AIDS

All Men—Make a Difference!

World AIDS Day
December 1, 2000

American Association for World Health
1825 K Street, NW, Suite 1208, Washington, DC 20006 • www.aawhworldhealth.org • Tel. (202) 466-5883
The topic men and AIDS was selected as the worldwide theme of World AIDS Day 2000 by UNAIDS, the Joint United Nations Programme on HIV/AIDS. Men are a highly diverse group, and we must be cautious about making generalizations about their behavior. The hope is, however, that such a focus will result in greater awareness of the risk of HIV/AIDS among all men, whatever their age, race or sexual orientation. It is also hoped that increased awareness will stimulate all men to use their influence to stem the tide of the HIV/AIDS epidemic.

**Why focus on men?**

UNAIDS cited 5 powerful reasons to focus on men and AIDS:

1. **Men represent the majority of people living with HIV/AIDS.** Men outnumber women worldwide in the number of HIV infections and AIDS deaths. According to studies, men are more likely to use alcohol, inject illegal drugs and use other substances that lead to unsafe sex.

2. **Men’s behavior often puts their sexual partners at risk for HIV.** On average, men have more sex partners than women, and a man with HIV is therefore more likely to infect more people over a lifetime.

3. **Unprotected sex endangers men’s male and female sex partners.** Many men who have sex with men also have sex with women. Often, fear of being stigmatized as homosexual causes men to deny their sexuality and/or to ignore HIV prevention warnings.

4. **Men need to give greater consideration to AIDS as it affects their families.** Fathers and future fathers should be encouraged to consider the potential impact of their sexual behavior on their partners and children and to take a greater role in caring for family members with HIV or AIDS.

5. **Men often do not give adequate attention to their own health.** In most settings, men are less likely to seek health care than women, and more likely to engage in behaviors—such as drinking, using illegal substances, driving recklessly and practicing unsafe sex—that put their health at risk. Often men do not know their own HIV status, thus putting others at risk for HIV.

**Let’s take action!**

Let’s provide opportunities for open discussion on ways to reduce factors that increase men’s risk for HIV/AIDS. Let’s do so by promoting awareness and understanding of the following key issues:

- Gender stereotypes and cultural expectations that negatively affect women and men
- Harmful and divisive concepts of masculinity and the need for gender equity
- The ways in which boys are brought up and men are expected to behave
- Men’s reluctance to talk about sex, drug use and AIDS, with each other and with their partners.
- Men’s relationship with women and their willingness to discuss when, where and whether sex takes place
- Understanding and acceptance of men who have sex with men
- Men’s access to help, including appropriate sources of information, counseling and support
- Reducing male violence, including sexual violence
- The importance of men’s roles as fathers and providers of care and support in the family and the community
WORLD AIDS DAY 2000

American Association for World Health

President Jimmy Carter, Honorary Chairman
Larry Baum, Chairman of the Board
Herman Ellis, MD, MPH, Vice Chairman of the Board
Richard L. Wittenberg, President and Chief Executive Officer
Karen Moran, Program Director, Editor/Designer
Jaime Zuckerman, Project Officer
Emily Adams, Executive Assistant
Mahlette Betre, Project Associate
Frankie-Marie Shipman, Project Associate
Ketchum, Inc., Cover/Poster Design
Annie Adjchavanich, Photographer, Cover/Poster

2000 World AIDS Day Advisory Committee

AFL-CIO
AIDS Action Council
AIDS National Interfaith Network
AIDS Nutrition Services Alliance
AIDS Alliance for Children, Youth and Families
American Association for World Health
American Public Health Association
American Red Cross National Headquarters
Association of Schools of Public Health
Association of State and Territorial Health Officials
Balm in Gilead
Cable Positive
Calypte Biomedical
Centers for Disease Control and Prevention
CDC National Prevention Information Network
Children’s AIDS Fund
Council of National Religious AIDS Networks
Dignity/USA
Family AIDS Network
Funders Concerned About AIDS
Gay Men’s Health Crisis
Global Health Council
Health Resources and Services Administration
Joint United Nations Programme on HIV/AIDS
Mothers’ Voices

Thanks to the following for making World AIDS Day 2000 Possible

Principal Support Provided By:

Centers for Disease Control and Prevention, Atlanta, Georgia
Gay Men’s Health Crisis, New York, New York

Additional Support:

AIDS Alliance for Children Youth and Families, Washington, DC
Cable Positive, New York, New York

Regarding Statistics: All global statistics used in this book are reported from UNAIDS and WHO; all national statistics are reported from the Centers for Disease Control and Prevention and the Center for AIDS Prevention Studies at the University of California San Francisco, unless otherwise noted.
World AIDS Day 2000

AIDS
ALL MEN—MAKE A DIFFERENCE!

WORLD AIDS DAY 2000

The goal of the World AIDS Day 2000 theme “AIDS: All men—Make a difference!” is to encourage all men to increase their awareness of the risk of HIV/AIDS infection for themselves, their partners, and their families and to use their influence to help stem the tide of the HIV/AIDS epidemic. The theme was adapted from the year’s World AIDS Day topic of Men and AIDS, which was selected by the Joint United Nations Programme on HIV/AIDS (UNAIDS).

World AIDS Day was first observed on December 1, 1988, after an international summit of health ministers called for a new spirit of social tolerance and a greater exchange of information on HIV/AIDS. World AIDS Day, observed annually on December 1, serves to strengthen global efforts to address the challenges of the AIDS epidemic, which continues to spread throughout every region of the world. In recognition of the growing complexities of the HIV/AIDS global epidemic, UNAIDS unites global agencies in their response to HIV/AIDS.

Each year, the American Association for World Health, which is the U.S. Committee for the World Health Organization and the Pan American Health Organization, coordinates efforts for World AIDS Day in the United States.

For HIV/AIDS information for the visually-impaired, call the CDC National Prevention Information Network (800-458-5231) for a Braille brochure entitled “Understanding AIDS,” which provides basic information on HIV transmission and prevention. You can also contact Horizons for the Blind (847-836-1400), an organization that transcribes standard print HIV/AIDS-related reading materials into Braille. For other special language needs, see the Resources section near the back of this book.

This book was developed by the American Association for World Health to provide HIV/AIDS awareness and education information and to assist anyone who wishes to observe World AIDS Day. Some materials, such as the Fact Sheets, are designed to be photocopied for use in education and awareness programs. Other materials, such as the planning and activities sections, are primarily written for community leaders, whose leadership and local programs play a crucial role in delivering vital messages of hope and prevention that must be heard if we are to defeat the global epidemic of HIV/AIDS.

American Association for World Health
1825 K St, NW, Ste 1208 • Washington, DC 20006 • (202) 466-5883 • www.aawhworldhealth.org
Denial, stigma and the global epidemic

I am sure you have shared my shock and disbelief as story after story has spilled out of Africa, detailing the devastation of the AIDS epidemic on that continent. Statistics difficult to comprehend build images of sickness, suffering and death on a massive scale. Even those of us who have been working in the field of HIV/AIDS for many years have been astounded at the escalation of the global epidemic that has resulted from years of denial and inaction.

So serious is the situation that most countries have ranked AIDS at the top of their national security issues. In the United States, in an unprecedented action, President Clinton has declared AIDS a national security risk. This is the first time a disease has been placed in the same class as other threats, such as bioterrorism and nuclear weapons.

We in the U.S. have much to learn from Africa, where denial, stigma, casual sex and heterosexual contact are the prime movers of the AIDS epidemic. Here, too, those same factors are fueling the spread of HIV and hampering our prevention efforts. For these reasons, we have chosen to expand our book this year to include a new four-page feature: “Special Focus: AIDS in Africa,” in the belief that we all can and must learn from the experiences of others.

The price of denial is high, yet it exists in many quarters here in the U.S. The man who does not face the dangers of his high-risk sexual or drug injecting behavior is in denial. The woman who does not insist on knowing the sexual history of her partner is in denial. The man who engages in sex with both men and with women and does not disclose it to his partners is in denial. The pregnant mother who refuses HIV testing because she is sure she is not at risk for HIV is in denial. Those who knowingly engage in risky behaviors because they believe the new AIDS drugs will save them are in denial.

The stigma that surrounds AIDS is, of course, the major cause of such denial here in the U.S., just as it is in Africa. HIV prevention campaigns in every village, town, city and state must work to tear down the wall of shame around HIV and AIDS. Only then will all those at risk feel fully free to face their risk and deal with it openly. Their lives depend on it.

We at AAWH hope you will accept this challenge and deliver the lifesaving messages contained in this resource booklet. This year the international theme of men and AIDS specifically challenges men to face their risk, change their risk-taking behaviors and accept responsibility for their own health and the well being of their loved ones.

This year more than ever, I feel, the American public has been sensitized to the seriousness of the global AIDS epidemic and is ready to listen more attentively to the dangers of HIV/AIDS. World AIDS Day provides the perfect opportunity to mount new initiatives, capitalizing on the national and international media attention that surround the global observance.

Best of luck in planning your World AIDS Day activities. We hope you will find this year’s resource booklet more helpful than ever.

Richard L. Wittenberg
President and Chief Executive Officer
American Association for World Health
GREETINGS TO ALL THOSE OBSERVING THE 13TH ANNUAL WORLD AIDS DAY.

WHILE WE HAVE COME A LONG WAY IN THE STRUGGLE TO OVERCOME THE PERSONAL, SOCIAL, AND ECONOMIC IMPACT OF THIS EPIDEMIC, THE BATTLE IS FAR FROM OVER. LAST YEAR, 2.8 MILLION DEATHS FROM HIV/AIDS WERE RECORDED -- THE HIGHEST GLOBAL TOTAL SINCE THE EPIDEMIC BEGAN. IN THE UNITED STATES ALONE, WE HAVE AN UNACCEPTABLY HIGH NUMBER OF NEW HIV INFECTIONS EVERY YEAR.

HIV HAS REACHED CATASTROPHIC PROPORTIONS IN SOME AREAS OF THE GLOBE AND IS ABOUT TO EXPLODE IN OTHERS. AIDS THREATENS THE ECONOMIES OF THE POOREST COUNTRIES, THE STABILITY OF FRIENDLY NATIONS, AND THE FUTURE OF FRAGILE DEMOCRACIES. WE DO NOT LIVE IN ISOLATION FROM OUR GLOBAL NEIGHBORS, AND IT IS IMPERATIVE THAT THE UNITED STATES JOIN TOGETHER WITH ALL NATIONS TO MOBILIZE A GREATLY EXPANDED WORLD RESPONSE TOSTEM THE RISING TIDE OF THIS DISEASE. WE MUST ALSO CONTINUE OUR EFFORTS TO MAKE CARE AND TREATMENT, INCLUDING DRUGS -- WHICH ARE INCREASING THE LIFE SPAN AND IMPROVING THE QUALITY OF LIFE OF MANY INFECTED WITH HIV -- ACCESSIBLE TO ALL WHO NEED THEM.

THIS YEAR'S WORLD AIDS DAY THEME, "ALL MEN -- MAKE A DIFFERENCE!" FOCUSES ON MEN'S ABILITY -- AND RESPONSIBILITY -- TO EXERT A POWERFUL INFLUENCE IN THE STRUGGLE AGAINST HIV/AIDS. IT CALLS ON ALL MEN AROUND THE WORLD TO EMBRACE A NEW LEADERSHIP ROLE NOT ONLY IN PREVENTION, BUT ALSO IN THE CARE OF THEIR CHILDREN AND OTHER LOVED ONES WHOSE LIVES ARE AFFECTED BY AIDS.

AS WE OBSERVE WORLD AIDS DAY 2000, OUR TASK MUST BE TO WORK IN COOPERATION AND SOLIDARITY HERE IN THE UNITED STATES AND WITH OUR NEIGHBORS AROUND THE WORLD TO STOP THE SPREAD OF THIS DEVASTATING DISEASE. THE FUTURE OF THE WORLD'S CHILDREN DEPENDS ON OUR ABILITY TO ACHIEVE THIS GOAL TOGETHER.

SIGNED

BILL CLINTON
HIV/AIDS QUIZ
How much do you know about HIV/AIDS?

You will find a discussion of the answers to these questions and many other important issues about HIV/AIDS throughout this resource booklet.

Circle the correct answers

1. **T or F:** AIDS is a disease without a cure spread mainly by unprotected sex or sharing needles with someone who has HIV.

2. **If you were infected with HIV, you might show symptoms...**
   - A. within a few weeks
   - B. within a year
   - C. in 10 or more years
   - D. any of the above

3. **T or F:** New HIV/AIDS drug treatments have lowered the number of AIDS-related deaths in the United States.

4. **T or F:** If you are pregnant and HIV positive, there are medicines you can take that can greatly decrease the chances of your baby having HIV.

5. **HIV is not present in...**
   - A. semen and vaginal secretions
   - B. sweat
   - C. blood
   - D. breast milk

6. **T or F:** Only drug users and gay men need to worry about becoming infected with HIV.

7. **You can become infected with HIV by...**
   - A. sharing utensils with or drinking from the same cup as someone with HIV
   - B. mosquito bites
   - C. hugging someone with HIV
   - D. none of the above

8. **T or F:** Using protection such as a latex barrier when performing sex (vaginal, oral or anal) lowers the risk of HIV transmission.

9. **In which group or groups is the risk of HIV infection increasing in the U.S.?**
   - A. heterosexuals
   - B. women
   - C. men of color
   - D. young people
   - E. all of the above

10. **How many people in the U.S. were infected with HIV in 1999?**
    - A. 5,000
    - B. 10,000
    - C. 20,000
    - D. 40,000

**ANSWERS:** 1 T; 2 D; 3 T; 4 T; 5 B; 6 F; 7 D; 8 T; 9 E; 10 D
## Table of Contents

### Why We Should Care
- The State of the Epidemic in the U.S. ............................................. 8
- Considering the Risk ................................................................. 9
- A Global Epidemic ................................................................. 10-12
- Special Focus: AIDS in Africa .................................................... 13-16

### Fact Sheets
- Men & HIV/AIDS ................................................................. 17
- Men’s Fear of Stigma—Denial of Risk .................................... 18
- Stereotypes of Manhood ....................................................... 19
- Women, Minorities & AIDS ................................................... 20
- Promoting Change ............................................................... 21
- Basic Facts About HIV and AIDS ......................................... 22
- Preventing Infection with HIV ............................................. 23
- Successful HIV Prevention Programs .................................... 24
- HIV Counseling & Testing .................................................... 25-26
- Treatment Information ......................................................... 27
- Faith Communities & HIV/AIDS ........................................... 28
- An Interfaith Declaration ....................................................... 29
- The Law and HIV/AIDS ......................................................... 30

### What We Can Do
- Planning Checklist for World AIDS Day ............................... 31
- Fundraising Tips ................................................................. 32
- Grants ................................................................................. 32
- Media Outreach Guide ......................................................... 33-34
- Sample Press Release .......................................................... 35
- Sample Public Service Announcement (PSA) ....................... 35
- Media Advisory Outline ....................................................... 36
- Sample Proclamation .......................................................... 36
- Innovative World AIDS Day Activities ................................. 37-38
- Motivate and Educate! (Sample activities) ......................... 39-41
- HIV/AIDS Education Videos ............................................... 42

### Resources
- National Hotlines ............................................................... 43
- State & Territorial AIDS Hotlines ....................................... 43
- AIDS Service Organizations ............................................... 44
- National Organizations ....................................................... 44-47
- State & Territorial Contacts ............................................... 48-49

### World AIDS Day 2000 Event Follow-Up Report .................... 50

### World AIDS Day 2000 Items Order Form & Membership Form . 51

### Sources ........................................................................ 52
WHY WE SHOULD CARE

AIDS IN THE UNITED STATES

AIDS cases per 100,000 population through December 1999

THE STATE OF THE EPIDEMIC IN THE U.S.

- In the U.S., over 850,000 adults and children are estimated to be living with HIV/AIDS: 670,000 are men; 170,000 are women; 10,000 are children.
- One in three of those infected with HIV do not know they are infected.
- Among all AIDS cases to date, 82% occurred in men; 18% in women and less than 1% in children.
- Effective drug therapies have contributed to decreases of up to 70% in the number of reported AIDS cases and related AIDS deaths.
- Despite declines in new AIDS cases, the rate of new HIV infections remains high, impacting people across all ages, races, sexual orientations and socio-economic levels.
- 40,000 new HIV infections were reported in 1999.
- AIDS is now the fifth leading cause of death for people 25 to 44 years of age, and 50% of all new infections are among young people under age 25.
- During the 1990’s, the epidemic shifted steadily toward a growing proportion of cases among African Americans, Hispanics and women.
- AIDS due to heterosexual contact is steadily increasing, representing 15% of new cases in 1999.
- Major means of exposure for new AIDS cases in 1999, out of 46,000:
  - Sex between men (15,500, or 34%)
  - Injection drug use (10,000, or 22%)
  - Heterosexual contact, primarily through sex with injection drug users (7,000, or 15%)
- Factors that contribute to the spread of HIV
  Cultural expectations of manhood can promote risk-taking behaviors among men and boys.
  Poverty and unemployment may increase sexual risk taking, especially for men seeking to compensate for a perceived loss of manhood and power.
  Isolation—such as that caused by being in prison, homelessness, migrant work or living in the military—may lead to sex with multiple partners, unprotected sex and drug use.
- Factors that help control the spread of HIV
  Prevention programs work—programs that promote abstinence, safer sex, substance abuse treatment, needle exchange and open communication.
  There is consistent evidence that people often respond by changing destructive behaviors when they are reached with appropriate messages.

[See Successful Prevention Programs Fact Sheet]
WHY WE SHOULD CARE

CONSIDERING THE RISK

MEN WHO HAVE UNPROTECTED SEX WITH MEN
In the U.S., HIV-related illness and death have had a tremendous impact on men who have unprotected sex with men (MSM). This group, which includes bisexuals, continues to account for the largest number of HIV/AIDS cases. However, a dramatic shift has occurred in the predominance of cases from white gay men to MSM of color, which includes non-Hispanic Black, Hispanic, American Indian/Alaska Native and Asian Pacific Islanders.

- Men who have sex with men (MSM) account for 40% of new HIV cases and 34% of all adult and adolescent AIDS cases.
- Among gay and bisexual men with AIDS, cases among men of color rose from 31% in 1989 to 52% in 1998.

INJECTION DRUG USERS
The sharing of syringes and other equipment for drug injection is a major route of HIV transmission for injection drug users (IDUs) due to blood contamination. Indirectly, infection through injection drug use contributes to the spread of AIDS to the sex partners of an IDU and to children born to mothers who contracted HIV through sharing needles or having sex with an IDU. Racial and ethnic minorities are most heavily affected by IDU-associated AIDS.

- Since the epidemic began, injection drug use has directly and indirectly accounted for more than 36% of AIDS cases in the U.S.
- Men represent 80% of IDUs worldwide. Sex with male IDUs is a major risk factor for HIV.

U.S. AIDS cases diagnosed in 1999

HETEROSEXUAL TRANSMISSION
The number of HIV infections through heterosexual contact is rising in the U.S. Heterosexual contact accounted for 15% of all reported AIDS cases in 1999. Minorities and women have been disproportionately affected by heterosexual transmission.

- In just over a decade, AIDS cases among adult and adolescent women more than tripled, increasing from 7% of all AIDS cases in 1985 to 23% in 1998. 40% of these are attributed to heterosexual sex.
- Many women are infected because they do not know the health status or sexual and drug use practices of their partners (including husbands).
- Since the beginning of the epidemic, 7% of all men infected with HIV were infected through heterosexual contact. By contrast, in 1999, 9% of men were infected heterosexually.
- Of those infected heterosexually, the majority contracted the virus either through sex with another HIV-infected person or sex with an HIV-infected injection drug user.

INJECTION DRUG USERS
The sharing of syringes and other equipment for drug injection is a major route of HIV transmission for injection drug users (IDUs) due to blood contamination. Indirectly, infection through injection drug use contributes to the spread of AIDS to the sex partners of an IDU and to children born to mothers who contracted HIV through sharing needles or having sex with an IDU. Racial and ethnic minorities are most heavily affected by IDU-associated AIDS.

- Since the epidemic began, injection drug use has directly and indirectly accounted for more than 36% of AIDS cases in the U.S.
- Men represent 80% of IDUs worldwide. Sex with male IDUs is a major risk factor for HIV.

CONSIDERING THE RISK

U.S. AIDS cases diagnosed in 1999

HETEROSEXUAL TRANSMISSION
The number of HIV infections through heterosexual contact is rising in the U.S. Heterosexual contact accounted for 15% of all reported AIDS cases in 1999. Minorities and women have been disproportionately affected by heterosexual transmission.

- In just over a decade, AIDS cases among adult and adolescent women more than tripled, increasing from 7% of all AIDS cases in 1985 to 23% in 1998. 40% of these are attributed to heterosexual sex.
- Many women are infected because they do not know the health status or sexual and drug use practices of their partners (including husbands).
- Since the beginning of the epidemic, 7% of all men infected with HIV were infected through heterosexual contact. By contrast, in 1999, 9% of men were infected heterosexually.
- Of those infected heterosexually, the majority contracted the virus either through sex with another HIV-infected person or sex with an HIV-infected injection drug user.

INJECTION DRUG USERS
The sharing of syringes and other equipment for drug injection is a major route of HIV transmission for injection drug users (IDUs) due to blood contamination. Indirectly, infection through injection drug use contributes to the spread of AIDS to the sex partners of an IDU and to children born to mothers who contracted HIV through sharing needles or having sex with an IDU. Racial and ethnic minorities are most heavily affected by IDU-associated AIDS.

- Since the epidemic began, injection drug use has directly and indirectly accounted for more than 36% of AIDS cases in the U.S.
- Men represent 80% of IDUs worldwide. Sex with male IDUs is a major risk factor for HIV.

CONSIDERING THE RISK

U.S. AIDS cases diagnosed in 1999

HETEROSEXUAL TRANSMISSION
The number of HIV infections through heterosexual contact is rising in the U.S. Heterosexual contact accounted for 15% of all reported AIDS cases in 1999. Minorities and women have been disproportionately affected by heterosexual transmission.

