (1), and pediatric cases with probable sexual mode of transmission (2).
5. When heterosexual partners are not documented HIV-positive and risk behavior is unknown, these cases are reported here.

## Michigan residents reported living with HIV/AIDS: Demographic breakdown

AS OF 1/1/00

MALES	WHITE	BLACK	HISPANIC	OTHER/ UNKNOWN	TOTAL
Male-to-male sex	2,142 73%	1,702 44%	105 44%	38 45%	3,987 56%
Injecting drug use	178 6%	880 23%	51 21%	6 7%	1,115 16%
Male-male sex + IDU	190 6%	286 7%	15 6%	4 5%	495 7%
Blood recipient	95 3%	18 0%	1 0%	1 1%	115 2%
Heterosexual	66 2%	237 6%	27 11%	4 5%	334 5%
Perinatal	9 0%	48 1%	2 1%	0 0%	59 1%
Undetermined	247 8%	678 18%	37 16%	32 38%	994 14%
<b>TOTAL:</b>	<b>2,927 (41%)</b>	<b>3,849 (54%)</b>	<b>228 (3%)</b>	<b>85 (1%)</b>	<b>7,099</b>

FEMALES	WHITE	BLACK	HISPANIC	OTHER/ UNKNOWN	TOTAL
Injecting drug use	124 27%	567 39%	20 30%	7 24%	718 35%
Blood recipient	11 2%	3 0%	0 0%	0 0%	14 1%
Heterosexual	226 50%	512 35%	38 57%	10 34%	786 39%
Perinatal	10 2%	39 3%	3 4%	1 3%	53 3%
Undetermined	84 18%	351 24%	6 9%	11 38%	452 22%
<b>TOTAL:</b>	<b>455 (22%)</b>	<b>1,472 (73%)</b>	<b>67 (3%)</b>	<b>29 (1%)</b>	<b>2,023</b>

<b>GRAND TOTAL:</b>	<b>3,382 37%</b>	<b>5,321 58%</b>	<b>305 3%</b>	<b>114 1%</b>	<b>9,122</b>
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**Demographic Breakdown of Michigan Residents Reported Living with HIV or AIDS**

This table now includes Michigan residents living with HIV or AIDS by gender, by race, and by behavior.

## Review of the HIV/AIDS Epidemic in Michigan, 1999

The following is edited from the Review by HIV/AIDS Surveillance Section, Bureau of Epidemiology, MDCH.

Approximately 850,000 persons in the United States are believed infected with HIV, including 40,000 new infections during 1999. The number living with HIV has increased because

**While the number of HIV-related deaths in Michigan (and nationwide) has declined two-thirds between 1995 and 1998, the number of persons newly diagnosed with HIV infection each year has not changed over the past five years.**

of new treatments that prolong life. In addition, more than 420,000 persons have died from this epidemic since 1980.

While the number of HIV-related deaths in Michigan (and nationwide) has declined two-thirds between 1995 and 1998, the number of persons newly diagnosed with HIV infection each year has not changed over the past five years. What this adds up to is a steadily increasing number of persons living with HIV or AIDS (PLWH/As) in Michigan. Just this year MDCH has increased its estimate of PLWH/As from 12,500 to 13,000.

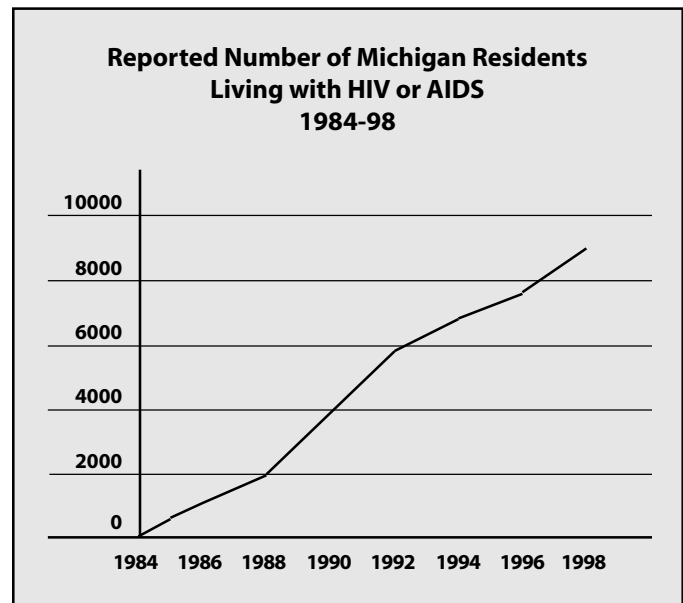
Also notable, declining death rates in Michigan — while marked among all groups — were more rapid among whites (71%) compared with blacks (62%), and among men (68%) compared with women (51%).

### TRENDS IN ESTIMATED NEW DIAGNOSES OF HIV INFECTION IN MICHIGAN 1994-1998

The estimated annual number of persons newly diagnosed

is stable at about 1,100 persons, but the make-up of those persons has changed significantly. Between 1994 and 1998, the estimated number increased significantly among black females, Hispanics, persons infected heterosexually, and persons over the age of 45 at the time of initial diagnosis with HIV. Also, there were decreases in the estimated numbers of white males, injection drug users, and persons age 25-34 at the time of HIV diagnosis.

However, Michigan residents with HIV infection continue to be predominantly men who have sex with men, injection drug users, adults age 25-49, and/or residents of Southeast Michigan.



# Evolving programs tailor their message

*Continued from Page One*

lowed for additional staff to expand and carry out the programs which started in 1996. The program has been supported with grants from the Michigan AIDS Fund (MAF) and the Detroit Medical Center to target African American women.

A true Jungian, Dr. Brody draws on the power of the unconscious to build her program, which should have lasting effect. It is the archetypal figure of Makeda, the historical Ethiopian Queen of Sheba, that the Sisters (adult women) and Daughters (teens) call upon to evoke inner strength, dignity, intelligence, and sense of noble purpose in life. "Using this Sheba attitude, we can then be more discriminating in the selection of male partners," said Dr. Brody. "We give them a variety of techniques and strategies to maintain their health, and to be able to wait until someone who's wise comes along or to negotiate for condom use.

"What distinguishes the Sisters and Daughters from other prevention programs is that we approach it more from a mental health perspective. We get at the core issues of the obstacles that women and teens have to employing the techniques that they already know.

"The fear of losing love and the fear of loneliness are invisible risk factors for HIV and AIDS," said Dr. Brody. "And that's where we specialize. We are approaching HIV as an inside job, rather than just having information."

As a practicing therapist for the past nine years, Dr. Brody brings a wealth of experience to the program. "We emphasize thinking about thinking. It comes from psychological interventions in which our thoughts affect our feelings and our feelings affect our behavior. And if we want to change the behavior, we may need to get back to the original thought."

This gets more complicated in relationships, when our feelings become hostage to someone else's behavior, according to Dr. Brody. "We have brainwashed ourselves into thinking that our feelings are under the con-

trol of someone else's behavior," she said. The program works on short circuiting this thinking, bringing about the awareness that it all comes down to choice about our feelings and our thoughts.

This is the true armor of prevention. Sisters and Daughters of Sheba<sup>SM</sup> prepares women and teens to take back control of their thinking and feeling in order to make better choices.

Back in 1995, through her psychological counseling work, Dr. Brody saw among her clients African American women who had comfortable middle class lifestyles and didn't see themselves at risk because they did not fit the demographics. They were however engaging in risk behavior, unprotected sex with multiple partners. She realized a need to broaden the scope of the audience for prevention beyond those targeted at high risk.

"If we are going to do *prevention* prevention," she said, "then the message needs to get out to as many people as possible. Sisters and Daughters covers a very wide net, because we want to catch them long before they have sex with someone who has HIV."

There are two programs of four ses-

sions available to adult women and one four session program for the teens. Along with the "Sheba Attitude<sup>TM</sup>," they both include discussion of a variety of health topics for women, not just HIV issues.

And for those who want to be more involved, there is the opportunity. There are monthly follow-up support groups which are peer-led by volunteers, past participants in the program. They "help reinforce the ideas that are covered in the class and promote continued awareness of HIV and how to avoid transmission." Other volunteers participate as the 'Sheba Angels' who assist as recruiting agents for the program.