- In just over a decade, AIDS cases among adult and adolescent women more than tripled, increasing from 7% of all AIDS cases in 1985 to 23% in 1998. 40% of these are attributed to heterosexual sex.
- Many women are infected because they do not know the health status or sexual and drug use practices of their partners (including husbands).
- Since the beginning of the epidemic, 7% of all men infected with HIV were infected through heterosexual contact. By contrast, in 1999, 9% of men were infected heterosexually.
- Of those infected heterosexually, the majority contracted the virus either through sex with another HIV-infected person or sex with an HIV-infected injection drug user.

INJECTION DRUG USERS
The sharing of syringes and other equipment for drug injection is a major route of HIV transmission for injection drug users (IDUs) due to blood contamination. Indirectly, infection through injection drug use contributes to the spread of AIDS to the sex partners of an IDU and to children born to mothers who contracted HIV through sharing needles or having sex with an IDU. Racial and ethnic minorities are most heavily affected by IDU-associated AIDS.

- Since the epidemic began, injection drug use has directly and indirectly accounted for more than 36% of AIDS cases in the U.S.
- Men represent 80% of IDUs worldwide. Sex with male IDUs is a major risk factor for HIV.

CONSIDERING THE RISK

U.S. AIDS cases diagnosed in 1999

HETEROSEXUAL TRANSMISSION
The number of HIV infections through heterosexual contact is rising in the U.S. Heterosexual contact accounted for 15% of all reported AIDS cases in 1999. Minorities and women have been disproportionately affected by heterosexual transmission.

- In just over a decade, AIDS cases among adult and adolescent women more than tripled, increasing from 7% of all AIDS cases in 1985 to 23% in 1998. 40% of these are attributed to heterosexual sex.
- Many women are infected because they do not know the health status or sexual and drug use practices of their partners (including husbands).
- Since the beginning of the epidemic, 7% of all men infected with HIV were infected through heterosexual contact. By contrast, in 1999, 9% of men were infected heterosexually.
- Of those infected heterosexually, the majority contracted the virus either through sex with another HIV-infected person or sex with an HIV-infected injection drug user.

INJECTION DRUG USERS
The sharing of syringes and other equipment for drug injection is a major route of HIV transmission for injection drug users (IDUs) due to blood contamination. Indirectly, infection through injection drug use contributes to the spread of AIDS to the sex partners of an IDU and to children born to mothers who contracted HIV through sharing needles or having sex with an IDU. Racial and ethnic minorities are most heavily affected by IDU-associated AIDS.

- Since the epidemic began, injection drug use has directly and indirectly accounted for more than 36% of AIDS cases in the U.S.
- Men represent 80% of IDUs worldwide. Sex with male IDUs is a major risk factor for HIV.
WHY WE SHOULD CARE

A GLOBAL EPIDEMIC

The year 1999 saw a higher total of deaths from HIV/AIDS than any year since the beginning of the epidemic, despite new treatments which are reducing deaths in developed countries. Of the people now infected with HIV, 95% live in the developing world.

- 47 million people around the world have been infected with HIV since the virus was first identified over 15 years ago.
- 34.3 million people were estimated to be living with HIV as of December, 1999.
- About 5.4 million people were infected with HIV in 1999.
- Globally, an estimated 15,000 new HIV infections occur every day.
- Of the new HIV infections in 1999, 3.8 million live in sub-Saharan Africa, the hardest-hit region.
- Eastern Europe and Central Asia saw the sharpest increase in HIV infections in 1999; most new cases in those regions are due to infection through injection drug use.
- 95% of all HIV-infected people live in developing regions of the world, where social, economic, cultural and political conditions that contribute to the spread of the virus are more prevalent.

AIDS AND THE YOUNG

AIDS is particularly threatening to children and young adults around the world.

- About one half of all people who acquire HIV become infected before they turn 25; typically they die before their 35th birthday.
- In 1999, an estimated 570,000 children 14 or younger were infected with HIV. Over 90% were babies born to HIV-positive women. They acquired the virus at birth or through their mothers’ milk.
- 13.2 million children have been orphaned by AIDS since the beginning of the epidemic.

FACTORS THAT FUEL THE EPIDEMIC

A major issue preventing adequate HIV prevention is the stigma associated with HIV/AIDS in many cultures. Stigma often leads to a deadly form of denial that paralyzes prevention efforts.

In addition, cultural practices involving multiple sex partners, risk taking, male sexual domination, inequality of women, lack of condom use and availability, violence, and injection drug use have a major impact on the spread of HIV. Societal factors, including poverty, lack of education, isolation, rapid urbanization, civil unrest, migration and inadequate health services also fuel the epidemic.

34.3 MILLION ADULTS & CHILDREN ARE ESTIMATED TO BE LIVING WITH HIV/AIDS IN 1999

Source: UNAIDS
AIDS around the world

...in North America & Western Europe
As new infections continue to occur and new antiretroviral therapies keep people with HIV alive longer, the proportion of the population living with HIV has actually grown in these regions. Correspondingly, the number of AIDS-related deaths has declined. Despite the availability of drug therapies in these industrialized countries, HIV is still a challenge.

- In most countries in this region, the number of new HIV infections has remained relatively constant in recent years, with an estimated 1.5 million people living with HIV at the end of 1999.
- Previous trends toward safer sexual behavior among homosexual populations are being reversed; experts speculate this may be because of complacency due to drug therapies.
- In 1999 in North America, 44,000 new HIV infections were reported; in Western Europe, 30,000.

...in Sub-Saharan Africa
Sub-Saharan Africa is still the “global epicenter” for AIDS and HIV, with close to 70% of the world’s HIV-positive people living in this region that is home to just 10% of the world’s population. At the start of the 21st century, over 24 million people in sub-Saharan Africa are estimated to be living with HIV or AIDS. Almost 13.7 million here have already died of AIDS.

- About 90% of reported AIDS cases in this area are attributed to heterosexual transmission.
- For every 10 African men, 12 or 13 African women are now infected.
- Life expectancy at birth in South Africa is set to drop from a high of 59 years in the early 1990s to just 45 years by 2010 because of AIDS.
- In 1999, 90% of all HIV infected children (14 or younger) born to women with HIV were living in sub-Saharan Africa.

...in North Africa & the Middle East
Less is known about the HIV/AIDS epidemic in North Africa and the Middle East than in other parts of the world. The generally conservative social and political attitudes and traditions in many of the countries in these regions present challenges to HIV/AIDS awareness and prevention efforts among their populations.

- By the end of 1999, there were an estimated 220,000 people living with HIV/AIDS in this region.
- Injection drug use is now the most common cause of AIDS in many countries of this region, accounting for two-thirds of all reported AIDS cases in Bahrain and 50% in the Islamic Republic of Iran.
- In Egypt, one AIDS case out of 10 is among injection drug users.

...in Asia & the Pacific
HIV came relatively late to Asia, giving the region the opportunity to learn from successful prevention efforts in other countries. However, experts expect Asia to become the epicenter of the epidemic within the next 15 years.

- Across the continent as a whole, 6.5 million people were living with HIV by the end of 1999. The high rates of HIV infection are attributed primarily to the sharing of equipment for injection drug use and to the commercial sex industry.
- The sex industry in China is growing; there are now up to 4 million prostitutes in the country.
WHY WE SHOULD CARE

- In Guandong province in China, cases of HIV attributed to injection drug use rose from virtually nothing in 1998 to 11% by 1999.
- In China an estimated half million people in a population of over a billion are HIV-positive.
- In India it is now estimated that about 4 million are infected with HIV.
- Strong prevention programs have reduced the rate of infection in some countries such as Thailand, where decreases in HIV infection have been seen.

... IN EASTERN EUROPE

Many countries in Eastern Europe have reported dramatic growth in HIV infections since the early 1990’s. The world’s steepest HIV curve in 1999 was recorded in the newly independent states of the former Soviet Union. The number of Eastern Europeans estimated to be living with the HIV virus today is 70 times greater than in the early 1990s. Injection drug use is the major mode of transmission.

- HIV infections in the former Soviet Union have doubled in the past two years.
- In 1999, HIV infections in Central and Eastern Europe rose by a third, reaching a total of 360,000.
- Almost 90% of all AIDS cases reported in 1998 and 1999 in the entire Eastern European region were in Ukraine.

... IN LATIN AMERICA & THE CARIBBEAN

The HIV/AIDS epidemic in the Americas consists of a mosaic of epidemics. In Latin America, 0.57% of adults aged 15 to 49 were living with HIV in early 2000. Nearly four times that number is estimated to be infected in the Caribbean, the second worst affected area in the world next to sub-Saharan Africa. In Latin America, the principal modes of HIV transmission are unprotected sex between men and IV drug use, but the epidemic is increasing in the heterosexual population, as demonstrated by rising rates of infection in women and their infants.

The epidemic in the Caribbean is mainly heterosexual, with the vast majority infected during unprotected sex, primarily among young people. Some social and cultural factors tend to inhibit prevention efforts—factors such as beliefs about birth control (including condom use) and male sexual attitudes.

- HIV is severely affecting the populations of several Caribbean countries. For example, 13% of pregnant women in Haiti and 7% in Guyana tested positive for HIV in 1996. In the Caribbean, AIDS is the leading cause of death among 15 to 45 year olds.
- In Mexico, unprotected sex between men continues to drive the epidemic, with 14.2% of this group infected. The male-to-female ratio among the HIV-infected remains high at just over 7:1.
- In Brazil, 60% of those living with HIV are in Sao Paulo and Rio de Janeiro. The epidemic has shifted from primarily men who have unprotected sex with men and IV drug users to heterosexuals.
- Drug injecting is a major source of HIV infection in Argentina and Uruguay.
A TRAGEDY OF EPIC PROPORTIONS

THE PRICE OF DENIAL AND INACTION

Shock and disbelief swept the world as the tragedy of AIDS in Africa riveted international attention at the 13th International AIDS Conference in Durban, South Africa, in July, 2000. Addressing the Conference and the world, Nelson Mandela, humanitarian and former President of South Africa, described the meeting as “a gathering of human beings concerned about turning around one of the greatest threats humankind has faced, and certainly the greatest after the end of the great wars of the previous century.”

Mandela’s poignant and compelling words laid bare the unthinkable realities of the pandemic in Africa, now the tragic epicenter of the disease.

Mandela asserted...

Let us not equivocate: A tragedy of unprecedented proportions is unfolding in Africa. AIDS today in Africa is claiming more lives than the sum total of all wars, famines and floods, and the ravages of such deadly diseases as malaria. It is devastating families and communities, overwhelming and depleting health care services, and robbing schools of both students and teachers.

Business has suffered, or will suffer, losses of personnel, productivity and profits; economic growth is being undermined and scarce development resources have to be diverted to deal with the consequences of the pandemic.

HIV/AIDS is having a devastating impact on families, communities, societies and economies. Decades have been chopped from life expectancy and young child mortality is expected to more than double in the most severely affected countries of Africa. AIDS is clearly a disaster, effectively wiping out the development gains of the past decades and sabotaging the future.

The AIDS epidemic in Africa is compared by some to the Bubonic Plague of 14th-century Europe, which killed one third of that continent. Unlike that plague, however, in which the very air and water were contaminated, AIDS is transmitted primarily through sex, and in Africa largely through heterosexual sex.

TOLL OF THE DISEASE

The disease toll is unthinkable. As the 21st century begins, AIDS is the leading cause of death in Africa.

- 71% (24.5 million) of the world’s HIV-positive people live in sub-Saharan Africa.
- 90% of AIDS cases in sub-Saharan Africa are attributed to heterosexual transmission. 90% of those infected do not know they are infected.
- In sub-Saharan Africa, women represent 50% of AIDS cases, while in other regions of the world there are 4 men for every woman with AIDS.
- Over 50% of 15-year olds in the worst affected African countries will die of AIDS in their lifetime.
- Denial, misinformation and the stigma of AIDS are fueling the spread of HIV. Over 30% of young Southern African women believe a healthy-looking person cannot carry AIDS, for example.

| Adult Rates of HIV Infection in the Most Affected Countries in Sub-Saharan Africa | | |
| Botswana | 280,000 | 35.8% |
| Swaziland | 120,000 | 25.25% |
| Zimbabwe | 1,400,000 | 25.06% |
| Lesotho | 240,000 | 23.57% |
| South Africa | 4,100,000 | 19.94% |
| Namibia | 150,000 | 19.54% |
| Malawi | 760,000 | 15.96% |
| Kenya | 2,000,000 | 13.95% |
| Central African Republic | 230,000 | 13.84% |

Source: UNAIDS
Two generations lost
AIDS is killing two generations of Africans—those who are slated to build the future of the continent. They are the sexually active population, ages 15-49. Those who will be left are millions of orphans and the old, creating unusual population patterns with few in middle age to lead their societies.

By the year 2003, Botswana, South Africa and Zimbabwe will be experiencing negative population growth. This is the first time the Census Bureau is estimating negative growth due to AIDS. Many African countries will see life expectancies fall from 50-60 years to 30-40 years of age. In Botswana, life expectancy is now 39, down from age 71. In some sub-Saharan countries, infant mortality rates are now higher than they were in 1990.

Sub-Saharan Africa is the hardest hit, with the greatest concentration of HIV/AIDS cases occurring in the five countries of Southern Africa—South Africa, Namibia, Botswana, Zimbabwe and Swaziland. South Africa has the world’s highest rate of infection with HIV—1,700 are infected each day in that country on average. It is projected that within the next 5-10 years, 3.5 million South Africans will die of AIDS.

Devastation of societies
AIDS is devastating the continent of Africa in astounding ways. In addition to the appalling toll in lives, years of progress in some countries are being wiped out rapidly. Advances achieved over the past decade, including some dramatic economic growth and reform, are being lost. Now AIDS threatens this momentous progress and has become a top security issue in many countries. The epidemic is destabilizing fragile political, economic, health and education systems.

Among the sick, the dying and the dead are those who would populate the military; operate the schools and hospitals; educate and care for the children; staff the factories, banks and governments; enforce laws; and mount HIV/AIDS prevention, treatment and care efforts. Tragically, many are struck down in their youth or early adulthood. Teenagers and young mothers and fathers are leaving orphans in shocking numbers.

Struggling to meet basic needs
The primary health systems in most of Africa have collapsed under the burden of the disease. The underlying causes of the spread of HIV in third world countries are diverse. In many developing countries, particularly in sub-Saharan Africa, many of the most basic elements required for prevention are sorely lacking. Effective prevention will require the following:

- Widespread knowledge about HIV/AIDS and HIV prevention measures, such as safe sex practices and the use of condoms
- Adequate networks and personnel for HIV/AIDS testing, counseling, education and care
- Adequate funding for HIV prevention/treatment
- Massive campaigns to remove the stigma of HIV/AIDS
- Stable networks for education and health care
- Strong political and public health leadership to address HIV prevention efforts
- Empowerment of women
- Enforced prohibitions against rape
- Strong infrastructure (roads, telecommunications)
- Strong and stable economies and governments that are not engaged in war or civil unrest

Cultural sensitivities impede progress
Unfortunately, cultural sensitivities about the sexual causes of HIV have caused many to be reluctant to speak freely about effective prevention strategies. Difficult subjects include male sexual dominance and the powerlessness of women, the prevalence of rape and violence toward women, the stigma of HIV/AIDS and the ostracism that results.

Despite these sensitivities, it is undeniable that the rates of unprotected casual sex, rape and prostitution are major factors in the spread of HIV, as is the devastation caused by the widespread myth that having sex with a young virgin can cure AIDS. In South Africa, for instance, where HIV rates are highest, rape and prostitution are rampant in some areas, especially where men live apart from their families because of migrating for work or military service. As a result of these factors, young girls in many countries have a particularly high rate of HIV infection.
COSTS OF HELPING

Estimates of dealing effectively with the epidemic range from $3 billion-$10 billion a year. UNAIDS estimates the need to be $3 billion. Harvard economist Jeffrey Sachs estimates it would take $10 billion annually to deal effectively with AIDS in Africa. While that sounds impossible, Sachs estimates that this represents only $10 per person per year in wealthy donor countries—equivalent to the price of one box of popcorn and a movie ticket from each person in rich nations.

Sachs believes that wealthy countries should each give several billion dollars a year to support the process. The U.S., through USAID, spends 300 million a year to combat HIV/AIDS in developing countries and most of this funding is dedicated to sub-Saharan Africa.

EFFORTS TO HELP—THE GLOBAL RESPONSE

Now that the alarms raised by world health leaders are finally being heeded, experts are struggling with the frustrating realities of the economic, social and infrastructure barriers to prevention and treatment. Even proposed efforts of heroic proportions are viewed by some as nearly hopeless in the face of the wildfire nature of the epidemic.

At last the private sector is beginning to come to the table with offers of free or reduced-cost drugs and testing equipment and supplies. Other private sources will provide money and humanitarian assistance to bolster international government contributions, which are being increased.

However, the financial realities are intimidating. In developed countries, costs of sophisticated combination AIDS therapy drugs range from $12,000 to $20,000 per patient per year. This lies in sharp contrast to the reality that the hardest-hit countries in Africa have national health budgets of perhaps $3 to $20 per citizen, and personal incomes of $300 per year are common.

The frustrations related to providing HIV/AIDS drugs to the countries severely affected include:

- Cost factors
- Poor or non-existent distribution channels
- Poor or non-existent refrigeration
- Lack of health care technicians who can manage drug administration, especially complicated combination therapies

PREVENTION STRATEGIES

Experts agree that prevention strategies must be well coordinated and must include prevention, treatment and research.
At the AIDS Conference, Nelson Mandela asserted: “The challenge is to move from rhetoric to action, and action at an unprecedented intensity and scale. There is a need for us to focus on what we know works. We need to break the silence, banish stigma and discrimination, and ensure total inclusiveness within the struggle against AIDS; those who are infected with this terrible disease do not want stigma, they want love.”

Mandela called for bold initiatives to prevent new infections among young people and large-scale campaigns to prevent mother-to-child transmission. He also urged nations to continue the international effort of producing appropriate HIV/AIDS vaccines.

**Changing Sexual Behavior**

Since an AIDS vaccine is not a realistic hope in the near future, changing sexual behavior is the only option. Studies have revealed that knowledge of the disease is not enough—that those who know of the dangers do not necessarily change their behaviors.

Cultural factors, such as the stigma of AIDS and the belief that a man’s sexual powers are demonstrated by promiscuity, cause many to ignore warnings and resist safe sex practices. Government interventions, such as prosecution of rapists and better social treatment of those already infected, could help to turn the tide.

**Successes Bring Hope**

Successes in some developing countries have proven that prevention can help stem the relentless tide of HIV, despite the obstacles of massive misinformation, stigma, sexual myths, sexual dominance, violence and rape. Strong political leadership seems to be the key to successful campaigns, together with massive cooperation from multiple sectors of society.

- Senegal’s massive HIV campaign resulted in men’s consistent condom use with casual partners rising from virtually zero to 68% in 1997.
- Zambia’s comprehensive HIV-prevention efforts have seen HIV infections in pregnant young girls drop by nearly 50% in the last 6 years.
- Uganda has reduced its prevalence rate from 14% in 1990 to 8% with a strong prevention campaign.

**Strategies That Work**

Prevention strategies such as the following will make strong inroads into changing attitudes and behaviors that are promoting the spread of HIV:

- Promoting abstinence, safe sex and condom use
- Ensuring access to voluntary and confidential HIV counseling and testing services
- Working to reduce mother-to-child transmission
- Launching campaigns to reduce the stigma and discrimination that surround AIDS
- Working to change sexual and cultural norms and attitudes that promote the spread of HIV
- Directing HIV/AIDS information and life skills training to young people
- Encouraging acceptance, support and caring for people affected by HIV/AIDS

**Inexorable Move of the Epicenter**

Sandra Thurman, Director of the White House Office of National AIDS Policy and the U.S.’s first Presidential Envoy for AIDS, has observed that the situation in Africa is not the end or even the middle of the AIDS epidemic. It is just the beginning.

Researchers have predicted where the epidemic will explode next. “As goes Africa, so will go India, Southeast Asia, and the Newly Independent States of the former Soviet Union, and by 2005, more than 100 million people worldwide will have been infected with HIV. Leadership and resources are desperately needed to turn the tide,” Thurman observed.

**Calling the World to Action**

In his stirring closing address at the AIDS Conference in South Africa, former President Mandela challenged the listeners to heed his call:

...in this interdependent and globalized world, we have indeed again become the keepers of our brother and sister. That cannot be more graphically the case than in the common fight against HIV/AIDS.

Therefore, there must be a partnership between business and the community; without that, this battle will not be won; and also to use the skills, the experience, the research that have been conducted all over the world in order to enlighten our people as how to approach this tragedy.

In the face of the grave threat posed by HIV/AIDS, we have to rise above our differences and combine our efforts to save our people. History will judge us harshly if we fail to do so now, and right now.

For more information on AIDS in Africa, visit the website of UNAIDS (www.unaids.org) and WHO (www.who.int)
MEN & HIV/AIDS

Fathers and sons, brothers and friends, husbands and same-sex partners, politicians and community leaders—men have much to contribute to the fight against the spread of HIV.

Compelling reasons to focus on men and AIDS:

- HIV infections and AIDS deaths in men worldwide outnumber those in women on every continent except sub-Saharan Africa.
- All over the world, men generally have more sex partners than women; therefore, an HIV-positive man is more likely to pass on the virus to a greater number of people than a woman.
- Men who have unprotected sex with men still represent the largest risk category for infection with HIV.
- Transmission of HIV by heterosexual contact now accounts for an increasing proportion of AIDS cases in the U.S.
- HIV is more easily transmitted from a man to a woman than from a woman to a man.
- 80% of people worldwide who inject drugs are men; sharing of needles/syringes among injection drug users causes almost 30% of U.S. HIV infections.
- Young men are at particular risk—about 1 in 4 people with HIV is a young man under age 25.

MEN SHOULD BE ENCOURAGED TO...

- Accept greater responsibilities for being providers of care and support for their families
- Take a greater role in helping end the spread of HIV
- Change harmful sexual stereotypes (of male dominance, women’s roles, homophobia, etc.)
- Change the way they view risk taking, sexuality and violence
- Address their sexuality honestly and responsibly
- Be a positive role model for boys
- End their silence on issues of sexuality
- Support one another

MEN’S RELATIONS WITH WOMEN

While men’s sexual and intimate relationships with women vary from culture to culture, and while many men live in monogamous relationships, other men may have multiple partners or have casual sex with other women or with men.

- The secrecy that often surrounds male infidelity and the stigma and shame that surrounds AIDS significantly increase the risk of HIV to wives and long-term women partners.
- Women are vulnerable to men’s greater economic and social power and to unequal gender relations in many cultures.
- Often it is men who decide when and with whom to have sex and whether to use condoms, leaving many women with little or no control over their potential exposure to HIV.
- Men are most often the perpetrators of sexual violence, whether in ongoing relationships, casual sex or situations of war or civil unrest.
- Between 12%-25% of women worldwide have experienced forced sex (attempted or completed) by an intimate partner or ex-partner.
- Initiatives to empower women to take greater control over their sexual lives cannot stand alone. Public health officials believe that improving the status of women requires greater cooperation from men.

REAL MEN DON’T GET SICK

Men are often reluctant to acknowledge a health problem and seek help. Men and boys often see themselves as invulnerable to illness or risks and may ignore or delay seeking help when ill. Some men believe it is not “manly” to worry about risky behaviors or to bother with condoms.

SUPPORT FOR MEN AND AIDS

Men are often less likely than women to seek help from others. However, men with AIDS are more likely to receive care from family than are women with AIDS and are less likely to care for others.

Men should be encouraged to engage in open discussion of their sexuality and their sexual health, as well as their overall emotional and physical well being. Men must also be encouraged to be supportive of one another and of their loved ones. All men, especially men at risk of HIV, need the support of their families and loved ones as they face their sexual attitudes and risk-taking behaviors.
MEN’S FEAR OF STIGMA - DENIAL OF RISK

In the U.S., as in most cultures, there is a social stigma in being identified as homosexual. Fear of being stigmatized as gay is so powerful that it causes some men who have sex with men to deny the reality of their sexual orientation and to identify themselves as heterosexual. As a consequence, they do not perceive themselves as being at high risk for HIV, even though having unprotected sex with men is one of the highest risk behaviors for HIV infection. This causes many heterosexual and bisexual men to discount warning messages that they perceive to apply only to “gay” men.

HETEROSEXUAL SEX

HIV among heterosexuals is on the rise in the United States, yet this fact remains largely hidden. Denial of risk is a major factor among heterosexuals who perceive that risk of HIV is of concern only to bisexuals and homosexuals.

HIV-positive heterosexual men tend to experience their disease in relative isolation. Frequently they hide their disease from family and friends for fear of rejection and humiliation.

- Heterosexual men are most likely to contract HIV from casual sex partners and/or infection from injecting drug use.
- Over 70% of HIV infections worldwide occur through sex between men and women.
- 15% of all AIDS cases reported in the U.S. last year occurred through heterosexual contact.
- 9% of all U.S. males diagnosed with HIV last year were infected through heterosexual contact.
- Studies have shown that HIV-positive heterosexuals are less likely than gay men...
  - to have had a viral load test and to be taking anti-viral treatments
  - to be interested in taking a proactive role in their care and treatment
  - to know other HIV-positive people, including HIV-positive heterosexuals
  - to have a support network

Greater awareness of HIV/AIDS among heterosexuals will encourage safer sex, stimulate greater research in this population and motivate more support programs for HIV-positive heterosexuals.

BISEXUAL SEX

Bisexuality is the potential to feel sexual attraction to both men and women. Because bisexuality is often hidden, denied or ignored, it has received little research attention.

We do know, however, that sexual activity with multiple partners of both genders does increase the possibility of transmitting HIV and other STDs, especially to women. Studies also indicate that, on average, bisexual men are less likely to practice safe sex and less likely to seek medical help than are heterosexual men.

- Research among bisexual and gay men suggests that some are now less concerned about becoming infected than in the past and may be inclined to take more risks.
- Data suggests that younger bisexual and gay men in particular continue to place themselves at considerable risk for infection with HIV and other STDs.

SEX BETWEEN MEN

Although sex between men has been recorded in almost every human society, in most cultures it is repressed and even denied. In some cultures, homosexual behavior may be condemned among adults but permitted as play among adolescent boys. Or men may be permitted to have discreet relationships with other men as long as they also marry and have children.

Some men who identify themselves as heterosexual also have sex with men; their female partners are often unaware of this.

- In the U.S., 10%-14% of boys and men report having sex with other boys and men.
- 44% of U.S. men diagnosed with AIDS are men who have sex with men.
- Young men who have sex with men account for 3 out of 4 HIV infections among young men, according to estimates.
Stereotypes of Manhood

A stereotype is defined as a standardized mental picture held in common by a group of people. They are found in all cultures and may have a negative impact on social interaction.

Stereotypes of men cross many cultural lines and drive male behavior, often inspiring risk taking that can be lethal in the face of AIDS. Such behaviors profoundly affect their loved ones. Around the world, young men die more often than young women from accidents, violence, sexually transmitted diseases and drug use—factors often related to ideas of “manhood.”

What are our cultural expectations of boys and men, based on stereotypes? What messages do we send them? In the U.S., as in most cultures, men are traditionally expected to be physically and emotionally strong, dominant, daring and virile.

While biological factors do contribute to the behavioral differences between men and women, men’s conduct is determined at least in part by expectations of how men should act—expectations often shared by women as much as by men.

Some Traditional Stereotypes of What “Real Men” Do…

✔ take risks
✔ have frequent sexual intercourse
✔ often have more than one sex partner
✔ exercise authority over women (sometimes forcing sex on unwilling partners)
✔ view safe sex as “unmanly,” including the use of condoms
✔ view drug-injecting as a risk worth taking
✔ don’t have sex with other men
✔ don’t express their emotions
✔ don’t take care of children
✔ don’t ask for help with personal problems
✔ don’t go to the doctor

Boys Will Be Boys

These cultural expectations of manliness are what our boys are trying to live up to. In the popular book Real Boys, author William Pollack talks about our tendency to treat boys as “little men.”

Pollack states that, as a result of our expectations, our sons develop a “mask of masculinity” that fits our culture’s boy code—that unwritten but powerful code of conduct that puts boys and men into what he calls a “gender straightjacket” of rigidly accepted masculine behaviors.

Boys Learn the Stereotype of the ‘Real Man’…

✔ when they don’t live with a male role model who teaches them otherwise
✔ when the traditional boy code is reinforced (by fathers, mothers, teachers, peers, movies, television, music)
✔ when we try to toughen them up
✔ when we tell them “big boys don’t cry,” and drive their feelings underground
✔ when we accept or even encourage their aggressive behavior
✔ when they see women treated as sex objects
✔ when role models engage in risky behaviors
✔ when their fathers and other male influences are aggressive or violent with women

Breaking the Boy Code

We can redefine the boy code. Boys will become the kind of men we teach them to be. Talking openly about the negative aspects of our traditional expectations of manliness will ease boys’ anxieties, debunk myths and misconceptions and reassure them that it is acceptable to talk about their concerns.

Failure to openly discuss such issues can be the start of lifelong difficulties in talking about sex and other sensitive issues. Openness will encourage our boys to learn the facts rather than believe the many myths that surround the subjects of sex and manliness.

■ Boys whose fathers and other male family members offer a positive role model develop a more flexible vision of manhood, according to studies. They are more respectful in their relationships with women and less likely to take foolish risks to prove their manliness.

■ Boys who discuss sexual issues with a parent are less likely to give in to peer pressure and to engage in risky sexual behaviors.

■ Boys who think they might be gay are often terrified of how others might respond and fail to speak about their feelings unless actively encouraged to discuss their sexual concerns.

[See Successful HIV Prevention Programs]
Women, Minorities & AIDS

Women are one of the fastest growing U.S. populations to be affected by HIV. In contrast to 1985, when women represented only 7% of all AIDS cases, today nearly one quarter of AIDS cases occur in women of all ages, cultures and sexual orientations.

Tragically, many women do not realize they are at risk for HIV and so do not seek testing until symptoms appear. As a consequence, these women do not receive the benefits of drug treatment early in their disease. This often causes them to fall ill earlier in the course of their illness and to die sooner than others who have the benefit of early drug intervention.

Why are so many women unaware of their risk? Unfortunately, too many women do not suspect that their male sex partner or partners are engaging in high risk behaviors, such as having sex with other men or other female sex partners and/or injecting drugs. In addition, social and cultural factors cause women in some settings to feel powerless to insist on the use of a condom.

- HIV/AIDS remains among the leading causes of death for U.S. women age 25-44, especially among women of color.
- Up to 160,000 adult and adolescent U.S. females are now living with HIV/AIDS.
- Heterosexual contact is the greatest risk for women, followed by injection drug use.
- Biologically, women are 4 times more vulnerable to HIV and STD infection than men.
- Women who use non-injection drugs are at great risk of acquiring HIV sexually, especially if they trade sex for money or drugs.

Women Who Have Sex with Women

Transmission of HIV from female to female is rare. The majority of HIV-positive women who have had sex only with women also report another risk category, primarily injection drug use.

Mother to Infant Transmission

An HIV-positive mother can transmit HIV to her child during pregnancy, labor, birth or breast feeding.

- Transmission from mother to child accounts for 91% of U.S. pediatric AIDS cases. Treatment with HIV drugs has reduced this transmission by 75%.

Minorities and HIV

Racial and ethnic minorities in the United States have been disproportionately affected by HIV, especially among African Americans and Latinos.

- African American men and women accounted for 37% of all new AIDS cases in 1999.
- Of all HIV cases among U.S. men, African Americans accounted for 47%; African American women represented 68% of HIV infections among all U.S. women in 1999.
- Latinos represented nearly 20% of all new AIDS cases reported through December 1999.
- The rate of AIDS among Latino men is nearly three times that of non-Hispanic white men.

MSM of Color and HIV

Men of color who have sex with men (MSM) (including non-Hispanic blacks, Hispanics, American Indian/Alaska Natives and Asian Pacific Islanders) account for an increasingly greater number of AIDS cases. Possible contributing factors include economic issues, such as high rates of poverty, unemployment, and lack of access to health care, as well as cultural factors, such as the fear of being considered homosexual.

Because HIV is stigmatized as a homosexual disease in communities of color, MSM may be reluctant to identify themselves as gay or bisexual, and therefore fail to seek HIV testing or treatment. Because these men may not believe they are at high risk for HIV, they may unintentionally put their female partners and future children at risk.

- MSM of color account for 52% of all AIDS cases reported among MSM.

Women of Color

African American and Latino women represent less than 25% of all U.S. women, yet they account for 77% of all AIDS cases in women.

- 62% of all AIDS cases among women are in African American women; the largest majority of them were infected heterosexually through sex with a male Injection Drug User (IDU).
- Latino women account for 20%, or nearly 24,000, of reported AIDS cases among U.S. women from the beginning of the epidemic.
- Over the last decade, the proportion of cases among Hispanic women infected heterosexually rose from approximately 30% to 60%.
PROMOTING CHANGE

PROMOTING NEW SOCIAL NORMS
Some of the social norms that define male and female roles encourage harmful behaviors, especially in the areas of sexual relations. Working with men, women and young people to change some of their attitudes and behaviors has enormous potential to change the course of the HIV epidemic.

- Parents can be powerful reinforcers of more positive roles for both men and women.
- Parents, relatives, teachers and other adults can help young boys and girls learn about and discuss gender roles and sexual decision making.
- Youth are often unaware of the dangerous intersection of drug use, unsafe sex and HIV.
- Young people are often unaware that alcohol and drugs weaken their decision making ability and frequently put them at risk of sexually transmitted diseases, including HIV.
- Issues of concern to many young people, such as puberty, masturbation, sexual image, self esteem, gender identity, relating to the opposite sex, attraction to the same sex and the age of sexual initiation, can be discussed.
- Boys, who often pretend they know a great deal about sex but in reality are uninformed or misinformed, can be encouraged to face their fears and anxieties about having sex.
- Young men can discuss concerns such as penis size and sexual performance. Young girls can discuss concerns about issues such as sexual reputation and the risks of pregnancy.
- Young women can address the female stereotype of submissiveness toward men.
- Young girls can learn how to refuse sexual advances and manage male aggressiveness.
- All young people need encouragement and skills training in how to resist peer pressure.

STRATEGIES FOR YOUNG PEOPLE
- Programs that address the risks of drug use and sexually transmitted diseases, including HIV, are critical prevention strategies.
- Providing positive adult role models can change stereotypes and harmful attitudes.
- Peer educators can exert a powerful influence on young people.
- Encourage boys to discuss positive versus negative male roles and behaviors.
- Vocational training, violence and substance abuse prevention, and counseling services are effective in HIV prevention.
- Reaching out to young people wherever they congregate—in schools, churches, parks, sports events, clubs, bars and juvenile justice centers—is an effective strategy.

WHAT SCHOOLS CAN DO
With the support of teachers, parents and community leaders, schools can become prime locations for education about sexuality, AIDS and life-skills that can help boys and girls avoid endangering themselves and their partners. Strategies that work include the following:

- Getting parents involved in the HIV prevention curriculum
- Having effective male and female mentors on staff who can serve as role models
- Selecting materials to reinforce positive male and female roles
- Providing safe spaces for boys and girls to talk freely and to support one another
- Providing safe spaces where gay and lesbian youth can address their concerns
- Ensuring that sexual health education is presented by trained and sensitive staff
- Informing youth about abstinence and safer sex strategies
- Offering opportunities for youth to discuss their diverse concerns, including sexual self image, sexual conduct, and sexual orientation.
- Discussing with girls how to empower themselves and to resist unwanted sexual advances.
- Discussing the responsibility of boys and girls in sexual relations and proper sexual conduct

STRATEGIES FOR MEN
- Providing support groups for men of all sexual orientations is effective. These allow men to discuss issues of concern and reinforce issues of safer sex for each other.
- Men often prefer health clinics that provide special men’s nights or hours, hours compatible with work schedules, staff sensitive to men’s needs, and male doctors and nurses.

STRATEGIES FOR WOMEN
- Support groups for women can explore issues, such as controlling when and with whom to have sex and negotiating condom use.
- Informing women about effective female-controlled prevention methods, such as the female condom, is an effective strategy.

[See Successful HIV Prevention Programs]
Basic Facts about HIV and AIDS

What are HIV and AIDS?
HIV (Human Immunodeficiency Virus) is a virus that weakens the body’s defense (immune) system until it can no longer fight off illnesses such as pneumonia, tuberculosis, cancerous tumors and others. HIV kills your CD4 cells (T cells), which direct your body’s immune system to defend against infection.

You are considered to have AIDS (Acquired Immunodeficiency Syndrome) when your immune system is seriously damaged by HIV. In the U.S., an HIV-infected person receives a diagnosis of AIDS when his/her CD4 count is less than 200 or if diagnosed with a specific illness. (An average CD4 cell count in a healthy person is 1,150.)

Is there a cure for HIV or AIDS?
There is still no cure or vaccine for HIV or AIDS. However, there are new drug treatments that can help many people with HIV stay healthier longer and can delay the onset of AIDS. As a result of these drugs, the number of HIV cases that develop into AIDS and the number of AIDS-related deaths have dropped dramatically in the U.S. However, HIV infection rates remain unchanged. [pg.23]

How might I become infected with HIV?
HIV is transmitted from an HIV-positive person through infected body fluids, such as semen, pre-ejaculate fluid, blood, vaginal secretions or breast milk. HIV can also be transmitted through needles contaminated with HIV-infected blood, including needles used for injecting drugs, tattooing or body piercing. HIV is most often transmitted sexually. [pg. 23]

Can I get HIV from casual contact with an infected person?
No. You do not get HIV from an HIV-infected person by working together, playing sports, shaking hands, hugging, closed-mouth kissing, sharing drinking glasses, eating utensils or towels, using the same wash water or toilet, swimming in the same pool, or coming in contact with their sneezes, coughs, tears or sweat. You also don’t get HIV from bug bites or by donating blood. [pg. 23]

How can I protect myself from HIV?
You are safest if you do not have sexual intercourse, oral sex or share needles or injection equipment. You are also safe if you are in a relationship in which both you and your partner are monogamous and have been free of HIV for 6 months. Whenever you are unsure about the risk of infection, always use a latex barrier when having sex of any kind—vaginal, oral or anal.

What is unsafe sex?
Unsafe sex—vaginal, oral or anal—is sex without the use of a condom or other protective latex barrier unless you are certain both partners have remained free of HIV for 6 months. [pg. 23]

What is safer sex?
Safer sex is sexual activity without penetration or sex using protection, such as a latex condom or, in the case of oral sex, a latex barrier or plastic wrap. Other safer behaviors include intimate activities such as caressing, hugging, kissing, massaging, etc. [pg. 23]

What are the symptoms of HIV?
HIV affects each person differently. Because many people with HIV can look and feel healthy for years, you cannot rely on symptoms to know whether you are infected. The only way to know is to be tested.

Is HIV more prevalent among certain populations in the U.S.?
Research shows that, because of high-risk behaviors, HIV is prevalent among men who have sex with men, injection drug users, communities of color, and youth. Since the beginning of the epidemic, AIDS cases among blacks, Hispanics, and women have increased significantly. [pg. 8]

How can I get HIV from injecting drugs?
HIV can be transmitted through needles or injection equipment contaminated with HIV-infected blood. Anyone who injects drugs must either sterilize all equipment or use new, disposable needles and dispose of them carefully. [pg. 9]

What if I think I might have HIV?
If you think you may have been infected with HIV, you should go to a doctor or HIV/AIDS clinic for counseling and testing. Also, many organizations offer mobile testing for HIV. [pg. 25-26]

Can I keep my HIV status private?
Confidential testing (by name) is available in all states. Anonymous testing (no name) is available in many. Home test kits are available. [pg. 25-26]

Why should I be tested?
Knowing if you are HIV-positive will allow you to seek early treatment that could help you stay healthy longer. Whether you are HIV-negative or HIV-positive, you can learn how to prevent future infection with HIV or other STDs through the counseling at many testing centers. [pg. 25-26]
PREVENTING HIV INFECTION

For people who are not infected with HIV, prevention efforts focus on keeping them from becoming infected.

For the HIV-positive, prevention seeks to keep them from developing opportunistic infections, to prevent their infection from progressing to AIDS, and to keep them from spreading HIV to others.

HOW TO PREVENT HIV INFECTION

- Abstinence is the safest way to be sure you will not be infected with HIV or any other sexually-transmitted disease (STD).
- Living in a committed, monogamous relationship with a person who is free from HIV or any other STD is safe, if you have a mutual agreement to refrain from any high risk behaviors.
- Don’t have sex with anyone whose health status you do not know.
- If you have sex, use a new latex condom or other latex barrier every time.
- With condoms, use a water-based lubricant. Do not use baby oil or other oil-based lubricants. These may cause the condom to be ineffective.
- Don’t share sex toys.
- Don’t share needles or other drug supplies.

FOR THE HIV-POSITIVE

- Observe all precautions above to protect yourself and anyone with whom you are intimate.
- Reveal your HIV-positive status to anyone you have had sex with or are currently intimate with.
- To avoid reinfection with HIV and other infections, always use a condom when having sex, even if you and your partner are HIV-positive.
- Don’t donate blood, plasma or organs.
- Don’t share toothbrushes, needles or razors.

FOR MEN WHO HAVE SEX WITH MEN

- Use a new latex condom during oral or anal sex (Use only water-based lubricants).
- Unprotected anal sex is a very high risk behavior, especially if you and your partner do not have a mutual agreement to refrain from higher risk behaviors outside the relationship.
- Face personal issues of self esteem that may make you less motivated to practice safer sex.

FOR WOMEN WHO HAVE SEX WITH WOMEN

- Female-to-female sexual contact is a possible way to become infected with HIV.
- Oral or vaginal exposure to vaginal secretions, menstrual blood and breast milk is potentially infectious.
- Use a dental dam or other barrier for oral sex.

FOR PREGNANT HIV-POSITIVE WOMEN

Pregnant women can significantly reduce the chance of passing the HIV virus to their child by taking AIDS drugs during pregnancy and labor.

- Because HIV can be transmitted through breast milk, don’t breast-feed your baby if you are HIV positive.

FOR HETEROSEXUALS

- Use a new latex condom for each act of vaginal or anal sex. (Use only water-based lubricants). For oral sex use a new condom or other protective barrier.
- The female condom provides effective protection against HIV and STDs. It can give a woman greater control over protecting herself without relying on a male’s willingness to use a condom.
- Women who have sex with men must rely on their knowledge about condom use and their ability to convince partners to use condoms.
- Recent studies have warned women at risk for HIV not to use products containing the microbicide nonoxynol-9 (found in most contraceptive creams, gels, suppositories, foams, films and sponges). The chemical may increase the risk for acquiring the HIV virus.
- Be aware of cultural and social norms that affect sexual negotiations.

FOR INJECTION DRUG USERS

- Seek treatment as soon as possible for your substance abuse.
- Always use sterile injection equipment.
- Never share needles, syringes, and other injection equipment.
- Using syringes cleaned with bleach is effective but not as safe as using new sterile syringes.
- Be sure all equipment and supplies used (cotton, water, needles) are not contaminated.
SUCCESSFUL PREVENTION PROGRAMS

Studies reveal that effective prevention programs have measurable and often dramatic results. A recent CDC study conducted in three cities examined the effects of communications between parents and adolescents on the subjects of initiating sex and condom use. It examined African American and Hispanic youth and their mothers. **RESULT:** Teen participants demonstrated less risky sexual behavior, less conformity to peer norms and a greater belief that parents provide the most useful information about sex compared to non-participants.