Dr. Brody is very appreciative of MAF, which allowed her to start up the program. She now looks forward to expanding the program and being able to do more data collection and comprehensive evaluation with the CDC funding. This will help with further program development as well as better reach out to her target population.

There is already some meaningful outcome from data they have collected. "One of the results that is statistically significant is that after three weeks of participation in the class, if there isn't a condom available,

*Continued on page 9*

## Women and AIDS

*An editorial*

**I**n the pursuit of research science, prevention medicine and news, the place for women in the grander scheme of the AIDS pandemic became that of "baby makers." For several years, pediatric AIDS had a much larger lens focused on it than on women, while nationally there were 13 times the number of AIDS cases for women as for the children born to them (as of July 1999). It was only recently that women gained attention, last year as the fastest growing group with AIDS. While that spotlight has moved on, women now account for 17% of the total national AIDS cases.

This publication will attempt to make up for the lack of coverage of women and AIDS. This issue is not at all about pediatric AIDS. It is about prevention for *women*, the needs particular to the gender and some of the programs that address them. There is hope in these new strategies and how they have evolved to address gaining personal power in order to live safer, healthier lives.

In the next issue, care and treatment for women.

# Evolving programs tailor their message

*Continued from page 8*

women are more likely to refuse sex.” Dr. Brody is very interested in getting more information on this initial finding. It may be, she said, that the women who are going through the program are thinking more along the lines of just abstaining.

The additional funding will now allow for follow-up surveys at three, six and twelve months, as well as redesigning the evaluation tool to be based on a telephone interview format, which has proven to be more useful than having participants fill out a written survey.

It’s a process that will occur over the next couple of years, said Dr. Brody. The CDC grant is for one year but is renewable for three additional years. “So we are hoping to be able to fine tune the curriculum, driven by the evaluation.”

Dr. Brody also does a two-day workshop, *Sheba Attitude™*. For more information, please contact the staff at the new office in the Wholistic Development Center on Second Avenue across the street from Detroit Unity Temple in Detroit. The new number there is (313) 341-4327.

## THE SISTA PROJECT

Another program that targets African American women is the Sista Project, part of a national research study on the use of condoms by African American women. Reshounn Foster, community educator at the Midwest AIDS Prevention Project (MAPP) is the site coordinator for Detroit and provides all of the training.

The Sista Project is about much more than just HIV 101. “We start off with a session that discusses gender and ethnic pride,” said Foster. “What’s it like to be an African American woman; what does it mean to be an African American woman. We also ask which takes precedence, being black or being a woman. And it’s the being a woman that stands out in most women’s minds.”

The second session gets into the HIV 101 basics and risk reduction. “We talk about why



*Dr. Debra Ann Brody*

African American women are at greater risk in our community” because of the behaviors, injection drug use and men who have sex with men who also have sex with women.

In the next three sessions they work on assertiveness skills building and role playing.

Foster also covers decision making and coping skills. “What do you do when you are in a relationship and your partner doesn’t want to use condoms? Do you stop the relationship or do you go on? Where do your priorities lie and how do you make decisions?”

The Sista Project, created by Debra Wingwood in Atlanta, GA, is a study of condom use in African American adult women 18 and over, being done for a national marketing group called Sociometrics. The project will compare the behaviors and condom use over time of the women who are participating in the prevention program with a control group.

The study requires that 75 women go through this program and Foster needs more groups. There is a pre-test taken at the beginning of the five program sessions. Three months later there is a second survey and a two-hour booster session, that is like a support group. A third and final survey is given after another three months. For more information, contact Reshounn Foster at MAPP, (248) 545-1435. Foster is developing a new program,

called Adesola, targeting African American teen girls. See the Michigan HIV News website [www.mihivnews.com](http://www.mihivnews.com).

## MOMS AT HEART

Tapping into the original bonds for women, MAPP’s Candice Moench and Kathy Gerus-Darbison have developed a new prevention program for moms and daughters called “Moms at Heart.” It can be any mom, at any age, and her daughter they said. “It could be for someone who isn’t necessarily someone’s mom, but who serves in the role of someone’s mother, guardians, aunts etc.,” said Gerus-Darbison.