Another U.S. study was conducted among 15-to-19 year-old boys. **RESULT:** Those with stereotypical views of manhood were more likely to be involved in violence and delinquency, substance use and unsafe sex than boys with less stereotypical views about what “real men” can and should do.

Studies in the U.S. and many other countries examined college students educated on risk behaviors for HIV. **RESULT:** Many are beginning to delay the onset of sex and use condoms more consistently.

A program called “Reducing the Risk,” for students in grades 9-10 in thirteen California high schools addressed the consequences of adolescent parenthood and taught abstinence and using protection to avoid HIV/STDs. **RESULT:** Students who had not had sexual intercourse were significantly less likely to initiate intercourse than students who received the schools’ standard sexuality instruction. Those who were already sexually active were significantly less likely to engage in unprotected sex. Also, students increased communication with their parents about abstinence and contraception.

Project RESPECT was designed to increase effective condom use and prevent transmission of new STDs. Conducted by various health departments in inner city STD clinics, the program promoted factors that facilitate condom use, such as self-efficacy, attitudes and social norms. **RESULT:** Compared to people not in the program, participants reported significantly higher condom use after the program and 30% fewer new STDs.

A Social Skills Training Program in various community centers in the San Francisco area included discussion of gender and ethnic pride, sexual decision making, sexual assertiveness and communication training, condom use and coping skills. **RESULT:** Women who participated in the program were significantly more likely than women in a comparison group to report consistent condom use with their partners, negotiating condom use and refusing sex when a condom was not available.

An Oral HIV Testing Project implemented in Maryland offered HIV counseling and testing in select drug and alcohol treatment facilities using oral HIV antibody testing. **Result:** Availability of oral testing increased the number of HIV tests performed. The rate of persons testing HIV-positive remained the same, while the number of tests increased, suggesting success in identifying HIV-positive individuals who may otherwise have avoided testing. Urine HIV testing programs have shown similar successes.

A Behavioral Self-Management and Assertion Skill Training Program was conducted for a group of gay males to reduce the frequency of high-risk sexual practices and increase skills for refusing sexual coercion. This 12-week program outlined methods of AIDS risk reduction, behavioral self-management, assertion skills training, relationship skills and social support development. **RESULT:** Gay men who participated in this program reduced their frequency of unprotected sex and increased their use of condoms significantly more than a comparison group.

Intensive AIDS Education Programs in jails have also proven successful. They focused on health education relevant to male adolescent drug users, with an emphasis on HIV/AIDS. A program administered at a New York City Department of Corrections Detention Center involved interactive discussions on HIV and AIDS, drug use, types of sexual behavior and HIV risk, and strategies to access services and drug abuse treatment. **RESULT:** After release from jail, those who participated were significantly more likely to use condoms during sex and had fewer high-risk sex partners than those in comparison studies.

The National AIDS Demonstration Research Project funded 29 community-based HIV prevention programs for out-of-treatment injecting drug users and their sexual partners. This project reached thousands of people over five years, significantly reducing HIV risk behavior through face-to-face outreach and risk-reduction interventions and pre-test and post-test HIV counseling. **RESULT:** 46% of participants reduced or stopped injecting drugs and 37% reduced or stopped sharing needles.
HIV Counseling & Testing

Knowing your HIV status is the first step in seeking medical intervention and gaining access to effective treatment and prevention strategies.

Why should I be tested for HIV?
Typically, the time between HIV infection and the development of symptoms is lengthy—sometimes ten years or more. Knowing your HIV status has two vital benefits: First, if you know you are HIV infected, you may receive medical treatment even before symptoms appear. Second, you can take all necessary precautions to prevent spreading HIV to others.

Where can I get tested for HIV?
Common testing locations include health departments, hospitals, private doctors, family planning or sexually transmitted disease clinics, mobile sites, drug treatment facilities, and sites specifically dedicated to HIV testing. Choose a testing place that also provides 1) HIV/AIDS counseling about the meaning of the test results; 2) advice on how to protect yourself and others; and 3) referrals to the AIDS-related resources available in your area.

Can I keep my test results private?
Three types of testing are generally available:

Anonymous HIV testing means that no name is given to the testing center. Instead, the person tested is given a unique identifier code and is the only one who is made aware of the test results. Anonymous testing is not available in all states.

Home “collection kits” are available. You do not reveal your name. Instead, each kit comes with a unique identification number. Kits can be purchased over the counter or by mail in all states. Home tests are generally quite accurate. However, since this does not offer the benefit of in-person counseling; you should see an HIV/AIDS counselor.

Confidential HIV testing involves recording and confidentially reporting names of those who test positive to public health authorities. Confidentiality laws/regulations protect against disclosure of the information. Laboratory staff and, in some states, state health department personnel will have access to test results. If you sign a release form to have your physician notified, the results will become part of your medical record. In this case, the information may be seen by health care workers, insurers or employers. Your status may also become known if you make a health insurance claim or apply for life or disability insurance. Confidential testing is available in all states.

What if I test positive for HIV?
If you test positive for HIV, early medical treatment and a healthy lifestyle can help you stay well, delay the onset of AIDS, and prevent some life-threatening conditions. If you are HIV-positive, follow these steps immediately to protect your health:

- See a doctor, even if you do not feel sick. There are many drugs to treat HIV infection which may help you maintain your health.
- Seek counseling to help deal with the news and join a support group.
- Get tested for tuberculosis and hepatitis C. Undetected cases can cause serious illness, but they can be successfully treated if caught early.
- Don’t smoke cigarettes, drink too much alcohol, or use drugs. These can weaken your immune system and allow the virus to duplicate itself more rapidly. [See Treatment Information Fact Sheet.]

Where can I get information about treatment?
If you are HIV positive, your doctor or medical service provider should be an important source of information on treatment options. [See Treatment Information Fact Sheet and National Hotlines section.]

When and how often should I be tested for HIV?
Because the tests commonly used to detect HIV infection actually look for antibodies produced by your body to fight HIV, you should wait a reasonable period of time after possible exposure before being tested.

Most people develop detectable antibodies within 3 months after infection (the average is 25 days). In rare cases, it can take up to 6 months. Therefore, the Centers for Disease Control and Prevention currently recommends testing at 3 months and 6 months after the last possible exposure ( unprotected vaginal, anal or oral sex or needle sharing).

During the 6 months between exposure and the test, it is important to protect yourself and others from further possible exposures to HIV. Testing should never take the place of prevention.

Some people should be tested periodically, including prostitutes or others who have multiple sex partners, people who inject drugs, and the HIV-negative sexual partner of an HIV-positive person.
HIV Counseling & Testing (cont.)

Who should be tested?
Testing and counseling for early diagnosis of HIV infection are recommended for the following:
- People who consider themselves at risk for infection
- People who have had unprotected sex with a person of uncertain HIV serostatus
- Women of childbearing age who are at risk of infection
- Pregnant women
- Women who plan to become pregnant
- People who have sexually transmitted diseases or who have been sexually abused
- Spouses, sex partners, and needle-sharing partners of injecting drug users
- Tuberculosis and Hepatitis B and C patients
- Patients who received blood transfusions between early 1978 and mid-1985

How long does it take to get test results?
Results from the most commonly used HIV antibody screening test, the ELISA, can be available within several days to several weeks. A “rapid test” will soon be available for screening. It produces quick results, usually within 5 to 30 minutes. These tests can be performed on blood, urine or oral fluid samples.

How accurate are HIV test results?
The tests are more than 99% accurate. The most commonly used tests are the ELISA and the Western blot. If the ELISA shows the sample is positive for HIV, then the Western blot is done to confirm that initial result.

How do I interpret HIV test results?
A positive result on an HIV test means that HIV antibodies are present and you are HIV positive. The onset of AIDS may take up to 10 or more years. Drug treatments are available that can further delay the development of AIDS.

A negative result usually indicates that you are not infected with HIV. However, you should be re-tested in six months if you have engaged in high-risk behavior during the past six months because it can take that long for your immune system to produce enough antibodies.

If I test HIV negative, does that mean my partner is also negative?
No. Your test results reveal only your HIV status. Because infection with HIV may not occur every time there is an exposure, your test does not reveal whether or not your partner is infected. Your partner must also be tested.

Testing should never be used in place of protecting yourself from infection.

Why should I see an HIV/AIDS counselor?
An HIV/AIDS counselor can provide information and emotional support and help interpret HIV test results. Counseling can be provided either in person or over the telephone.

If you learn you are HIV-positive, the counselor can explain treatment options, discuss lifestyle changes to help keep you healthy longer and give advice on methods to avoid spreading HIV to others. If you learn you are HIV-negative, a counselor can give advice on strategies to avoid future infection.

Universal screening for all pregnant women
The American College of Obstetricians and Gynecologists and the Centers for Disease Control and Prevention have announced a campaign for universal HIV screening of all pregnant women. Testing would not be mandatory but physicians are encouraged to include it as part of standard prenatal care. This would ensure that women who test positive are treated early in their pregnancy. Early treatment with combination antiretroviral regimens can lower rates of transmission from a mother to her fetus from 25% to between 2% and 0%.

Because anyone can be at risk of HIV, it is difficult for physicians and patients to predict which women may be infected.

Many women do not believe they are at risk for HIV because they are not aware of the health status and/or the sexual and drug practices of their sex partners (often including their husbands).

Out of the approximately 91% of U.S. children with AIDS who have been born to HIV-infected mothers, one third of their birth mothers had reported that they had no risk factors for HIV.

HIV testing of all pregnant women would be kept voluntary and confidential.

June 27 is National HIV Testing Day!
**TREATMENT INFORMATION**

**THERE'S GOOD NEWS, BUT...**
While there is still no cure for HIV/AIDS, new treatment drugs are dramatically prolonging the lives of many HIV-positive people and making them feel healthy. For some, however, the drugs have side effects that may prevent people from taking them. For others, the drugs simply do not work. Also, the long-term effectiveness of new drugs are relatively unknown. In addition, HIV-positive people with no health insurance can not afford these costly drugs.

**DRUG COMBINATION THERAPIES**
Drug combination therapies are often referred to as “highly active anti-retroviral therapies” (HAART). They are also called “drug cocktails” and include drugs such as protease inhibitors.

**VIRAL LOAD TESTS**
Physicians use viral load testing to monitor the progress of the HIV and to help decide if or when to change medications. The goal of treatment is to keep the blood level of HIV at an undetectable level. However, an undetectable level does not mean that someone is no longer infected with HIV. HIV does still remain in the body.

**THE RISKS OF SKIPPING DOSES**
It can be very challenging to take all the HAART medications in the correct manner. People who follow their drug schedule precisely have the best outcomes. Those who miss doses of any of their drugs put themselves at risk for getting sicker and for developing drug-resistant strains of HIV.

**STAYING HEALTHY LONGER**
People who are HIV-positive can live healthy, productive lives for many years. Here are strategies to help you stay healthy longer:

- Maintain a healthy lifestyle. Exercise regularly, eat a nutritious diet, get enough sleep and limit alcohol intake and smoking.
- Take all your HAART medications exactly as instructed. Do not miss any doses.
- If you get sick from your medications, call your doctor for advice—not friends. Choose a doctor who specializes in HIV. Ask questions about anything you don’t fully understand.
- Learn stress-management techniques to cope with the stress of living with HIV/AIDS. Have a good social support network and/or engage in activities such as prayer or meditation.

**OPPORTUNISTIC INFECTIONS**
Depending on the CD4 count, an individual infected with HIV may be at increased risk for developing other diseases due to a weakened immune system. Some possible opportunistic infections include tuberculosis, pneumonia, cytomegalovirus (CMV), toxoplasmosis and cryptosporidiosis.

**HIV AND HEPATITIS C**
A serious new challenge for AIDS patients is co-infection with HIV and Hepatitis C virus (HCV). Hepatitis C is the most common blood-borne infection in the U.S. It can lead to liver scarring or cancer. Injection Drug Use (IDU) and hemophilia are the most important risk factors for HCV infection.

- HCV and HIV are both increasingly being transmitted through injection drug use.
- The rate of dual infection with both HCV and HIV is particularly high among IDU’s and incarcerated individuals.
- Preliminary studies reveal that hepatitis C progresses faster in individuals infected with HIV.
- It is estimated that 40% of HIV-positive individuals in the U.S. are co-infected with HCV, and many are unaware of it.
- Symptoms include dark yellow urine, light-colored stools, yellowish eyes and skin, nausea, loss of appetite, stomach pain and diarrhea.

**HIV AND TUBERCULOSIS**
Tuberculosis (TB) is a disease that affects the lungs primarily. Because HIV infection severely weakens the immune system, people infected with HIV have a significant risk of developing active TB.

- Worldwide, TB is the leading cause of death among people infected with HIV, accounting for 1 in 3 deaths among the HIV infected.
- Symptoms of TB include a bad cough that won’t go away, coughing up blood, chest pain, fever, weight loss, night sweats and chills.

**HIV AND DIABETES**
People who take the new AIDS drugs have a tendency to develop diabetes, a disease that prevents the body from using insulin to control blood sugar.

- 13% of HIV-infected patients taking HIV protease inhibitors developed type 2 diabetes.
- Symptoms of diabetes include excessive thirst and urination, hunger, and loss of weight.
FAITH COMMUNITIES & HIV/AIDS

American faith communities have launched the single largest U.S. response in the history of the HIV/AIDS epidemic, with programs organized by at least 5,000 formal and informal faith-based HIV/AIDS organizations. Their actions are creating new models for cooperation among diverse groups, including the forging of new partnerships among religious, secular, and philanthropic organizations. Faith groups are playing critical roles in HIV/AIDS prevention, education and support.

While more faith communities are speaking out and embracing AIDS issues, others are still silent about the epidemic or paralyzed by the issues that AIDS presents.

WHAT IS A FAITH COMMUNITY?

According to the Council of National Religious AIDS Networks, the term “communities of faith” is defined broadly to encompass groups organized around any set of beliefs or practices that involve a belief in a higher power or order, a larger organizing principle for life and the universe, or a system or code that links our values and actions to the idea that there is reason and purpose to our existence on Earth.

Faith-based responses to AIDS take diverse forms and exist at all levels. Some involve single denominations or communities, while others are interfaith programs. Many programs originated in individual congregations and have evolved into separate agencies, incorporating multiple groups.

Faith-based programs provide members with a way to express their faith and give of their energy and talents. Interfaith programs provide opportunities to link personal values to those of others.

[See An Interfaith Declaration on the facing page.]

LOCAL FAITH COMMUNITIES RESPOND

Most faith-based services at the community level focus on primary care or support services. Some congregations have included HIV prevention and education programs.

There are numerous examples of highly successful community-level services organized and funded by faith communities or interfaith coalitions. Ministries include meal services, food banks, pastoral care/counseling, shelters for homeless HIV-positive women and their children, drop-in day care centers, hospices, housing, support services, training of care providers, support groups, and substance abuse and AIDS education programs.

NATIONAL RESPONSES

In the spirit of social justice, many faith-based organizations have established national networks to coordinate AIDS services among their members. Following are some examples of these responses:

- The Balm in Gilead is endorsed by the seven historic African-American denominations. It provides leadership for the black church’s response to HIV/AIDS in the U.S.
- The National Catholic AIDS Network hosts an annual national Catholic HIV/AIDS Ministry Conference and has developed a new HIV/AIDS resource entitled Many Threads, One Weave.
- The Joint Committee on AIDS of the Union of American Hebrew Congregations and the Central Conference of American Rabbis produced the video, Jewish Responses to AIDS.
- The National Episcopal AIDS Coalition distributed a federal report on AIDS to 100,000 parishes, diocese and schools. They designed HIV/AIDS prevention materials through their “Teens for AIDS” peer education program.
- DignityUSA is an organization of gay, lesbian, bisexual and transgendered Catholics and their families and friends. Through its chapters, they assist those living with HIV/AIDS in their spiritual and social needs.
- United Methodist Church’s AIDS Ministry Network operates the Computerized AIDS Ministry Resource Electronic Bulletin Board to increase communication among those involved with AIDS.
- Presbyterian AIDS Network sponsored a national conference to train care teams in the support and care of the HIV-positive and their families.
- United Church of Christ wrote a full curriculum on HIV/AIDS prevention, graded for all age levels, from pre-school through senior citizens. It is entitled Affirming Ourselves, Saving Lives.
- A national newsletter is designed to increase communication and linkages among American Muslims affected by HIV/AIDS.
- Universal Fellowship of Metropolitan Community Churches HIV/AIDS Ministry Program focuses on issues such as HIV education, care, prevention and public policy issues.

The Council of National Religious AIDS Networks can be contacted at councilran@aol.com
AN INTERFAITH DECLARATION

To develop an appropriate response to HIV/AIDS from the faith community, the Council of National Religious AIDS Networks, an inter-religious coalition, was established. The Council developed the following “Council Call,” portions of which were taken from The African-American Clergy’s Declaration of War on HIV/AIDS (The Balm in Gilead Inc., 1994) and from “The Atlanta Declaration” (AIDS National Interfaith Network, 1989). Feel free to adapt this or use it as a model.

We are members of different faith communities called by God to affirm a life of hope and healing in the midst of HIV/AIDS.

The enormity of the pandemic itself has compelled us to join forces despite our differences of belief. Our traditions call us to embody and proclaim hope, and to celebrate life and healing in the midst of suffering.

AIDS is an affliction of the whole human family, a condition in which we all participate. It is a scandal that many people suffer and grieve in secret. We seek hope amidst the moral and medical tragedies of this pandemic in order to pass on hope for generations to come.

We recognize the fact that there have been barriers among us based on religion, race, class, age, nationality, physical ability, gender and sexual orientation which have generated fear, persecution and even violence. We call upon all sectors of our society, particularly our faith communities, to adopt as highest priority the confrontation of racism, classism, ageism, sexism, and homophobia.

As long as one member of the human family is afflicted, we all suffer. In that spirit, we declare our response to the AIDS pandemic:

1. **WE ARE CALLED TO LOVE:** God does not punish with sickness or disease but is present together with us as the source of our strength, courage and hope. The God of our understanding is, in fact, greater than AIDS.

2. **WE ARE CALLED TO COMPASSIONATE CARE:** We must assure that all who are affected by the pandemic [regardless of religion, race, class, age, nationality, physical ability, gender or sexual orientation] will have access to compassionate, non-judgmental care, respect, support and assistance.

3. **WE ARE CALLED TO WITNESS AND DO JUSTICE:** We are committed to transform public attitudes and policies, supporting the enforcement of all local and federal laws to protect the civil liberties of all persons with AIDS and other disabilities. We further commit to speak publicly about AIDS prevention and compassion for all people.

4. **WE PROMOTE PREVENTION:** Within the context of our respective faiths, we encourage accurate and comprehensive information for the public regarding HIV transmission and means of prevention. We vow to develop comprehensive AIDS prevention programs for our youth and adults.

5. **WE ACKNOWLEDGE THAT WE ARE A GLOBAL COMMUNITY:** While the scourge of AIDS is devastating to the United States, it is much greater in magnitude in other parts of the world community. We recognize our responsibility to encourage AIDS education and prevention policies, especially in the global religious programs we support.

6. **WE DEPLORE THE SINS OF INTOLERANCE AND BIGOTRY:** AIDS is not a ‘gay’ disease. It affects men, women and children of all races. We reject the intolerance and bigotry that have caused many to deflect their energy, blame those infected, and become preoccupied with issues of sexuality, worthiness, class status, or chemical dependency.

7. **WE CHALLENGE OUR SOCIETY:** Because economic disparity and poverty are major contributing factors in the AIDS pandemic and barriers to prevention and treatment, we call upon all sectors of society to seek ways of eliminating poverty in a commitment to a future of hope and security.

8. **WE ARE COMMITTED TO ACTION:** We will seek ways, individually and within our faith communities, to respond to the needs around us.
The Law & HIV/AIDS

HIV raises many legal, financial and health insurance-related questions for both HIV positive individuals and their employers. Following is information that addresses the most common concerns related to these issues. You should consult with an attorney or a state AIDS organization for details.

Health Insurance

Employers are not required to offer group health insurance. If your employer offers health insurance to all employees, you will qualify regardless of your HIV status. However, most health insurance policies have a pre-existing condition exclusion for the first 12 months of coverage.

Pre-existing Conditions and Portability

If you became HIV positive before your employment began, you must have insurance "portability" to use your benefits right away for HIV-related treatment. [Covered by the Health Insurance Portability and Accountability Act (HIPPA)]

- You qualify for portability if you had health insurance for at least 12 continuous months before your new employer's policy took effect and if there was no gap in coverage of over 63 days between your old and new policies.

- With portability, your new insurance must cover your pre-existing condition expenses.

Cobra Protection

If you must leave your job for any reason, and if your company has more than 20 employees, the federal law known as COBRA allows you to keep your health insurance for 18 months after your job ends (longer if you become disabled.)

- If you don't qualify for full portability, keep your COBRA insurance until the new insurance will start paying for pre-existing conditions.

- Some state programs will help cover the cost of your COBRA payments.

Family Medical Leave Act

If you become ill, you are entitled to 12 weeks of protected, unpaid leave under the Family Medical Leave Act (FMLA), provided you have worked for 12 months (and 1250 hours).

- The Family Medical Leave Act applies to employers with more than 50 employees. FMLA leave need not be taken all at once and can be used as intermittent days once your sick days are exhausted.

Discrimination in Employment—Americans with Disabilities Act

Under the Americans With Disabilities Act (ADA), an employer cannot discriminate against an HIV positive employee. Also under this act and applicable state laws, your prospective employer cannot ask if you are HIV positive and cannot disclose your HIV status.

- Your employer can ask only if you are taking medications that affect your ability to perform the job. Taking HIV medications generally does not interfere and therefore need not be disclosed.

- Once a job offer is made, an employer can request a complete physical, drug test or even an HIV test only if it is required of all employees; you cannot be singled out. If you are taking HIV medications, check with your doctor because some medications cause a positive reaction on a urine test for drugs.

- It is illegal under ADA to refuse to hire a person because of his/her HIV status or because of fear of absenteeism, higher insurance costs or the need for accommodations.

Once hired, if the employee requests, an employer must provide “reasonable accommodation” to assist the HIV-positive employee in performing his or her job.

- A reasonable accommodation is any modification of the work schedule that will enable the employee to perform the essential functions of their job, as long as it does not cause undue burden on the employer.

- Accommodations could include time off for doctor visits, later mornings due to medication schedules, shortened work days or even work-at-home days if necessary.

AIDS Drug Assistance Program (ADAP)

ADAP is administered by the states. It provides medications to HIV-positive individuals who have limited or no coverage from private insurance or Medicaid.

For more information on ADAP, go to <www.hrsa.gov/hab/getting.html>

For more information on all of these federal programs, call the U.S. Dept. of Health and Human Services Press Office at (202) 690-6343 or visit the Gay Men’s Health Crisis at www.gmhc.org.
WHAT WE CAN DO

Planning for World AIDS Day

World AIDS Day is an opportunity to bring together existing HIV/AIDS projects and programs and to encourage the creation of new HIV/AIDS awareness and prevention programs. The goal is to motivate individuals, communities and states to become involved in the issues surrounding HIV/AIDS. World AIDS Day can be observed in many ways. To help coordinate events in your community, refer to the following checklist.

1. **Research HIV/AIDS Statistics.** Check with your state health department for HIV/AIDS statistics in your area to determine how HIV/AIDS affects you and your community. (See State & Territorial Contacts, pg. 48-49)

2. **Develop Partnerships.** Establish or join partnerships with individuals and organizations interested in planning World AIDS Day activities in your community. These might include Red Cross chapters, AIDS advocacy groups, places of worship, schools, libraries, civic associations, hospitals, clinics, or youth groups. Call your local and state health and education departments for leads.

3. **Target an Audience.** Define your goals and decide who you want to reach (for example, youth, families, elected officials, specific demographic groups, members of a particular faith community).

4. **Select an Activity.** Choose an activity or program that will appeal to your target audience and one that will achieve your objectives. (See Innovative Activities, pg. 37-38, and Motivate & Educate, pg. 39-41 for ideas.)

5. **Create a Planning Checklist.** Create a timeline so you will remain organized and will not miss deadlines. Delegate specific activities and responsibilities when possible. Make a schedule, establish a budget, identify organizations who will help you or co-sponsor with you. Choose a location, estimate the number who will attend, plan and prepare materials you will distribute, and plan advertising strategies.

6. **Seek Funding.** To secure the necessary funds and resources, establish partnerships to share expenses, plan fundraising events or seek grants to fund your project. (See Fundraising Tips and Grants, pg. 32)

7. **Invite Participation.** Invite members of your community, especially those groups you have targeted. Also consider inviting a wider audience to promote awareness of HIV/AIDS issues. Often invitations themselves help raise awareness or encourage others to become involved. (See Media Outreach Guide, pg. 33-34)

8. **Publicize Your Event.** Use the media to get the word out. Follow up with phone calls to targeted groups. (See Media Outreach Guide, pg. 33-34 and Sample Press Release and Public Service Announcement, pg. 35)

9. **Notify the Media.** Getting your messages out through television, radio, and newspaper is a highly effective way of reaching your target audience. (See Media Outreach Guide, Sample Media Advisory and Sample News Release, pg 33-35)

10. **Evaluate Your Activity.** Evaluate your activity during the planning stages as well as after the event so that next year you can remember how to improve the process. Use this planning checklist to evaluate how well you met your objectives. On the day of your activity, ask participants to fill out a short, anonymous evaluation form.

Please help us help others! We want to know how many people we reach with this Resource Booklet. You can help us by filling out our Event Follow-Up Report (page 50), so that we can track the effectiveness and reach of our efforts to promote HIV/AIDS awareness through the publication of this Resource booklet and accompanying poster.
**WHAT WE CAN DO**

### Tips for Fundraising

A fundraising campaign involves making an appeal for donations to support a cause or fund an event. It can be accomplished through personal requests, telephone appeals or letters requesting donations.

- **Ask for money.** Saying things such as “We would value your support” does not convey your needs directly enough. State clearly what you want (the dollar amount, for example) in the letter or the phone call.
- **Collect money from donors before spending or committing to spend it, where possible,** to minimize any financial risk to your organization.

Another method of raising funds is to sponsor a charity/benefit event. Such events can build visibility and issue awareness in the community. However, planning fundraising events requires more money and the assistance of more people than a simple fundraising campaign. Also, there is no guarantee that your organization will make money on the event.

- **To maximize your chances of raising funds and increasing local support,** choose an event that appeals to a diverse audience. The target audience may include members of your organization, prospective members, donors, the business community, other organizations and various members of the local community.
- **Attempt to have as much as possible donated for the event.** Be patient and don’t be afraid to ask for special discounts, deals or treatments.
- **Ask local businesses or other organizations to display advertising or sell tickets to your event and consider offering to publicize their name as a co-sponsor.**

### Grants

A grant is a gift of money, technical assistance, or equipment from one organization to another organization or individual. The organization awarding the grant is the grantor; the person or organization receiving the grant is the grantee. The purpose of giving money is to advance the initiatives or interests of the particular grantor.

- **Identify the organizations or foundations that have money available for your area of interest (in this case, HIV/AIDS).** A good place to begin your search is the Foundation Center (www.fdncenter.org). There are five Foundation Center libraries and more than 200 cooperating collections throughout the U.S. Access to their resources and services is free, but there is a charge to purchase copies of their publications and to attend some of their training sessions.
- **Write or call for guidelines.** Some want only a request letter; others may want a full proposal.
- **Be sure the program you are interested in developing matches the interests of the grantor.**
- **Look at the range of previously funded programs.** For example, if the organization gives grants from $1,500 to $5,000, be sure to stay within that range—asking for too much or too little will disqualify your application.
- **Follow grant guidelines exactly as written.** Be sure to address everything they ask for and stay within the stated page limits. Some grantors will provide written examples of successful applications.
- **Review the mission statement of your own organization.** Be sure you have a good understanding of the goals and direction of your organization before you begin looking for funding.
- **Make sure your organization is eligible for the grant for which you are applying.**
- **Many grantors give to their local areas.** If you find grantors that have a preference for your geographical area, put them at the top of your list.

### Visit the Following Websites:

- **Fund-raising.com**—Provides free information for non-profits. This site includes ideas on generating contributions, products for fundraising initiatives and ideas/suggestions from other visitors to this site. www.fund-raising.com.

- **The Grantsmanship Center**—Lists publications on fundraising, grant announcements, directories and information from federal and state government agencies. It also has an on-line magazine. <www.tgci.com>

- **The Foundation Center**—This is a non-profit clearinghouse that helps individuals and organizations obtain funding by providing information on foundations, corporate giving, and other funding-related subjects. They also conduct instructional sessions on proposal writing. The on-line publications catalogue contains a list of all Foundation Center CD-ROMs and print publications. <www.fdncenter.org>
MEDIA OUTREACH GUIDE

This guide provides information on how to understand and work with the three primary mass media venues: television, radio and print.

I. UNDERSTANDING THE NEWS MEDIA
The three most important elements in a good story from the media’s point of view are action, people and substance. Match the media’s need with your message and ensure that the information is provided to them in a timely manner. In order to develop appropriate media activities and messages, ask yourself:

- What goal(s) do you want to accomplish in your World AIDS Day event?
- Who is your target population?
- What messages must be developed and conveyed to influence our target audience to make the desired changes?
- What role do you want the community to have?
- What types of media outreach would be efficient and cost effective for accomplishing the above?

II. TIPS FOR SUCCESS

- Look for ways to tie in with national World AIDS Day observances and HIV/AIDS awareness campaigns.
- Take the event on the road by co-sponsoring a series of similar events in different communities.
- Consider having a radio or TV station co-sponsor the event, which would highlight the station’s commitment to the community and generate free publicity for your event.
- Use the World AIDS Day theme to attract both media and public attention. Use it on all publicity-related materials, from invitations to media kits, buttons and banners.

Allow plenty of planning time when selecting your date and time. Select a time when your most important audiences will be available and when conflicting events are not taking place.

III. TYPES OF NEWS MEDIA

<table>
<thead>
<tr>
<th>MEDIUM</th>
<th>CHARACTERISTICS</th>
<th>DEADLINE</th>
</tr>
</thead>
</table>
| Television   | • a highly visible medium; visually portrays the importance of your message  
|              | • Graphics often used in segments.                    | • day before for breaking news (contact the assignment editor)  
|              | • Stories are brief (30- to 60-second segments).      | • by 10AM for the 6PM news                     |
|              |                                                      | • 3 to 8 wks in advance                       |
| Radio        | • 10- to 15-second sound bites                        | • allow several days notice for public events |
|              | • Be aware of tone and firmness of voice when responding to questions |                                               |
| Newspaper    | • more in-depth treatment of a subject  
|              | • may use direct quotes from press statements or news releases | • daily AM: 2-3 PM the afternoon before  
|              |                                                      | • daily PM: early AM the day of issue  
|              |                                                      | • weekly issues: 3-5 days before the issue |
| Magazine     | • targets specific segments of the public  
|              | • explains more complex health/behavior               | • 6-8 weeks before publication goes to press  |

PROGRAM IN ACTION: CABLE POSITIVE’S WORLD AIDS DAY PSA ROADBLOCK

On Friday, December 1st, cable networks and systems across the country will deliver an important HIV/AIDS-related message to the more than 70 million cable households across the United States. Cable Positive, the cable and communications AIDS action organization, will unite the cable industry to “roadblock” a single public service announcement (PSA) at 8 p.m. ET/5 p.m. PT to observe the day.

Celebrity spokespersons lending their support for World AIDS Day PSAs have included actor/writer Billy Bob Thornton, poet Maya Angelou, NAACP president Julian Bond, and music artists ‘N SYNC, Joey McIntyre, Monica and Queen Latifah. In addition to the PSA roadblock, cable systems and networks will televise original AIDS-related programming throughout the month of December. For more information on Cable Positive’s World AIDS Day activities, or to find out how to partner with your local cable system, contact Cable Positive at 212-852-5190, or visit www.cablepositive.org.
IV. EVENT CALENDAR

BEFORE THE EVENT

Track Your Media Relations
Track your media contacts (i.e., phone conversations, press releases sent) by having all contact information (name of media person, organization, time, date and topics discussed) on a simple form.

Prepare News Releases
News releases should include, in 1-2 pages, the five “W’s”: WHO is involved; WHAT happened; WHEN did it happen; WHERE did it happen; WHY or HOW did it happen? The lead paragraph should answer these questions, in one or two sentences, especially since most reporters decide whether or not to read the rest of the release based on the first paragraph, and print editors tend to cut the article from the bottom up. The second or third paragraph should include a “colorful” quote reporters can use in their article. (See Sample Press Release, pg. 35)

Feature press releases can be 3-4 pages in length; an attention-getting headline is important.

Your news release may target specific groups, such as people of different age groups, ethnicities or genders.

Some suggestions for releases:

- a profile on an active community member—what he or she has done
- fund-raisers and projects that local groups organize in support of HIV/AIDS
- personal stories of people living with HIV/AIDS
- targeted prevention programs for those at high risk for infection
- an exceptional HIV education program at a local business, church or school

Prepare Media Kits
The “media kit” is a collection of information prepared for the media to be released on the day of the event. Examples of materials that might be included in a media kit:

- Statistics on the prevalence of HIV/AIDS in your state, county or city.
- Information on your organization and its HIV/AIDS prevention programs.
- Basic Facts about HIV/AIDS, other fact sheets and list of HIV/AIDS hotlines from this resource book.
- Business cards so the media can contact your agency about HIV/AIDS issues.
- Brief, one-page biographies of key agency officials, event participants and/or spokespersons.
- Photographs (most newspapers prefer black and white) and camera-ready graphics, such as charts and logos.

Other Planning Tips

- Write an Op-Ed piece or a Letter to the Editor for your local newspaper.
- Contact the reporters who cover community events and pitch the event as a future story.
- Call community calendar reporters at area newspapers and TV, cable and radio stations, asking them to place a calendar notice.
- Two weeks in advance, hand-deliver or mail invitations.
- 2-3 days in advance, call editors and reporters and ask if they plan to attend.
- The day before the event, call the media again to politely remind them.

DAY OF THE EVENT

- Set up a media sign-in table and distribute media kits to media who attend.
- When the reporters arrive, set up interviews with the key people, and escort media to the appropriate spokesperson.
- Issue name badges to promote better communication between media and individuals.
- Assign someone from your agency to take black-and-white photos to accompany articles in newsletters and other publications.

AFTER THE EVENT

- Send a news release immediately to any reporters who were unable to attend.
- Send follow-up letters to editors of local newspapers thanking the community and informing them of your success.
- Write a follow-up article for community publications. Illustrate with photos from the event.
- Ask media for their photos of your event.
- Send a description of your event and a copy of photos to us for possible use in our AIDS report of activities across the United States. (See Follow Up Report, pg. 50)
SAMPLE PRESS RELEASE

A press release should appear on your organization’s letterhead and include the words “Press Release” on the top as well as a contact person’s name and telephone number and the release date.

(YOUR COMMUNITY) TO OBSERVE WORLD AIDS DAY

The thirteenth annual World AIDS Day will be observed around the world and in (your town) on Dec. 1, 2000. Locally, the events for World AIDS Day will take place (location, time) as coordinated by (name of your organization). [Insert description of your organization’s event or activities.]

World AIDS Day aims to increase awareness of the magnitude of the HIV/AIDS epidemic globally and in the U.S. This year’s World AIDS Day theme is “AIDS: All Men—Make a Difference!” Because men represent the majority of people living with HIV/AIDS, the World AIDS Day 2000 theme urges all men to increase their awareness of the risk of HIV/AIDS for themselves, their partners and their children and to use their influence in their families, among their friends and in their communities to help stem the tide of the HIV/AIDS epidemic.

The global HIV/AIDS epidemic has become so alarming that the United States has declared AIDS a national security threat. As of 1999, 34.3 million men, women and children worldwide were estimated to be living with HIV/AIDS and 19 million have died. Last year alone, an estimated 15,000 people were infected with HIV every day. In the United States, 850,000 people are now infected with HIV. Despite the fact that new AIDS drugs are prolonging years of productive life for many with HIV, the rate of new HIV infections remains high in the U.S., with 40,000 new infections reported in 1999.

All communities are affected by the continuing spread of AIDS. Here, in (name of community), according to (source of statistics, such as local or state health department or the CDC or UNAIDS), as of (date), (number) people have been diagnosed and reported with AIDS, (number) of which have died. [Include other local statistics such as gender, age or ethnicity-specific data.]

World AIDS Day will link communities throughout the United States in a unified observance when the White House dims its lights on the evening of December 1. This visual demonstration will signify the commitment to fight the AIDS global epidemic and will give tribute to people living with HIV/AIDS and to those who have died from AIDS. Here in [name of community], the memorial will be observed by [description of how the activity will be carried out].

One hundred ninety-one countries around the world are observing this day to draw attention to the AIDS epidemic. In the United States, World AIDS Day is coordinated by the American Association for World Health, in conjunction with the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Pan American Health Organization, and the U.S. Department of Health and Human Services.

[Insert descriptions of other World AIDS Day activities that are planned for your area, as well as the organizing groups.] For additional information on these World AIDS Day activities, contact (name of contact) at (telephone number).

SAMPLE PUBLIC SERVICE ANNOUNCEMENT (PSA)

This year World AIDS Day focuses on the roles that men can play in halting the HIV/AIDS epidemic. Some stereotypes of manhood, such as sexual aggression and sexual irresponsibility, can be harmful to men and their partners, both male and female. Men and women are urged to understand and overcome negative stereotypes and speak openly about safe sex and HIV prevention. The theme of this year’s World AIDS Day is “AIDS: All Men—Make a Difference!”

HIV/AIDS is an epidemic that affects us all. An estimated 850,000 people in the United States are currently infected with HIV—perhaps someone you know. Men represent 76% of AIDS cases in the U.S. Around the world, more than 34 million people are estimated to be living with HIV or AIDS today, and 9 out of 10 of them DO NOT KNOW they are infected!

We all have the power—and the responsibility—to make a difference. To stop the HIV/AIDS epidemic in our community, we must work together to promote safe sex, individual responsibility and tolerance toward those infected with HIV or AIDS. We appeal to all men, and their partners, to educate themselves on how to prevent HIV infection and to help others learn how to prevent the spread of this devastating illness.
A media advisory is a document sent to the media (radio, television, newspapers, web sites, etc.) in advance of an event. The goal is to give adequate notice to the media outlet so that they will plan to send a reporter and/or photographer to the event. Unlike a press release, which you hope will be quoted word-for-word, you do not need to give many details in a media advisory. Instead, you give just the facts and, perhaps, a sentence or two to spark the interest of media editors, producers or reporters. (See the Media Outreach Guide on pages 33-34 in this resource book for advice on how to appeal to the media.)

The media advisory should appear on your organization’s letterhead.

**Sample Proclamation**

**World AIDS Day • December 1, 2000**

WHEREAS the global epidemic of HIV infection and AIDS requires a worldwide effort to increase communication, education and united action to stop the spread of HIV/AIDS; and,

WHEREAS the Joint United Nations Programme on HIV/AIDS (UNAIDS) observes December 1 of each year as World AIDS Day, a day to expand and strengthen worldwide efforts to stop the spread of HIV/AIDS; and,

WHEREAS UNAIDS estimates that over 34 million people worldwide are currently living with HIV/AIDS, with young people under the age of 25 accounting for more than half of all new infections; and,

WHEREAS the American Association for World Health is encouraging a better understanding of the challenge of HIV/AIDS nationally as it recognizes that the number of people diagnosed with HIV and AIDS in the United States continues to increase, with 850,000 people in the U.S. now infected; and,

WHEREAS World AIDS Day provides an opportunity to focus local, national and international attention on HIV infection and AIDS and to disseminate information on how to prevent the spread of HIV; and,

WHEREAS, because men represent the majority of people living with HIV/AIDS, the World AIDS Day 2000 theme, AIDS: All Men—Make a Difference!, urges all men to increase their awareness of the risk of HIV/AIDS for themselves, their partners and their children and to use their influence in their families, among their friends and in their communities to help stem the tide of the HIV/AIDS epidemic.

NOW, THEREFORE, BE IT PROCLAIMED that I, [title], do hereby declare that [your city] will observe World AIDS Day on December 1, 2000; I urge all citizens to take part in activities and observances designed to increase awareness and understanding of HIV/AIDS as a global challenge, to take part in HIV/AIDS prevention activities and programs, and to join the global effort to prevent the further spread of HIV/AIDS.
WHAT WE CAN DO

INNOVATIVE WORLD AIDS DAY ACTIVITIES

To successfully combat the spread of HIV/AIDS, it is necessary to stimulate involvement on all levels—from individuals to groups, institutions and governments. World AIDS Day is designed to draw attention to the issue of HIV/AIDS and to give local leaders a rallying point around which to organize HIV/AIDS activities and programs. On the next few pages you will find examples of organizations and individuals working together to do their part in the fight against HIV/AIDS. The following are descriptions of just a few World AIDS Day events and activities that occurred in communities across the United States last year.

Students of Amherst College in Massachusetts strapped on their dancing shoes for a masquerade ball to benefit AIDS Care/Hampshire County, a non-profit organization that provides services for people living with HIV/AIDS. The college’s ballroom dance club got things into motion by teaching dance lessons to interested masqueraders. Other activities included a forum, an educational table where students answered an HIV/AIDS quiz, and distribution of condoms.

Northern Catskills Occupational Center in Grand Gorge, New York, conducted a fundraiser for the American Foundation for AIDS Research. The Cosmetology Department had a day spa, Culinary Arts prepared a lunch, the health class sold red ribbons. Career Pathways ran a bake sale, Alternative Education sold Christmas cards and Special Education sold ornaments. A generous percentage of the day’s sales went toward AIDS research. (See photo above)

In Owings Mills, Maryland, Owings Mills High School’s SADD Chapter and health classes organized a week-long AIDS awareness program. The HIV-positive singing group “Positive Voices” kicked off the week’s activities with a moving musical performance. Fourteen HIV-positive speakers visited science classes to answer questions. Other activities included displaying part of the AIDS quilt and dedicating a tree at the Rosewood State Hospital. (see photo above)

Teton County Public Health Nursing Services of Jackson Hole, Wyoming, lit 159 luminaria in the form of a red ribbon, representing those in Wyoming infected with HIV since 1984. The Dancers’ Workshop performed, encouraging people to end the silence. Girl Scout troops assisted at the event.

In Des Moines, Iowa, the Minority Volunteer HIV/AIDS Education Coalition held their second annual World AIDS Day Celebration with an exhibit hall and educational programs. At exhibit tables, local organizations provided handouts on a variety of HIV/AIDS prevention topics. Educational sessions targeted youth, parents and other adults. Participation this year doubled from last year. (See photo below).
**WHAT WE CAN DO**

**Activities Outside the Continental U.S.**

*Puerto Rico Legal Services* reports that citizens of *Puerto Rico* came out en masse to celebrate World AIDS Day 1999. Held at the Spanish fortress El Morro, a human red ribbon was formed of 3,400 participants wearing red T-shirts. The human red ribbon has grown each year since 1994. Sports personalities, artists and high-level officials also participated in educational activities. Live music resonated over crowds of students from over 20 private and public schools, AIDS organizations, providers and patients (photo below).

*Joey Franquez and Matt Blas*, a father and son duo from *Guam*, united their musical talents in cooperation with *Coral Life Foundation* to produce a recording entitled “Listen, Learn, Live,” the theme for World AIDS Day 1999. Their music was produced to be listened to and discussed in schools. Joey and Matt traveled to local schools to discuss HIV/AIDS and the message within their song.

*The Southern Asia Division of Seventh-day Adventists* organized an inter-school speech contest on HIV/AIDS in *Hosur, India*. Ten secondary schools each prepared two students for the contest. Each was given five minutes to speak about HIV/AIDS. Prizes were awarded. The Basic Facts About HIV/AIDS sheet from the World AIDS Day 1999 Resource Booklet was distributed to a crowd of over 1,200 young adults (photo below).