The program is broken up into three sessions, one on sexuality and barriers, another about communication in general - specifically about sexual issues, and the third about self awareness “and coming to terms with your own ‘stuff’,” said Gerus-Darbison. “Because until we do that, we can’t communicate about it, change our behavior or anything else. I think it’s quite comprehensive actually.

“We created this curriculum - which we knew would push a lot of buttons - and first of all invited our own moms, and our own daughters. That was quite interesting just from those dynamics. Just being able to talk about those issues not only with our moms but with other people’s moms we found that a lot of it was generational. It was very different from our mom’s generation to us and from us to our daughters.”

“It was a challenge for us. It was very personal for us,” said Moench. “Everybody walked out of it saying, ‘Wow. I’m really glad I did that.’” said Gerus-Darbison.

While this focus group sounds like a very 60’s Escalator type of experience, Moench said there were safeguards against not respecting one another’s privacy. Having survived it personally, and receiving good reviews from the participants, they will now market “Moms at Heart” to the community. For more information, contact Candice Moench or Kathy Gerus-Darbison at MAPP, (248) 545-1435.

# Simpson gets new post

## on the move

**H**arry L. Simpson, an honored veteran of Michigan's war against AIDS, has taken a national position with Agouron Pharmaceuticals, Inc. As the new Community Relations Associate Manager, National AIDS Service Organizations, Simpson will be based in the Washington, D.C. area working with national organizations like the National Minority AIDS Council and the National Association of People With AIDS for Agouron.

Simpson, who has gained national attention for his work in HIV/AIDS prevention and care for African Americans in Detroit's empowerment zone, resigned from Community Health Awareness Group (CHAG) at the end of February. He was the executive director since 1994 and will continue to serve CHAG as a volunteer on the Board of Directors.

Statewide, Simpson is recognized for his involvement in the HIV/AIDS community planning process. The move implies that he will leave his recently elected position as Prevention co-chair of the new Michigan HIV/AIDS Council (MHAC). He was co-chair of the Statewide Prevention Planning Group (SCPG) for the past three years and in 1999 received the Leadership in HIV Prevention award from the SCPG in recognition of his dedication to improving the quality and responsiveness of HIV prevention efforts in Michigan.

Simpson was an important player in the recent merger of the SCPG with the Statewide HIV/AIDS Care Council to form MHAC. He has also been a consultant to the Michigan Task Force on the Survival of the African American Male.

Harry Simpson will leave the state with a legacy of accomplishments. He has been an outspoken advocate for harm reduction programs for injection drug users. He is most recognized in the Detroit area for his collaboration with the Detroit Health Department and the Michigan Harm Reduction Coalition to bring about the necessary change in the City's ordinance to allow for the implementation of the first legalized syringe exchange program in Detroit. CHAG has been successfully managing that program, called Life Points, since it began on World AIDS Day, December 1996. This program has led to national and international recognition.

In May, Simpson will receive this year's Drug Policy Foundation Robert C. Randall Award for Achievement in the Field of Citizen Action. Recognizing all of his achievements, the Michigan House of Representatives signed a resolution honoring Harry L. Simpson for his involvement in the development of HIV programs for the African American population and expressing their "respect for his superb work," on Sept. 30, 1999.

■ **HAPIS** moved its Lansing offices to Okemos in February. The main number there is (517) 241-5900. Their mailing address is 2479 Woodlake Circle, Suite 300, Okemos MI 48864. For a complete list of staff with e-mail links and new phone and fax numbers, see our website. <http://www.mihivnews.com/contacts.htm>

■ **Debra Szwedja** began her new position as manager of the Michigan Department of Community Health (MDCH) HIV/AIDS Prevention and Intervention Section (HAPIS) in December. She was with the MDCH Bureau of Substance Abuse Services (now the Division of Substance Abuse Evaluation) since 1992, working primarily with substance abuse prevention policy and programs. Most recently, she was the Bureau's Communicable Disease Specialist. This position coordinated the HIV Regional Training Initiative and the HIV Early Intervention Programs (EIP). The HIV EIP provided both HIV prevention and care services targeting substance users. Szwedja's educational background includes a Bachelors degree in Nursing and a Masters of Public Administration with a Health Care focus.