---

**South Bay Free Clinic of Rodondo Beach, California,** celebrated World AIDS Day with the live performance “Secrets,” presented by the Kaiser Permanente Educational Theatre Program. The evening was concluded with a candlelight walk. (graphic above)

The *Utah State Capitol Rotunda in Salt Lake City, Utah,* resounded with music, speakers and testimonials on December 1. The *People with AIDS Coalition of Utah, American Red Cross and the Utah Department of Health* organized activities, including the release of balloons, a *NAMES Project* AIDS quilt display and a candlelight vigil. Free HIV testing was available throughout Salt Lake valley. Salt Lake City and *Provo*, a neighboring city, observed a Day Without Art by shrouding selected pieces of art to represent losses in the art world as a result of HIV/AIDS.

*Citizens of Parker, Arizona,* observed World AIDS Day with a march and candlelight vigil. Local churches tolled their steeple bells 19 times, signifying the 19 years of the AIDS epidemic. *AIDS Outreach of Western Arizona* and *Parker Indian Hospital* arranged the signing of proclamations by the Mayor of the town of Parker and the Chairman of the *Colorado River Indian Tribes*.

The *AIDS Network of Western New York* engaged in a number of AIDS awareness activities throughout November and December. In Buffalo, subway station advertising spaces highlighted HIV/AIDS messages. Eight counties participated in a poster, essay and poetry contest for K-12 grades. The winners and 100 honorable mentions were displayed at the Albright Knox Art Gallery during the regional World AIDS Day observance. Also, *McDonald’s owners and operators in Western New York and Northeastern Pennsylvania* donated and distributed over 200,000 World AIDS Day theme tray liners.
**Motivate & Educate!**

The ideas listed below challenge everyone—members of the community, teachers, HIV/AIDS educators and members of the faith, business, and health communities to use their creativity to inform themselves and their peers about the AIDS epidemic.

In addition, the Centers for Disease Control and Prevention (CDC) has identified numerous “programs that work”—HIV/AIDS-related programs that have been proven statistically to work. For information on HIV/AIDS-related programs, call CDC’s Division of Adolescent and School Health (DASH) at (770) 488-3168. Information on DASH can be found at www.cdc.gov/nccdphp/dash/.

### IN THE COMMUNITY

- Work with state and local health departments to involve your community in HIV/AIDS awareness.
- Develop workshops for parents on the role they play in shaping their children’s behavior.
- Organize community panels about sensitive and taboo issues and develop materials to help facilitate discussions in these settings.
- Find out what social and cultural norms increase vulnerability to HIV in your community (e.g. social pressure for boys to have sex early).
- Use the sample proclamation and officially declare World AIDS Day in your community.
- Observe a “Day Without Art,” to signify the loss of artists to AIDS and to increase awareness of AIDS.
- Organize an HIV/AIDS fund-raising walk or run.
- Distribute HIV/AIDS Fact Sheets and red ribbons to the community to wear on World AIDS Day.
- Hold a toy or food drive to help children affected by HIV/AIDS.
- Contact a local book store to co-sponsor an event.
- Ask Congress to increase HIV/AIDS funding.
- Decorate Christmas trees with red ribbons and tags with the names of community residents who have died of AIDS.
- Organize musical performances and educational seminars for all age groups.
- Contact The NAMES Project and bring panels from The AIDS Memorial Quilt to your community [(415) 882-5500].
- Set up a special display of books and resource materials about HIV/AIDS at your local library.
- Volunteer or make a donation to an AIDS program.

### IN THE CLASSROOM

The classroom provides numerous opportunity to educate students about HIV/AIDS.

- Place a question box in classrooms where students can ask anonymous questions that will be answered by teachers at appropriate times.
- Start a peer education program where students can educate other students about HIV/AIDS.
- Invite a young adult with HIV or a health practitioner who works with HIV as a guest speaker.
- Train young people as peer educators on life skills, sexual health, and AIDS education.
- Develop a pen-pal exchange for children and young people infected and affected by HIV/AIDS in different cities and countries.
- Show videos in which other teens talk about their personal experiences with HIV/AIDS. [See the new AIDS Education Videos, pg. 42]

### AT WORK

At work, launch a Business Responds to AIDS program or a Labor Responds to AIDS program. [Contact CDC’s National Prevention Information Network, (800) 458-5231, or the National AIDS Fund Workplace Resource Center, (202) 408-4848.]

- Establish December 1 as a day to address issues of HIV/AIDS at your workplace.
- Educate employees on the protection of people with HIV/AIDS and on non-discrimination laws.
- Initiate a program to have World AIDS Day messages inserted in paycheck envelopes and printed on bags and packaging materials.
- Form a team at your workplace to raise money and support for a local AIDS Walk.
- Plan a training session or a brown bag lunch on HIV/AIDS discrimination, myths and stereotypes.
WHAT WE CAN DO

COLLEGES & UNIVERSITIES

At colleges and universities, work with university administrators, faculty, staff, and students.

☛ Invite a local HIV testing center/clinic to your campus on December 1 or ask the campus student health center to test at no charge for the day. Contact the National Association of People with AIDS at (202) 898-0414.

☛ Distribute information on HIV testing and prevention. (See Fact Sheets in this book).


☛ Create tabletop displays with World AIDS Day messages and place them in cafeterias and dining halls.

☛ Coordinate with popular restaurants to give out free condoms; pass out literature focusing on the high correlation between HIV transmission and alcohol consumption.

☛ Organize HIV/AIDS workshops with student educators in an informal setting such as a student center or residence hall lounge. Distribute information on HIV testing and prevention. (See Fact Sheets in this book).

☛ Write an article or letter to the editor of the school paper; include statistics about the prevalence of HIV and AIDS in your school or community.

☛ Encourage students to work with younger students in local middle and high schools to challenge social norms that put them at risk for HIV.

☛ Organize discussions about sensitive and taboo issues; develop materials to facilitate discussions.

☛ Co-host seminars with medical and/or law schools.

☛ Incorporate HIV/AIDS materials into courses.

☛ Show films or hold a film festival/discussion about films dealing with HIV/AIDS, such as the following:
  - Jeffrey (R)
  - The Cure (PG-13)
  - It’s My Party (R)
  - Roommates (NR)
  - Fotos del Alma (NR)
  - Playing by Heart (R)
  - longtime Companion (R)
  - Kids (R)
  - Boys on the Side (R)
  - Common Threads (NR)
  - Philadelphia (PG-13)
  - A Mother’s Prayer (PG-13)
  - Love! Valour! Compassion! (R)
  - Bloodbrothers, The Joey DiPaolo Story (NR)
  - Silverlake Life: The View from Here (NR)
  - And the Band Played On (PG-13)

IN FAITH COMMUNITIES

In your faith community encourage a long-term commitment to HIV/AIDS.

☛ Present the Interfaith Declaration (pg. 29) to your church council. Propose that your church community make a similar declaration.

☛ Participate in or establish a collaboration with interfaith observances of World AIDS Day in your community.

☛ Hold a candlelight service of remembrance for those affected by HIV/AIDS; contact your local AIDS ministry program and coordinate with them.

☛ Join with other congregations and ring your steeple bell 20 times at 2:00 pm on December 1 to signify the 20 years of the epidemic. [For more details, contact the Council of Religious AIDS Networks at www.councilran@aol.com.]

☛ Check the partial listing of national interfaith contacts in Faith Communities & HIV/AIDS fact sheet for materials and ideas for collaborations.

☛ Encourage your religious leaders to speak about HIV/AIDS in sermons, and invite an individual living with HIV/AIDS to share his or her story.

☛ Observe a moment of silence during services for those who have died of AIDS.

☛ Contact the national office of your religious affiliation or organization to ask for information regarding HIV/AIDS programs and policies.

☛ Start an AIDS ministry within your congregation or with others in your community.

☛ Start a service program. Members of your congregation can work with a local AIDS group to provide meals, transportation, shelter, companionship or other services to people living with HIV/AIDS.

☛ Ask associations of people living with HIV/AIDS to talk with young people about their experience with HIV.

See the new “AIDS Education Videos” Section Page 42
**WHAT WE CAN DO**

### IN GOVERNMENT

Governments should participate in World AIDS Day. Effective HIV prevention programs can benefit from high-level political commitment.

- Provide your community with statistics on HIV infection rates in your area, and use these numbers as a call to action. (Contact your health department. See State & Territorial Contacts, pg. 48-49)
- Hold meetings with district leaders to brief them on the World AIDS Day theme, All Men—Make a difference!
- Sponsor a World AIDS Day information session to discuss HIV prevention, education and treatment needs in your community. Personally invite student groups and various community organizations.
- Develop policies that address unmet needs, especially those of traditionally underserved populations, including African Americans, Hispanic/Latinos, Native Americans, young people, men who have sex with men, injection drug users, rural communities, women, the homeless and the incarcerated.
- Adopt a proclamation (see Sample Proclamation, page 36) urging citizens to take part in World AIDS Day activities and observances.
- Encourage your communities to join the White House in dimming their lights as a visual demonstration expressing national and worldwide commitment to stop the spread of HIV/AIDS. For details, check the White House Office of National AIDS Policy’s website www.whitehouse.gov/onap.
- Prepare a press package describing World AIDS Day events locally and in your state.
- Invite speakers to your State Capitol or City Building to speak on HIV/AIDS.
- Advocate for local, state and national policies that promote the rights of all people who are living with, affected or orphaned by HIV/AIDS.
- Hold workshops for government officials on the utility and effectiveness of men’s participation in HIV/AIDS prevention.

### IN HEALTH CARE SETTINGS

In health care settings, the campaign against HIV/AIDS should continue not only on World AIDS Day, but throughout the entire year.

- Organize training sessions with employees and health professionals on such topics as dealing with AIDS issues and communicating with patients.
- Distribute free condoms to patients making office visits.
- Develop a questionnaire for an HIV risk history.
- Copy, display and distribute reading material and Fact Sheets about AIDS in the office regularly.
- Offer routine HIV prevention counseling and free testing services on World AIDS Day.
- Organize workshops and assemblies on HIV/AIDS at local schools to educate students and teachers.
- Contact AIDS service organizations serving various ethnic and racial groups and ask that they make a presentation to your staff regarding cultural competence and sensitivity about HIV.
- Mobilize the communication department in your institution to develop World AIDS Day messages to be distributed throughout the institution and surrounding communities.
- Encourage local health centers to set aside special times to provide health services to young people.
- Have trained peer counselors serve as links between young clients and health care personnel.
- Design a specific area where patients can confidentially obtain condoms and information about HIV and other STDs.

**President and Mrs. Clinton and others view the AIDS Memorial Quilt on the National Mall in Washington, DC.**
RESOURCES

The following video titles were obtained from CDC’s National Prevention Information Network (NPIN), unless otherwise noted. Other sources include The NAMES Project, Cable Positive, The Michigan Education Materials Center, Balm In Gilead, The National Latina Health Network, and The National Minority AIDS Council. AAWH is not responsible for and does not necessarily endorse the content of these videos.

ALL COMMUNITIES

A Roll of the Dice: What Men Need to Know about STDs and AIDS

HIV/AIDS: It Can Happen to Me

Health Shots: A Wayward Glance
1995. Emphasizes health and social issues such as AIDS. Harris County Health Department (713) 439-6291.

Lest We Forget
1996. The AIDS Memorial Quilt on the National Mall. The NAMES Project (202) 29-NAMES.

CHILDREN & ADOLESCENTS

Come Sit by Me

Health Choices

Smart Sex: How to Protect Yourself in the Age of AIDS
1998. General information for adolescents about HIV. Center of Medical Multimedia Education Technology (310) 440-0767.

U need 2 Kno

STUDENTS & TEACHERS

Beginnings: You Won’t Get AIDS

AIDS: Facts for Kids

The Choice Is Yours: Avoiding HIV/STDs

The Science of HIV

AIDS: Everything You Should Know

RELIGIOUS

Rude Awakenings: Spiritual Support in the Time of AIDS
1996. Illustrates the role spirituality can play in the lives of those affected by HIV/AIDS. Fanlight Productions (617) 469-4999.

The Heart of the Matter Video and Training Guide

HIV/AIDS EDUCATION VIDEOS

AFRICAN AMERICANS

Blood Sisters, Breaking the Silence about HIV/AIDS

Cable Positive NAACP Series: House on Fire, Sister’s Keeper, Coming to Life

HIV/AIDS and African Americans

LATINO/HISPANIC

In Our Own Words: Teens and AIDS (En Nuestras Propias Palabras: Los Jovenes y el SIDA)

La Tardeada (The Afternoon Party)

Life is What You Make It: Live Life!

ASIAN AND PACIFIC ISLANDER

Not a Simple Story/Out in Silence: AIDS in the Asian Pacific American Community
1994. Stories of two Asian Americans who have been infected with HIV. Filmmakers Library (212) 808-4980.

WOMEN

HIV and Pregnancy: What Every Woman Should Know

Living Positive: Women and AIDS
2000. A 4 year documentary on the lives of 5 racially diverse every day women with AIDS. Filmmakers Library (212) 808-4980.

Second Opinion
1995. Addresses the role that women must play in their own heath. Fanlight Productions (617) 524-0980.

She Didn’t Know

HOMOSEXUAL/BISEXUAL

A Decade of AIDS

Positive Men

In Our Own Words: Dispelling the Stereotypes

HEALTH CARE WORKERS/CLINICIANS

Taking a Sexual History: Clinical Strategies for Assessing HIV Risk

HEALTH CARE WORKERS/CLINICIANS

Both Ends Burning
1994. Interviews and dramatizations for healthcare workers, social workers, and clinicians. Fanlight Productions (617) 469-4999.

Healers of 400 Parnassus
### National Hotlines

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS Clinical Trials Information Service</td>
<td>800-TRIALS-A</td>
</tr>
<tr>
<td>CDC Deaf and Hard of Hearing STD and AIDS Hotlines (TTY)</td>
<td>800-243-7889</td>
</tr>
<tr>
<td>CDC National STD and AIDS Hotlines</td>
<td>800-342-AIDS</td>
</tr>
<tr>
<td>CDC Spanish STD and AIDS Hotlines</td>
<td>800-344-7432</td>
</tr>
<tr>
<td>CDC National Prevention Information Network</td>
<td>800-458-5231</td>
</tr>
<tr>
<td>CDC National STD Hotline</td>
<td>800-227-8922</td>
</tr>
</tbody>
</table>

For additional information call CDC National STD and AIDS Hotlines 1-800-342-AIDS (24 hours, 7 days/week)

### State & Territorial AIDS Hotlines

<table>
<thead>
<tr>
<th>State</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama (AL only)</td>
<td>800-228-0469</td>
</tr>
<tr>
<td>Alaska</td>
<td>907-276-4880</td>
</tr>
<tr>
<td>Arizona</td>
<td>800-352-3792</td>
</tr>
<tr>
<td>Arkansas</td>
<td>501-375-0352</td>
</tr>
<tr>
<td>California (Northern)</td>
<td>800-367-AIDS (California) 800-922-AIDS (Tagalog) 800-345-AIDS (TTY/TDD) 415-864-6606</td>
</tr>
<tr>
<td>California (Southern)</td>
<td>800-252-AIDS (TTY/TDD) 303-691-7719</td>
</tr>
<tr>
<td>Colorado</td>
<td>800-342-AIDS</td>
</tr>
<tr>
<td>Connecticut</td>
<td>800-445-AIDS</td>
</tr>
<tr>
<td>Delaware</td>
<td>800-422-0429</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>802-332-AIDS (TTY/TDD) 202-797-3575</td>
</tr>
<tr>
<td>Florida</td>
<td>800-352-AIDS (Spanish) 800-545-7132 (Haitian/Creole) 800-322-AIDS (TTY) 888-322-AIDS</td>
</tr>
<tr>
<td>Georgia</td>
<td>404-876-9944 (TTY/TDD) 404-876-9950</td>
</tr>
<tr>
<td>Hawaii</td>
<td>808-922-1313</td>
</tr>
<tr>
<td>Idaho (ID only)</td>
<td>800-677-AIDS</td>
</tr>
<tr>
<td>Illinois</td>
<td>800-445-AIDS (Sp. &amp; Eng.) (IL only) 800-243-AIDS (TTY/TDD) 800-782-0423</td>
</tr>
<tr>
<td>Indiana (IN only)</td>
<td>800-848-AIDS (TTY/TDD) 800-972-1846</td>
</tr>
<tr>
<td>Iowa (IA only)</td>
<td>800-445-AIDS</td>
</tr>
<tr>
<td>Kansas</td>
<td>800-232-0040</td>
</tr>
<tr>
<td>Kentucky</td>
<td>No hotline available</td>
</tr>
<tr>
<td>Louisiana</td>
<td>800-654-AIDS</td>
</tr>
<tr>
<td>Maine (ME only)</td>
<td>800-851-AIDS</td>
</tr>
<tr>
<td>Maryland (MD only)</td>
<td>800-638-6252 (Spanish) 301-949-0945 (In Metro DC/VA) 800-322-7432 (TTY/TDD) 800-553-3140</td>
</tr>
<tr>
<td>Massachusetts (Eng/Span)</td>
<td>800-235-2331 (TTY/TDD) 617-437-1672</td>
</tr>
<tr>
<td>Michigan (MI only)</td>
<td>800-872-AIDS (teen line) 800-750-TEEN (Spanish) 800-826-SIDA (TTY/TDD) 800-322-0849 (health care workers) 800-522-0399</td>
</tr>
<tr>
<td>Minnesota (MN only)</td>
<td>800-248-AIDS</td>
</tr>
<tr>
<td>Mississippi (MS only)</td>
<td>800-826-2961</td>
</tr>
<tr>
<td>Missouri (MO only)</td>
<td>800-533-AIDS</td>
</tr>
<tr>
<td>Montana (MT only)</td>
<td>800-233-6668</td>
</tr>
<tr>
<td>Nebraska</td>
<td>800-782-AIDS</td>
</tr>
<tr>
<td>Nevada (NV only)</td>
<td>800-842-AIDS</td>
</tr>
<tr>
<td>New Hampshire (NH only)</td>
<td>800-752-AIDS</td>
</tr>
<tr>
<td>New Jersey (Sp. &amp; Eng) (NJ only)</td>
<td>800-624-2377 (TTY/TDD) 201-926-8008</td>
</tr>
<tr>
<td>New Mexico (Eng/Span)</td>
<td>800-545-AIDS</td>
</tr>
<tr>
<td>New York (Sp. Eng info) (NY only)</td>
<td>800-541-AIDS (counseling) (NY only) 800-872-2777</td>
</tr>
<tr>
<td>North Carolina</td>
<td>800-289-2437</td>
</tr>
<tr>
<td>North Dakota</td>
<td>701-328-2378</td>
</tr>
<tr>
<td>Ohio (OH only)</td>
<td>800-332-AIDS (TTY/TDD) 800-332-3889</td>
</tr>
<tr>
<td>Oklahoma (OK only)</td>
<td>800-533-AIDS</td>
</tr>
<tr>
<td>Oregon</td>
<td>800-223-AIDS</td>
</tr>
<tr>
<td>Pennsylvania (PA only)</td>
<td>800-662-6080</td>
</tr>
<tr>
<td>Puerto Rico (PR only)</td>
<td>800-981-5721</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>800-726-3010</td>
</tr>
<tr>
<td>South Carolina (SC only)</td>
<td>800-322-AIDS</td>
</tr>
<tr>
<td>South Dakota (SD only)</td>
<td>800-592-1861</td>
</tr>
<tr>
<td>Tennessee</td>
<td>800-525-AIDS</td>
</tr>
<tr>
<td>Texas</td>
<td>800-299-AIDS (TTY/TDD) 800-252-8012</td>
</tr>
<tr>
<td>Utah</td>
<td>800-333-SIDA (Spanish)</td>
</tr>
<tr>
<td>Vermont (VT only)</td>
<td>800-882-AIDS</td>
</tr>
<tr>
<td>Virgin Islands (VI only)</td>
<td>809-773-AIDS</td>
</tr>
<tr>
<td>Virginia (VA only)</td>
<td>800-533-4148 (TTY/TDD) 800-533-4148 (Spanish) 800-322-SIDA</td>
</tr>
<tr>
<td>Washington (WA only)</td>
<td>800-272-AIDS</td>
</tr>
<tr>
<td>West Virginia (WV only)</td>
<td>800-642-8244</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>800-334-AIDS</td>
</tr>
<tr>
<td>Wyoming</td>
<td>800-327-3577</td>
</tr>
</tbody>
</table>

### RESOURCES

- AIDS Drug & Alcohol Treatment Routing Service: 800-662-HELP
- National Herpes Hotline: 919-361-8488
- Recorded information on herpes: 800-653-4325
- Project Inform (HIV Treatment Hotline): 800-822-7422
- Rape and Incest Hotline (RAINN): 800-656-HOPE

### Hotlines for Young People

- Girls and Boys Town National Hotline: 800-448-3000
- Covenant House New York City/Crisis Intervention Center: 800-999-9999
- HIV Hotline for Adolescent Prostitutes: 800-676-4477
- National Gay & Lesbian Youth Hotline: 800-347-TEEN
- National Pediatric HIV Resource Center (NPHRC): 800-362-0071
- Nat’l Runaway Switchboard (adolescent crisis line): 800-621-4000
- TEENS TAP (Teens Teaching AIDS Prevention): 800-234-TEEN
- The Teen AIDS Hotline: 800-440-TEEN
- TEENS TAP (Teens Teaching AIDS Prevention): 800-234-TEEN
- Nat’l Gay & Lesbian Youth Hotline: 800-347-TEEN
- Girls and Boys Town National Hotline: 800-448-3000
- Project Inform (HIV Treatment Hotline): 800-822-7422
- Rape and Incest Hotline (RAINN): 800-656-HOPE

For additional information call CDC National STD and AIDS Hotlines 1-800-342-AIDS (24 hours, 7 days/week)
RESOURCES

AIDS Service Organizations

In the United States and around the world, community-based AIDS Service Organizations (ASOs) are primary sources of help for people with AIDS. ASOs exist not only in the metropolitan cities but also in more remote settings, providing thousands of hours of care and prevention.

The ASO is often the primary caregiver to persons living with AIDS. It may be the place that a person is first diagnosed with HIV, and it may provide every type of service a person with AIDS may need for the rest of his/her life, including funeral arrangements. From the first one-on-one caregiver situations to the current multi-million dollar budgeted agencies, ASOs have been helping persons living with AIDS maintain a sense of dignity in their lives by providing assistance in dealing with the HIV/AIDS pandemic on a personal, daily level.

For more information on AIDS Service Organizations in your area, please contact:

- Your local or state health department
- CDC National Prevention Information Network, 1-800-458-5231, 1-800-243-7012 (deaf accessTDD)

NATIONAL ORGANIZATIONS

The following is a description of organizations that you might want to contact for more information on HIV/AIDS. For a comprehensive listing of national, state and local organizations involved with HIV/AIDS issues, please contact the CDC National Prevention Information Network at 800-458-5231 or <www.cdc.gov>.

Advocates for Youth creates programs and promotes policies that help young people make informed and responsible decisions about their sexual and reproductive health. Its HIV/STD prevention program provides technical assistance, workshops, and materials to encourage and help youth-serving organizations develop and implement programs for youth in high-risk situations, domestically and internationally. Contact: 1025 Vermont Ave, NW, Ste 200, Washington, DC 20005; (202) 347-5700; www.advocatesforyouth.org or www.youthresource.com

AIDS Action is dedicated to shaping federal policy for people living with HIV/AIDS. AIDS Action convenes NORA (National Organizations Responding to AIDS), the Washington council of 175 national advocacy organizations concerned about AIDS. Contact: AIDS Action, 1906 Sunderland Place NW, Washington, DC 20036; (202) 530-8030; www.aidsaction.org

AIDS Alliance for Children, Youth and Families serves the unique public policy concerns of parents, families and young people living with and at risk for HIV/AIDS. Contact: AAC, 1600 K Street, Ste. 300, NW, Washington, DC 20006; (202) 785-3564; www.aidsalliance.org

American Bar Association AIDS Coordination Project develops the ABA’s response to the HIV/AIDS pandemic through policy recommendations and ABA-sponsored programs. The project provides assistance to individuals seeking information on legal referral programs and sources of legal information related to HIV/AIDS. Contact: 740 15th St, NW, Washington, DC 20005; (202) 662-1020

AIDS Memorial Quilt (See The NAMES Project Foundation)

AIDS Nutrition Services Alliance is a non-profit association of HIV nutrition providers, assisting members through administration of grants for HIV nutrition, technical assistance, advocacy, networking, group purchasing and resource sharing; coordinates the annual AIDS meal and nutrition providers’ conference, and regional seminars; provides referrals for individuals seeking local resources. Contact: ANSA, 1400 I Street, NW, Suite 1220, Washington, DC 20005; (202)289-5650; (202)408-1818 fax; ANSAoffice@aol.com email; www.aidsnutrition.org

American Civil Liberties Union undertakes impact litigation, monitors legislation and engages in educational efforts affecting the rights of persons with HIV/AIDS through its AIDS Project. Contact: ACLU AIDS Project, 125 Broad St, 18th Floor, New York, NY 10004; (212) 549-2500; www.aclu.org

American Public Health Association identifies challenges for public health through its HIV/AIDS Special Primary Interest Group (SPIG). APHA is also a member of the World Federation of Public Health Associations (WFPHA) for which it provides the Secretariat office. Contact: APHA, 800 I Street, NW, Washington, DC 20001-3710; (202) 777-2742; www.apha.org

American Red Cross prepares and certifies instructors to deliver effective HIV/AIDS prevention education. Various materials are available, including manuals, videos and posters; some materials are available in Spanish. 8111 Gatehouse Rd., 6th Fl., Falls Church, VA 22042; (703) 206-7429. Contact your local American Red Cross unit. www.redcross.org

American Social Health Association (ASHA) operates the CDC National STD and AIDS Hotlines with service available in English, Spanish, and via TTY for the Deaf and Hard of Hearing. In addition to helping individual callers, the hotlines offer a useful teaching tool in the Group/Classroom Calls Program, which is designed to enhance classroom and group discussion about HIV/AIDS and STDs. ASHA also operates the National Herpes Hotline and has an interactive Web site for teens (www.iwannaknow.org). Education, information, and referrals are available at no cost through ASHA’s hotlines (See National Hotlines). Contact: ASHA, PO Box 13827, Research Triangle Park, NC 27709; (919)361-8400; www.ashaad.org

Ark of Refuge, Inc. is a nationally recognized AIDS service organization which provides and/or coordinates a blend of HIV/AIDS education, referrals, housing, substance abuse recovery programs, counseling services, case management, technical assistance and capacity building, community education and job readiness, volunteer training, and policy formation locally, statewide, and nationally. Contact: 1025 Howard Street, San Francisco, CA 94103, 415.861.6130, 415.861.6103 email: info@arkofrefuge.org, www.arkofrefuge.org


Association of Maternal and Child Health Programs (AMCHP) is a national non-profit organization principally made up of the directors and staff of state public health agency programs for maternal and child health (MCH) and children with special health care needs (CSHCN). Under an agreement with the CDC for HIV, STD and TB prevention they assist state Title V programs in reducing perinatal HIV transmission. Contact: AMCHP, 1220 19th Street, NW, Suite 801, Washington, CD, 20007; (202) 775-0436; www.amchp.org

Association of State and Territorial Health Officials HIV/AIDS Project facilitates participation of state public health officials and other state health department personnel in the development and implementation of sound national HIV/AIDS and AIDS-related health and social policy. The project tracks, monitors, and analyzes developments in the areas of national and state HIV/AIDS policy and legislation and informs state health officials of these developments.
RESOURCES

Council of National Religious AIDS Networks, a program of the AIDS National Interfaith Network, is a coalition of faith groups dedicated to the promotion of various AIDS issues. Faiths represented include Buddhism, Catholicism, Disciples of Christ, Episcopalian, Lutheran, Presbyterian, Unitarian, United Church of Christ, Methodist, and The River Fund. Contact: ANIN, 1400 I St, NW, Ste 270, Washington, DC 20005; (202) 371-0017; www.anin.org

Dignity/USA is an organization of gay, lesbian, bisexual and transgendered Catholics and their families and friends, which works to promote spiritual development, educational outreach, social reform and the advocacy of feminist issues. Contact: Dignity/USA, 1500 Massachusetts Ave, NW, Ste 11, Washington, DC 20005, (202) 861-0017; 1-800-877-8797; www.dignityusa.org

Disability Rights Education and Defense Fund is a national law and policy center dedicated to furthering the civil rights of people with disabilities such as HIV/AIDS. Managed and directed by people with disabilities and parents of children with disabilities, it is a unique advocate for the rights of all people with disabilities. Contact: 2212 6th St, Berkeley, CA 94710; (510) 644-2555; www.dredf.org

Gay and Lesbian Medical Association combats homophobia in the medical profession and in society and promotes the best possible health care for gay, lesbian, bisexual and transgendered people. GLMA offers support services for HIV-positive healthcare workers. Contact: GLMA, 459 Fulton St, Ste 107, San Francisco, CA 94102; (415) 255-4547; www.glma.org

Gay Men’s Health Crisis, founded by volunteers in 1981, is the world’s oldest and largest AIDS service, education and advocacy organization. GMHC serves thousands of men, women and children with HIV and AIDS, educates the public about HIV prevention and treatment, and fights for fair and effective AIDS policies at all levels of government. Visit GMHC’s website at www.gmhc.org or call for more information, (800) AIDS-NYC

The Global Health Council is the largest membership organization in the U.S. advocating for increased funding and visibility for global health issues. Our mission is to promote better health around the world by assisting all who work for improvement and equity in global health to secure the information and resources they need to work effectively. Contact: GHC, 1701 K Street #600, NW, Washington, DC 20005; (202) 833-5900; www.globalhealth.org

Health Resources and Services Administration administers the Ryan White CARE Act, which provides primary health care and support services for people living with HIV/AIDS and supports the education and training of HIV/AIDS health professionals. Support services include case management, assistance in purchasing medications, outreach, education, counseling and testing, hospice care, and other services for low-income and medically underserved populations affected by HIV/AIDS. Contact: HRSA, HIV/AIDS Bureau, Parklawn Bldg, 5600 Fishers Lane, Rm 7-46, Rockville, MD 20857; (301) 443-6652; www.hrsa.gov/hab

Human Rights Campaign lobbies the federal government on lesbian and gay issues and works for sound HIV/AIDS federal policies. Contact: HRC, 919 18th St, NW, Ste 800, Washington, DC 20006; (202) 628-4160; www.hrc.org

Intercultural Family Services Inc. Provides culturally competent HIV/AIDS services for individuals, including pre/post-natal care for infected mothers, legal and financial services, after-school and day camp programs, HIV testing and treatment, education/prevention programs, referrals to other organizations. Translation of information into 17 languages and more. Contact: 4225 Chestnut St, Philadelphia, PA 19104, (215) 386-1298; www.issinc.org

International Gay and Lesbian Human Rights Commission - IGLHRC’s mission is to protect and advance the human rights of all people and communities subject to discrimination or abuse on the basis of sexual orientation, gender identity or HIV status. IGLHRC responds to human rights violations around the world through documentation, advocacy, coalition building, public education, and technical assistance. Contact: 1360 Mission St, Ste. 200, San Francisco, CA 94103, USA; Tel +1.415-255-8680; Fax +1.415-255-8682; www.iglhrc.org

82988.mvpc4_PDF 10/18/00 6:00 AM Page 45

American Association for World Health • 1825 K St, NW, Ste 1208 • Washington, DC 20006 • www.aawhworldhealth.org

as they arise. Contact: ASTHO, 1275 K St, NW, Ste 800, Washington, DC 20005; (202) 371-0909; www.astho.org

Balm in Gilead works through Black churches to stop the spread of HIV/AIDS in the African American community and to support those infected with, and affected by, HIV/AIDS. The Balm in Gilead provides churches, public agencies and community organizations with training, networking and education. It organizes the Black Church Week of Prayer for the Healing of AIDS, the largest AIDS awareness program aimed at Black Americans. Through a cooperative agreement with the CDC, The Balm operates the Black Church HIV/AIDS National Technical Assistance Center. Contact: 130 W 42nd Street, Ste. 450, NY, NY 10036; (212)730-7381; www.balmgilead.org

Cable Positive organizes cable television’s participation in National HIV Testing Day and World AIDS Day, provides free “AIDS in the Workplace” seminars to cable companies, offers confidential financial assistance and social services to industry employees living with HIV/AIDS, creates and distributes public service announcements, and awards grants to local AIDS organizations. Contact: 1500 Broadway, 29th Floor, New York, NY 10036-4015; (212) 525-5190; www.cablepositive.org

Centers for Disease Control and Prevention (CDC) aims to prevent HIV infection and reduce associated morbidity and mortality, in collaboration with community, state, national, and international partners. CDC National Prevention Information Network (NPIN) is the nation’s reference, referral, and distribution service for information about HIV/AIDS, STDs, and TB. NPIN services facilitate the sharing of information and resources among people working in HIV, STD, and TB prevention, treatment, and support services.

CDC Business Responds to AIDS/Labor Responds to AIDS Program a comprehensive workplace HIV education program, provides a central resource and referral service for business and labor. The Business and Labor Resource Service (BLRS) links business and labor with community resources and technical assistance.

AIDS Clinical Trials Information Service provides up-to-date information about federally and privately funded clinical trials that evaluate experimental drugs and other therapies for adults and children with HIV infection. The HIV/AIDS Treatment Information Service provides information about federally approved HIV/AIDS treatments and guidelines to healthcare providers and persons with HIV infection and AIDS. CDC’s HIV Prevention Marketing Initiative is a social marketing program to influence behaviors that contribute to the sexual transmission of HIV and other STDs. Contact NPIN and BLRS at 800-458-5231; 800-243-7012 (TTY); 301-562-1098 (Intl TTY); 301-562-1050 (Intl Fax). Or write NPIN or BLRS, PO Box 6003, Rockville, MD 20849-6003; e-mail info@cdcnpin.org.

Web: http://www.cdcnpin.org and http://www.brla-fha.org

Children’s AIDS Fund is dedicated to helping limit the suffering of HIV-impacted children through direct assistance and resources, as well as through technical assistance for their parents and caregivers. PO Box 16433, Washington, DC 20041; Phone: 703-433-1560; Fax: 703-433-1561

Commission on the Mental and Physical Disability Law serves people who have been discriminated against because of a disability, including people with AIDS, and offers several legal publications. Conducts research and provides training on legal issues regarding disability issues. Contact: 740 15th St, NW, 9th Floor, Washington, DC 20005-1009; (202) 662-1570; www.amanet.org

Congress of National Black Churches, Inc. works to reduce the disproportionate burden of ill health and premature death in the African American community through its National Health Program. Among the health areas addressed by CNBC is HIV/AIDS prevention and care in the United States and abroad. Contact: 1225 Eye St, NW, Ste 750, Washington, DC 20005; (202) 371-1091; www.cnbc.org

Council of Chief State School Officers Resource Center on Educational Equity HIV Education Project assists chief state school officers and state education agencies in: (1) providing effective education about HIV/AIDS within comprehensive school health programs and (2) building interagency and cross-sector collaborative efforts to improve health and educational outcomes for students, through its HIV/School Health Project. Contact: Public Information, One Massachusetts Ave, NW, Ste 700, Washington, DC 20001; (202) 408-5505; www.ccsso.org
RESOURCES

Join Together Online is a free resource on the Internet for communities working to reduce substance abuse and gun violence. The Web site offers information on current issues in the media, tools to make positive changes in your community, and support services for families and friends. Contact: 441 Stuart St, 7th Floor, Boston, MA 02116; (617) 437-1500; www.jointogether.org

The Learning Partnership publishes Straight Talk, a magazine-style health education and risk-reduction program for adolescents. A free copy of the HIV/AIDS issue is available to agencies seeking resources for World AIDS Day. Contact: The Learning Partnership, P.O. Box 199, Pleasantville, NY 10570; 1-800-551-7672 or FAX request to 1-800-769-5676

Metro TeenAIDS (Youth HIV/AIDS Prevention Service Organization) offers HIV education and prevention services for adolescents in communities of color. Contact: Metro TeenAIDS, 310 Townsend St., Ste 310, San Francisco, CA 94107; (415) 255-9355; metroteenAIDS.org

Mothers’ Voices is the only national, grassroots, non-profit organization that mobilizes parents as educators and advocates for children’s health and safety. Contact: Mothers’ Voices, 165 West 46th Street, Suite 701, New York, NY 10036; 1-888-movices or 212-730-2777; www.movices.org

The NAMES Project Foundation, custodian of the AIDS Memorial Quilt, honors those who have died of AIDS. It is a national, grassroots AIDS awareness, education and prevention resource with over 50 U.S. Chapters and 40 international affiliates. To display part of the Quilt for World AIDS Day, contact: The NAMES Project Foundation, 310 Townsend St., Ste. 301, San Francisco, CA 94107-1639; (415) 882-3500; www.aidsquilt.org

National AIDS Fund is dedicated to eliminating HIV disease as a major health and social problem. It works in partnership with the public and private sectors to provide care and prevent new infections—through advocacy, grantmaking, research and education—in communities and in the workplace. Contact: National AIDS Fund, 1400 I St, NW, Ste 1220, Washington, D.C. 20005-2208; (202) 408-4848; www.aidsfund.org

National Alliance of State and Territorial AIDS Directors is an alliance of state and territorial AIDS programs that administer HIV/AIDS health care, prevention, and support programs funded by states and the federal government. NASTAD provides counsel to policy makers and federal agencies to create a comprehensive AIDS agenda and provides technical assistance to improve programs nationwide. Contact: NASTAD, 440 North Capitol St, NW, Ste 339, Washington, DC 20001; (202) 434-8090; www.nastad.org

National Association of County and City Health Officials is the national voice of local health officials and provides education, information, research and technical assistance to local health departments. NACCHO’s HIV/AIDS project serves as a resource for negative information, contact with policy makers, and other agencies to plan new prevention efforts. Contact: NACCHO, 1100 17th St, NW, 2nd Flr, Washington, DC 20036; (202) 783-5550; www.naccho.org

National Association of People with AIDS (NAPWA) has programs for health, treatment, public policy, information and referral. Its spokespeople are available to arrange HIV-positive and affected individuals to speak at engagements nationwide. Contact: NAPWA, 1413 K St, NW, 7th Floor, Washington, DC 20005-3442; (202) 898-0414; www.napwa.org

National Catholic AIDS Network publishes a newsletter, sponsors an annual HIV/AIDS Ministry Conference, serves as a clearinghouse of information, provides education and technical assistance, and acts as a source of referral. Contact: National Catholic AIDS Network, P.O. Box 422984, San Francisco, CA 94142-2984; (707) 874-3031; www.ncan.org

National Center for Youth Law is a center supporting work to provide adolescents and children with the health care and legal services they need. The center addresses issues such as: HIV testing and treatment, confidentiality of services, financial assistance, and discrimination. Contact: 114 Sansome St, Ste 900, San Francisco, CA 94104; (415) 543-3307; email: info@youthlaw.org

National Coalition of Hispanic Health and Human Services Organizations provides training and technical assistance on HIV/AIDS issues to agencies serving Latino populations. Contact: COSSMAH, 1501 16th St, NW, Washington, DC 20036-1401; (202) 387-5000; www.coessma.org

National Conference of State Legislatures produces a variety of HIV/AIDS-related publications and provides research assistance to state agencies and staff on HIV/AIDS issues. Contact: NCSL, 1560 Broadway, Ste 700, Denver, CO 80202-5140; (303) 830-2200; or 444 N. Capitol St, NW, Ste 515, Washington, DC 20001; (202) 624-5400; www.ncsl.org

National Council of La Raza AIDS Center provides national capacity-building technical assistance and training to reduce the spread of HIV in the Hispanic community. Contact: NCLR, 1111 19th St, NW, Ste 1000, Washington, DC 20036; (202) 785-1670; www.nclr.org

National Education Association Health Information Network provides school employees with information on health issues of concern to students and school personnel. Contact: NEA Health Information Network, 1201 16th St, NW, Ste 521, Washington, DC 20036; (202) 822-7570; www.neahn.org

National Gay and Lesbian Task Force and Policy Institute works with government officials and with non-governmental professional, religious and advocacy groups in lobbying for general gay and lesbian rights issues and AIDS rights issues. Contact: NGLTF, 1700 Kalorama Rd, Ste. 101, Washington, DC 20009; (202) 332-6483; www.ngltf.org

National Hemophilia Foundation provides information on hemophilia and HIV/AIDS through its Hemophilia and AIDS/HIV Network for the Dissemination of Information (HANDI). Contact: 116 W. 32nd St, 11th Floor, New York, NY 10001; 1-800-42-HANDI; www.hemophilia.org

National Latina Health Network (NLHN) addresses critical public health concerns affecting Latinas and their families. Organizational goals include to strengthen, support and coordinate networks of Latina leaders in developing leadership constituency in the field of public health and to build Latinas’ local and national community health partnerships to enhance the quality of life of Latinas and their families. NLHN currently receives funding from the CDC to address the HIV/AIDS prevention needs of youth 16-24 years of age. Contact: NLHN, 1000 Thomas Jefferson St NW, Ste 309, Washington, DC 20007; (202) 965-9637; email: nlhn@erols.com

National Minority AIDS Council lends visibility, leadership, comprehensive technical assistance and a powerful voice to frontline AIDS workers in communities of color. Its member community-based organizations offer outreach, care, education, housing and support services. Contact: NAAC, 1931 13th St, NW, Washington, DC 20009; (202) 483-6622; www.nmac.org

National Native American AIDS Prevention Center Contact: 436-14th St, Suite 1020, Oakland, CA 94612, 510.444.2051, FAX: 510.444.1593, email: information@nnapc.org, www.nnapc.org

National Network for Youth strives to increase attention to children’s issues and key legislation affecting children—especially those who have fewer opportunities to grow up healthy, safe, and productive—through congressional testimony and working relationships with dozens of congressional offices and committees as well as 12 national coalitions. Contact: 3131 F St, NW, Ste 401, Washington, DC 20004; (202) 783-7949; www.nyn4youth.org

National Pediatric and Family HIV Resource Center UMDNJ provides consultation, technical assistance, and training for health care providers. It also explores public policy issues related to the care of
Presidential Advisory Council on HIV/AIDS provides nationwide information and perspectives not offered by their health care providers as well as does advocacy work with federal government agencies. It also acts as a clearinghouse for information on women’s health. Contact: NWNH, 514 10th St, NW, Ste 400, Washington, DC 20004; (202) 347-1140, or Clearinghouse (202) 628-7814

New Conservatory Theatre Center provides age-appropriate HIV prevention education for children ages 5-19 through touring theatre presentations. Contact: 25 Van Ness Ave, Lower lobby, San Francisco, CA 94110; (415) 861-4914; www.nctcsf.org

Pan American Health Organization (PAHO) works to improve health and living standards of the people of the Americas. It serves as the Regional Office for the Americas of the World Health Organization and as the health organization of the Inter-American System. The Organization’s essential mission is to strengthen national and local health systems and improve the health of the peoples of the Americas. Contact: Office of Information and Public Affairs, 525 23rd Street, NW Washington, DC 20037 Tel: (202)974-3458, Fax: (202)974-3143 3-mail: publinfo@paho.org

Planned Parenthood Federation of America provides nationwide maternal health services as well as testing and treatment for HIV/AIDS and other sexually transmitted infections and sexuality education. For the center nearest you, call 1-800-230-PLAN. Contact: 810 Seventh Ave, New York, NY 10019; (212) 541-7800; www.plannedparenthood.org