The creation of a new position at MDCH, the Division of HIV/AIDS and STDS (DHAS) Director, allowed for a redistribution of responsibilities in upper management. As director, **Loretta Davis-Satterla** has a lot of the visibility, at both the upper department policy level and nationally, including acting as the NASTAD (National Alliance of State and Territorial Directors) representative.

"As the manager of the section (HAPIS), my primary responsibilities are to ensure that HAPIS submits quality applications to receive maximum funding, distributes that funding equitably, and ensures that science based, effective programming targeting the locally identified need occurs," said Szwedja. She will also be representing HAPIS within the HIV field on the statewide planning group.

## around the state

■ **Cindy Bolden** will now lead Detroit's Community Health Awareness Group (CHAG) as the new executive director. She has been on the CHAG staff since January 1995, most recently as coordinator for prevention programs, which include oral HIV counseling and testing, street and community outreach, the Life Points Harm Reduction/Needle Exchange Program and the mobile outreach and HIV testing program.

■ **Emily Nadeau** is the new administrator of HIV/AIDS Programs at the De-

troit Health Department (DHD). She has been the interim administrator since Loretta Davis-Satterla left to become the director of MDCH-DHAS. Nadeau has been involved in HIV work since 1991 beginning at Oakland Family Services as one of the first metro area individuals to perform in-home mental health therapy. She came to DHD a year ago as a part-time trainer with the early intervention project then moving to the position of prevention coordinator for substance abuse.

## NIH researchers warn about St. John's wort

**R**esearchers at the National Institutes of Health (NIH) Clinical Center have demonstrated that a widely used herbal product — St. John's wort — could significantly compromise the effectiveness of the protease inhibitor indinavir.

The findings are detailed in the Feb. 12 issue of *The Lancet*. "When St. John's wort and indinavir are taken together, the

levels of indinavir in the blood drop dramatically," explained the study's principal investigator, Dr. Stephen Piscitelli of the NIH Clinical Center's Pharmacy Department. "When the body eliminates the antiviral drug too quickly, there can be a loss of therapeutic benefit.

"The low blood levels also can lead to drug resistance," said Piscitelli. "Resistance to indinavir can decrease the re-

sponse to other protease inhibitors.

"This study demonstrates how important it is for patients to keep their physician and pharmacist informed about any use of herbal products," said Piscitelli. "It's vital that we understand how drugs and herbal products interact," said Dr. John I. Gallin, Clinical Center director. *NIH Press Release Feb. 10, 2000*

## Risks in oral transmission reassessed

**O**ne study released at the 7<sup>th</sup> Conference on Retroviruses and Opportunistic Infections showed a significant percentage (6.6%) of new HIV infections due to oral sex in some groups of men who have sex with men. This, combined with research reported in the February issue of the *Journal of Infectious Diseases* showing higher salt content of semen and breast milk may aid in the oral transmission of HIV is important news for prevention work.

Because some individuals consider oral sex an alternative to high-risk behaviors - unprotected vaginal and anal sex, oral sex should not be presented as a low risk behavior in prevention education and counseling efforts. A survey conducted for *Seventeen* magazine reported in February shows that 55 % of Americans ages 15 to 19 have participated in oral sex.

Also, the March 1 issue of *Journal of the American Medical Association* ([www.jama.com](http://www.jama.com)) reported on a study in Nairobi, Kenya on the effect of breastfeeding vs. formula feeding on the transmission of HIV to infants shows that formula feeding could prevent more than 40 percent of infant infections from breastfeeding. For an abstract of the study on MSM presented at the conference, visit the website [www.retroconference.org/2000/abstracts/473.htm](http://www.retroconference.org/2000/abstracts/473.htm)

### RECENT PEER-REVIEWED JOURNAL ARTICLES

**"A Community-Level HIV Prevention Intervention for Inner-City Women: Results of the Women and Infants Demonstration Projects"** *American Journal of Public Health* (02/00) Vol. 90, No. 2, P. 216; Lauby, Jennifer L.; Smith, Philip J.; Stark, Michael; et al.