Presidential Advisory Council on HIV/AIDS was established by Executive Order in 1995. The Council advises the President on programs and policies which affect people living with HIV/AIDS. The Council interacts with the Secretary at the Department of Health and Human Services (HHS), the Director of the Office of National AIDS Policy (ONAP) at the White House, other Federal departments and agencies, state agencies, and private non-governmental community-based organizations. Contact: 736 Jackson Place, Washington, DC 20503, 202-456-2437

Project Inform provides information on the diagnosis and treatment of HIV disease and treatment; advocates for enlightened regulatory, research and funding policies affecting treatment; funds innovative research opportunities; and inspires people to make informed choices amid uncertainty. Their national HIV treatment information hotline is staffed by trained volunteers and provides HIV/AIDS treatment information to people living with HIV, their families, friends and service providers. Contact: David Evans, Program Services Director, 205 13th Street, Suite 2001 San Francisco, CA 94103, Phone: 415-981-9494, Fax: 415-558-0684, wwww.projectinform.org

Sexuality Information and Education Council of the U.S. (SIECUS) is a national, nonprofit organization which affirms that sexuality is a natural and healthy part of living. SIECUS develops, collects, and disseminates information, promotes education about sexuality, and advocates for the right of individuals to make responsible sexual choices. The SIECUS International Program provides training, resources, and technical assistance to organizations and individuals around the world which work on sexuality issues and sexual health. Contact: SIECUS Main Office, 130 West 42nd Street, Suite 350, New York, NY 10036-7802, Phone: 212-819-9770, Fax: 212-819-9776, e-mail: siecus@siecus.org, www.siecus.org

Substance Abuse and Mental Health Services Administration (SAMHSA) improves the quality and availability of prevention, early intervention, treatment and rehabilitation services for substance abuse and mental health, providing national leadership in AIDS policy and services. SAMHSA offers mental health and alcohol/drug abuse prevention and treatment services nationally. Contact: SAMHSA Office on AIDS, Rm. 12C-15, 5600 Fishers Lane, Rockville, MD 20857; (301) 443-3305; www.samhsa.gov

UNAIDS (Joint United Nations Programme on HIV/AIDS) is the leading advocate for global action on HIV/AIDS. Bringing together seven UN agencies in a common effort to fight the epidemic, UNAIDS is committed to expanding the international response to HIV on all fronts—medical, public health, social, economic, cultural, political and human rights. Contact: UNAIDS, 20 Ave Appia, CH-1211 Geneva 27, Switzerland; 011-41-22-791-3666; e-mail: unaid@unaids.org; www.unaids.org

U.S. Agency for International Development (USAID) is the U.S. government agency that administers the U.S. foreign development assistance program and has committed more than $1.1 billion to HIV/AIDS prevention activities since 1986 in over 50 developing countries worldwide. Contact: HIV/AIDS Division, USAID, G/PHN/HIV/AIDS, Rm. 1500 Independence Ave, NW, Washington, DC 20523; (202) 712-1279; www.infoaid.gov

U.S. Conference of Mayors provides grants for HIV prevention activities and technical assistance to mayors, community-based organizations and local health departments and conducts research on the impact of HIV at the local level, with funding from CDC. Publications are free for community-based organizations and local health departments. Contact: USCMAIDS Program, 1620 Eye St, NW, Washington, DC 20006; (202) 293-7330; www.usmayors.org/uscm

U.S. Department of Health and Human Services Office for Civil Rights works to end discrimination against qualified individuals with handicaps, including AIDS. Contact: Office for Civil Rights, 200 Independence Ave, SW, Rm. 509F, Washington, DC 20201; (202) 619-0400; www.hhs.gov

U.S. Equal Employment Opportunity Commission enforces federal antidiscrimination laws such as Title 1 of the Americans with Disabilities Act through investigation, conciliation, litigation, education and technical assistance. Contact: EEOC, 1800 L St, NW, Washington, DC 20507; (202) 663-4900; www.eeoc.gov

Universal Fellowship of Metropolitan Community Churches (UFMCC) HIV/AIDS Ministry Program works to develop a proactive response to the changing faces of HIV/AIDS in the world by developing, implementing and focusing on issues such as education, care, prevention and influence upon public policies. Contact: UFMCC, HIV/AIDS Ministry Program, 8704 Santa Monica Blvd., 2nd Floor, West Hollywood, CA 90069 - 310.360.8640; www.ufmcc.com

Until There’s A Cure Foundation raises funds for HIV/AIDS care services, fosters compassion for those affected by HIV/AIDS, promotes youth education and advocates for the development of a vaccine. Funds are raised through the sale of the Until There’s A Cure Bracelet—a simple band with a small raised awareness ribbon. Contact: UTM, 520 South El Camino Real, Ste 718, San Mateo, CA 94402; (650) 696-6360; www.untilt.org

Visual AIDS is a volunteer group of artists and art professionals who create and coordinate AIDS awareness programs such as the Ribbon Project, Day Without Art, Night Without Light, Electric Blanket and the Archive Project for artists with HIV/AIDS. It provides direct service to artists living with HIV/AIDS. Contact: Visual AIDS, 526 W 26th St, Rm S10, New York, NY 10001; (212) 627-9855; www.thebody.com/visualaids

White House Office of National AIDS Policy, Executive Office of the White House Office of National AIDS Policy. The White House Office of National AIDS Policy was created by President Clinton and Vice President Gore in 1993 to provide broad policy guidance and leadership on the Federal government’s response to the AIDS epidemic. ONAP is the White House liaison to community-based and national organizations involved in the discussion of the Federal response to the AIDS epidemic, and communicates their suggestions and concerns in the development of Administration policies. Among its responsibilities, ONAP works closely the Presidential Advisory Council on HIV/AIDS, which provides essential input into our efforts. ONAP also created and facilitates an Interdepartmental Task Force on HIV/AIDS. This Task Force serves to foster communication and coordination among those Federal agencies involved in HIV/AIDS policy and initiatives. Contact: 736 Jackson Place NW, Washington, DC 20503, 202-456-2437

American Association for World Health • 1825 K St, NW, Ste 1208 • Washington, DC 20006 • www.aawhworldhealth.org
# RESOURCES

## State & Territorial Contacts

**Alabama**
- Brenda Cummins
  - Dir. of Commn. & Training, HIV/AIDS Prev. & Confr.
  - Dept. of Pub. Hlth.
  - 334-206-5364

**Alaska**
- Carl Aronson
  - 907-269-8055

**Arizona**
- Mary M. Keever
  - MC Supv., HIV Counseling & Testing
  - Maricopa County Pub. Hlth. Clinic
  - 602-506-4323

**Arkansas**
- Robert L. Miller
  - BS, ME
  - Hlth. Ed. Super., Div. of AID/SSTD
  - Dept. of Hlth.
  - 501-661-2488

**California**
- Christopher J. Borges
  - CALIFORNIA
  - 303-692-2748

**Colorado**
- Thelma Craig
  - Epidemiologist, STD/AIDS Client Advocacy
  - Dept. of Pub. Hlth. & Env.
  - 303-692-2748

**Connecticut**
- Dorine A. Testori
  - Dept. of Pub. Hlth.
  - 860-509-7830

**Delaware**
- Barbara J. Sievers
  - Hlth. Prog.
  - 302-739-4744

**District of Columbia**
- Judith Johnson
  - LINCLSW
  - Chief Community Liaison & Comm.Division, District of Columbia
  - Dept. of Health Admin for HIV/AIDS
  - 202-724-9850

**Florida**
- Ricko Turner
  - Hlth. Svcs. & Faculty Consultant
  - Dept. of Hlth.
  - 850-244-4444 ext.
  - 2590

**Georgia**
- Christopher J. Borges
  - Assoc. Hlth. Prog. Advis.
  - Dept. of Hlth. Svcs.
  - 916-323-4316

**Idaho**
- Anne Williamson
  - Prog. Mgr., STD/AIDS Program
  - Div. of Hlth.
  - (208) 334-6527

**Illinois**
- June Myers
  - Info. Spec. HIV/AIDS
  - 201-524-5983

**Indiana**
- Mary Blis
  - HIV Services Specializ.HIV Prevention Counseling Trainer
  - Dept. of Hlth. Div. HIV/STD
  - 317-233-7015

**Iowa**
- Sara Peterson
  - RN, MA
  - HIV/AIDS Project Director
  - Dept. of Education
  - 515-281-7015

**Kansas**
- Patricia A. Young
  - RN, BS, CIC

**Louisiana**
- Andie Lee
  - HIV/AIDS Prog.
  - 504-568-5512

**Maine**
- Michelle L. Mosher
  - Prog. Dept. of Human Svcs.
  - 207-287-3525

**Maryland**
- Liza Solomon
  - MHS, DrPH
  - HIV Ed. Coor., Spec. Svcs. Team
  - Dept. of Ed.
  - 410-767-0353

**Massachusetts**
- Maryette Guerra
  - Dept. of Pub. Hlth.
  - 617-624-5338

**Michigan**
- Loretta Davis Satterla
  - Dir. of Div. of HIV/AIDS
  - Dept. of Community Hlth.
  - 781-388-3300 ex 6312

**Minnesota**
- Darrel A. Lang
  - PhD
  - HIV/AIDS Program Coord.
  - 507-287-3525

**Mississippi**
- Craig W. Thompson
  - Dir., Div./STD/HIV
  - Dept. of Hlth.
  - 601-576-7723

**Missouri**
- Elisa Nelsen-Daues
  - Dept. of Hlth.
  - 573-751-6144

**Montana**
- Margaret Souza
  - Bureau
  - Dept. of Pub. Hlth. & Human Svcs.
  - 406-444-2675

**Nebraska**
- Charles E. Housman
  - HHS
  - 402-471-9098

**Nevada**
- Sue Pickrell
  - ADAP Coordinator
  - HIV Div.
  - 775-684-5952

**New Hampshire**
- David Ayotte
  - Bureau Chief, STD/HIV Prog.
  - 603-271-4481

**New Jersey**
- Alfred Vasapoli
  - MA
  - Prog. Dev., Prev.& Ed. Unit
  - Dept. of Hlth. & Sr. Svcs.
  - 609-984-6050

**New Mexico**
- Charles R. Orr
  - Dept. of Hlth.
  - 601-359-3499

**South Dakota**
- Elisa Nelsen-Daues
  - Dept. of Hlth.
  - 573-751-6144

**South Dakota**
- Kevin Miller
  - Dept. of Elem. & Secondary Ed.
  - 573-751-3805

**State & Territorial Contacts**

**Texas**
- Charles R. Orr
  - Dept. of Hlth.
  - 601-359-3499
<table>
<thead>
<tr>
<th>State</th>
<th>Name</th>
<th>Title/Position</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Mexico</td>
<td>Lajuaan Lamb</td>
<td>Rural Cultural Harm Reduction Specialist for HIV Prevention</td>
<td>505-476-3634</td>
</tr>
<tr>
<td>New York</td>
<td>Bruce Groenewald</td>
<td>Comp. Health Coor.</td>
<td>718-955-3352</td>
</tr>
<tr>
<td>North Dakota</td>
<td>Karen Mongeon</td>
<td>TB/HIV/AIDS Prog. Mgr.</td>
<td>701-328-2377</td>
</tr>
<tr>
<td>North Dakota</td>
<td>Linda L. Johnson</td>
<td>Dir., Sch. Hth. Prog.</td>
<td>701-328-4138</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>Angela Street-Underwood</td>
<td>MSA                  HIV/Prev. Mgr</td>
<td>614-644-1838</td>
</tr>
<tr>
<td>Oregon</td>
<td>Sean David Griffiths</td>
<td>Coor., Commty. Based Prog. HIV/STD/TB Prog. Hlth. Div.</td>
<td>503-731-4029</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>Paula Lopes-Coleman</td>
<td>Health Promotion Spec., Office of HIV and AIDS</td>
<td>401-222-2320 x. 111</td>
</tr>
<tr>
<td>South Dakota</td>
<td>Chuck Kuykhas</td>
<td>HIV Prev. Coor./Director of AIDS</td>
<td>605-773-4898</td>
</tr>
<tr>
<td>South Dakota</td>
<td>Vickie L. Krogiser</td>
<td>Admin., STD/HIV Prog. Dept. of Hlth.</td>
<td>615-532-8510 or 605-253-2437</td>
</tr>
<tr>
<td>Vermont</td>
<td>Michael A. Bassett</td>
<td>Health Svcs. Resource Coord.</td>
<td>802-863-7217</td>
</tr>
<tr>
<td>Washington</td>
<td>Lauri Barker James</td>
<td>Clearinghouse Manager for HIV Prevention and Educational Services</td>
<td>360-586-3487</td>
</tr>
<tr>
<td>Vermont</td>
<td>Jacqueline Harrington</td>
<td>MS Spec., Ofc. of Integrated Soc. Svcs. Dept. of Ed. &amp; Secondary Ed.</td>
<td>401-222-4600 ext. 2369</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>Orlando Lopez</td>
<td>MD                      Exec. Dir. of PASET Prom. &amp; Prev.</td>
<td>787-274-3339</td>
</tr>
<tr>
<td>U.S. Virgin Islands</td>
<td>Dale Garee</td>
<td>Prog. Manager Comp. Health Dept. of Ed.</td>
<td>304-774-0101, ext. 3048</td>
</tr>
<tr>
<td>St. Croix</td>
<td>Barbara Francis</td>
<td>Clinic Manager STD/HIV/STD Prog. U.S. VI Dept. of Health</td>
<td>304-772-9501</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>Orlando Lopez</td>
<td>MD                      Exec. Dir. of PASET Prom. &amp; Prev.</td>
<td>787-274-3339</td>
</tr>
<tr>
<td>U.S. Virgin Islands</td>
<td>Dale Garee</td>
<td>Prog. Manager Comp. Health Dept. of Ed.</td>
<td>304-774-0101, ext. 3048</td>
</tr>
<tr>
<td>Vermont</td>
<td>Jacqueline Harrington</td>
<td>MS Spec., Ofc. of Integrated Soc. Svcs. Dept. of Ed. &amp; Secondary Ed.</td>
<td>401-222-4600 ext. 2369</td>
</tr>
<tr>
<td>Vermont</td>
<td>Lauri Barker James</td>
<td>Clearinghouse Manager for HIV Prevention and Educational Services</td>
<td>360-586-3487</td>
</tr>
<tr>
<td>Virginia</td>
<td>Fara Utu</td>
<td>Prog. Mgr. HIV/AIDS Dept. of Hlth.</td>
<td>611-584-2237</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>Bill Reiser</td>
<td>Prev. Spec., Div. of Hlth. AIDS/HIV Prog.</td>
<td>608-266-3073</td>
</tr>
</tbody>
</table>

**Resources**

American Association for World Health • 1825 K St, NW, Ste 1208 • Washington, DC 20006 • www.aawhworldhealth.org
**WORLD AIDS Day 2000 Event Follow-Up Report**

(Please evaluate any activity, no matter how small or large.) Please return your form by **January 15, 2001**.

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone</th>
<th>Fax</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please complete and return this form if you or your organization observed World AIDS Day 2000. Your ideas, comments, photos and clippings will be used to improve future resource booklets and may be included in AAWH's Report of Activities.

1. **Describe the event or activity you attended, participated in or organized. Please attach copies of materials from your event (especially photographs and newspaper clippings)**

2. **In what city was your event held? In what setting?**

3. **How did you publicize the event?**

4. **Is this your organization’s first World AIDS Day event or activity? If not, did participation change from previous events or activities? Why?**

5. **Estimate the number of people who participated and attended? Describe the participants (adults, children, adolescents, young adults, staff members of a club/organization, etc.).**

6. **Did you find the book helpful and easy to use? Please comment.**

7. **What was/were the most useful and least useful part(s) of this resource booklet?**

8. **What can we change in next year’s booklet to better help you plan for World AIDS Day 2000?**

9. **Put an “X” in the blank that best describes your receipt of the resource booklet.**

<table>
<thead>
<tr>
<th>Its arrival was</th>
<th>timely</th>
<th>too early</th>
<th>too late</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I grant permission to AAWH to use the description of our activity and attached photographs in AAWH's AIDS Report and/or in the 2000 World AIDS Day Resource Booklet.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Completed forms and attachments may be forwarded to

**American Association for World Health**

1825 K Street, NW, Suite 1208 • Washington, DC 20006 • fax: (202) 466-5896
WORLD AIDS DAY 2000 ITEMS

T-Shirt
White, 100% preshrunk cotton with ribbed collar and World AIDS Day graphic. $14 per T-shirt (minimum order of 6; any combination of sizes)

World AIDS Day Poster
Full-color poster depicting World AIDS Day 2000 theme. Suitable for framing—not folded; shipped in tube. $5 per poster (minimum order of 6)

World AIDS Day 2000 Resource Booklet
This 52-page resource guide provides the latest statistics on HIV/AIDS in the U.S. and worldwide. Plus useful tips on organizing a World AIDS Day event and numerous resources. $4 per booklet (no minimum order)

Red Ribbon Pin
This limited edition World AIDS Day pin is made of durable, high-gloss metal and is 1 1/2” in length with clasp. $5 per pin (minimum order of 12)

Order & Membership Information

Please join us...in our fight against HIV/AIDS and other global health challenges!
...and get a free AIDS T-shirt with your membership!


Yes! I want to become a member. Please send my free World AIDS Day T-shirt and recent publications.

Individual: $75  Friend: $125  Association: $250
Sponsor: $1,000  Patron: $2,000  Benefactor: $5,000

Check membership category, fill out form below and enclose with check.

AAWH Membership Form

World AIDS Day Order Form

To order, please use the form below and mail to:
American Association for World Health
1825 K Street, NW, Suite 1208
Washington, DC 20006

PAYMENT MUST ACCOMPANY ORDER
Make check/money order (in U.S. dollars) payable to “American Association for World Health.”

Orders will be filled in the order in which they are received and delivered no later than November 30 whenever possible. Orders received after October 23 will be filled based on availability only.

Shipping and handling charges:
Under $10 $3.00
$11-$15 $4.00
$16-$20 $5.00
Add $1.00 for each additional $10.

<table>
<thead>
<tr>
<th>Description</th>
<th>Size</th>
<th>Qty</th>
<th>@ Price</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>World AIDS Day Pins (min. 12)</td>
<td></td>
<td></td>
<td>$5 ea.</td>
<td></td>
</tr>
<tr>
<td>Booklets</td>
<td></td>
<td></td>
<td>$4 ea.</td>
<td></td>
</tr>
<tr>
<td>Posters (min. 6)</td>
<td></td>
<td></td>
<td>$5 ea.</td>
<td></td>
</tr>
<tr>
<td>T-Shirts (min. 6)</td>
<td>ADULT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>S</td>
<td></td>
<td>$14 ea.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>M</td>
<td></td>
<td>$14 ea.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>L</td>
<td></td>
<td>$14 ea.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>XL</td>
<td></td>
<td>$14 ea.</td>
<td></td>
</tr>
<tr>
<td>ADULT (Sizes S-XL 100% cotton)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtotal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ship/Hand</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Get T-shirt free!

<table>
<thead>
<tr>
<th>Description</th>
<th>Size</th>
<th>Qty</th>
<th>@ Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>World AIDS Day Pins (min. 12)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Booklets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Posters (min. 6)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T-Shirts (min. 6)</td>
<td>ADULT</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>S</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>L</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>XL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Add $1.00 for each additional $10.

Description Size Qty @ Price Total
World AIDS Day Pins (min. 12) $5 ea. $5 ea.
Booklets $4 ea. $4 ea.
Posters (min. 6) $5 ea. $5 ea.
T-Shirts (min. 6) ADULT S $14 ea. $14 ea.
M $14 ea. $14 ea.
L $14 ea. $14 ea.
XL $14 ea. $14 ea.
Subtotal $5 ea. $5 ea.
Ship/Hand $4 ea. $4 ea.
Tax $1.00 $1.00
TOTAL $10.00 $10.00

Membership form & check enclosed in the amount of $ __________

Name ________________________________
Organization ___________________________
Street (no box numbers) ____________________
City ________________________ State ______ Zip __________
Phone ________________________________

Yes! I want to become a member. Please send my free World AIDS Day T-Shirt and recent publications.

Individual: $75  Friend: $125  Association: $250
Sponsor: $1,000  Patron: $2,000  Benefactor: $5,000

Check membership category, fill out form below and enclose with check.
CAPS, Center for AIDS Prevention Studies http://www.caps.ucsf.edu/capsweb/index.html


CAPS. Do condoms work? 1996.


CDC. The Deadly Intersection Between TB and HIV. November 1999.


CDC. HIV/AIDS & U.S. Women who have Sex with Women (WSW), July 1997.


CDC. Condoms and Their Use in Preventing HIV Infection and other STDs. February 1996.


DOJ. Department of Justice http://www.usdoj.gov


GMHC. Gay Men’s Health Crisis homepage: http://www.gmhc.org


National Association of People with AIDS. Take the Test, Take Control Campaign Kit. 1999.


NIAID, National Institute of Allergy and Infectious Diseases: www.niaid.nih.gov


PAHO. Pan American Health Organization www.paho.org


Washington Post. Fighting AIDS. January 6, 2000

WHO Fact Sheet No.242. Women and HIV/AIDS. June 2000

WHO Fact Sheet No.239. Violence Against Women. June 2000


In 1982, six gay men responded to a crisis in our community — even before AIDS had its name. Today, Gay Men's Health Crisis continues to be at the frontlines of the epidemic — providing services for men, women and children affected by HIV in New York City, and prevention and advocacy across the nation and around the world. We're always out front when you need us. And, because AIDS is not over, we'll always be there.

Special Thanks to the American Association for World Health Member Cosponsors:

Automated Health Systems, Inc.  
Pittsburgh, Pennsylvania

Bayer Corporation, Pharmaceutical Division  
West Haven, Connecticut

Cedars-Sinai Medical Center  
Los Angeles, California

Horizon Mercy  
Trenton, New Jersey

ORC Macro International  
Calverton, Maryland

St. George's University School of Medicine  
Grenada, West Indies

Wyeth-Ayerst Laboratories  
St. Davids, Pennsylvania
Special thanks to the following whose support helped make this publication possible:

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
Gay Men’s Health Crisis
The 2000 World AIDS Day Advisory Committee