Researchers evaluating the effects of a community-level HIV prevention intervention in four communities focused on women's use of condoms during sex. The study used culturally specific HIV prevention materials with a trained staff to educate the women and urge them to use condoms. The study included 3,722 women, the majority of whom were African-American, with a mean age of 25. At the start of the project, in 1993, 68 percent of the women had no intention of using condoms with their main

partners, while 13 percent did use condoms with their main partners for a month or more. Women used condoms more often with other partners, with 30 percent using them consistently. In 1996, during follow-up analysis, women reported increased condom use, including more attempts to get a partner to use a condom and increased condom use during recent sexual activity. The researchers concluded that projects like this one can be implemented in low-income neighborhoods successfully; however, the data also show that women at risk for HIV were not using condoms with their main partners frequently. The results demonstrate the need for long-term interventions efforts that encourage women to protect themselves. [www.apha.org/news/publications/journal/AJPH2.html](http://www.apha.org/news/publications/journal/AJPH2.html)

### resources

#### <http://clinicaltrials.gov/>

NIH launched — its "consumer-friendly" database of more than 4,000 federal and private medical studies, including those on HIV/AIDS. The database includes information about the location of clinical trials, their design, criteria for participation, and in many cases, further information about the disease and treatment under study. -

#### [hivatis.org](http://hivatis.org)

HIV/AIDS Treatment Information Services offers a new "Send Me Treatment Guidelines" service. You may request a single copy of the Perinatal Guidelines be mailed or e-mailed to you. To request the Guidelines, please e-mail [atis@hivatis.org](mailto:atis@hivatis.org) or call 1-800-448-0440, TTY 1-888-480-3739, or our International number 1-301-519-0459 and specify that you would like a copy of the Perinatal Guidelines. If you request a copy be mailed to you, please include your complete mailing information.

# Voices at the top

*Continued from Page One*

drug user,' or to have power in relationships to be able to do some of the things that it's going to take to remain safe. And so that's always ever-present in my mind. How do we do this in such a way that women are really able to incorporate these messages into their lives and not base it on someone else's life who may have a lot of power, including income and credit cards and a place to go, and a support system that may not be there for African American women that are most at risk.

"Also, I think that I have had inroads into that community and with professionals who work with African Americans at risk and I intend to work with and use those as we move along and look at what we really need to do in terms of targeted prevention.

"So far the community planning process has been really good in identifying the local needs," said Davis-Satterla, who feels that this process will continue to "tease out and work through" all of the underlying issues for women.

An emerging issue particularly for African American women is the risk of

becoming infected from their male partners, who are having sex with other men. "Clearly the epi (data) show that this is a population that is ever growing in their risk of HIV," said Davis-Satterla.

The new HAPIS manager also acknowledged this factor for women surfacing risk in the Detroit area, through data collected by the MDCH HIV surveillance section. "It's a newly identified issue," said Szejda. "Women are getting infected and don't know why. We need to identify prevention strategies that will address this very specific behavior."

Historically, it is injection drug use and being the sexual partner of an injection drug user that have been the high risk behaviors for women. And Szejda has a broad knowledge of the publicly funded substance abuse intervention network, "in particular women's specialty treatment," she said.

"We need to work more with IDUs and partners of IDUs, because that is the biggest risk factor for women. For two-thirds of HIV-infected women ages 30-49 whose risk is known, 59% are IDUs. For two-

thirds of all infected women, injecting drug use played a role, with 47% reporting injecting drug use themselves and 19% reporting a sex partner who is an IDU."

There is another drug related risk for women, Szejda pointed out. "There is a portion of women...who are trading sex for drugs or money to buy drugs. Often that drug is crack cocaine."

"We need to continue to focus on providing effective prevention for these women," said Szejda, "who can be commercial sex workers, drug users, or partners of drug users."

HAPIS has already made strides in making prevention counseling and testing more accessible to women in the Detroit area by providing services in community-based as well as field-based settings, because a lot of women can not access traditional health care facilities. "And prevention activities are provided there in alternative venues such as beauty parlors and public housing, and target commercial sex workers," she said.

There are still barriers to providing prevention for women, said Szejda. "Poverty, domestic violence, accessibility because of child care and transportation."

*For an in-depth interview with Loretta Davis-Satterla on a variety of topics, see the website, [www.mihivnews.com](http://www.mihivnews.com).*



*Loretta Davis-Satterla*



*Debra Szejda*

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## Michigan HIV News

MAPP

429 Livernois

Ferndale, MI 48220