

Get Screened Oakland: The Highlights

Mayor Launches Get Screened Oakland

(Wednesday, June 27) On the steps of City Hall, Mayor Ron Dellums brought together members of the media and the Oakland community to launch the Get Screened Oakland Initiative, a benchmarking, citywide health collaboration that will focus attention on HIV. Joining the Mayor were City Councilmembers Ignacio De La Fuente and Jean Quan, Deputy Health Officer Dr. Mantu Davis, Ms. Desiree Rushing, an advocate living with HIV, and representatives from the initiative's partner organizations.

The goal of the initiative is to improve Oakland residents' understanding of HIV, to reduce transmission of the virus within the city, and provide greater and easier access to HIV screening (as well as to care and treatment when necessary). Get Screened Oakland is already combining the resources and expertise of city and county government, public and private community institutions, including hospitals and medical centers, not-for-profit partners like Kaiser Permanente, and private-sector partners like Gilead Sciences and Levi Strauss.

Goals of this Mayoral Initiative:

- Raise awareness of HIV
- Reduce HIV Transmission
- Routinize screening for HIV

"We have created an extraordinary collaboration that in my humble opinion will only grow," Mayor Dellums commented. "[E]veryone in Oakland should have the right to a healthy life and be able to make healthy choices," he said before calling HIV "an integral part of that concern." The Mayor then offered assurance that "In the next several months, we will work diligently to educate everyone in Oakland."

Mayor Dellums also used this opportunity to proclaim June 27 (which marks National HIV Testing Day) as Get Screened Oakland Day. And following the spirit of the new initiative, he participated in a community program and HIV Health Fair, which followed his announcement, and paused to get screened for HIV on the grounds of City Hall. Ninety-three other people were screened as well, and no results were positive.

It is estimated that Alameda County is home to over 1,700 people who are living with HIV—and it is likely that many don't know it. As Councilmember De La Fuente pointed out, of the 1.1 million Americans living with HIV, more than 200,000 are unaware that they have the virus. He also expressed the City Council's commitment to following the Mayor's lead on the Get Screened Oakland Initiative "so we can touch every corner of Oakland, and we can touch every person, no matter the language they speak, with the incredible help of a lot of the institutions and a lot of the people that are here [and] have been doing this work for a long time."

According to Mayor Dellums, it is the hope of the initiative's participants to eventually "be joined by the state government and ultimately by the federal government through CDC (Centers for Disease Control and Prevention)." And once that is done, the Mayor added, "this will be an unprecedented collaboration—from the local level

to the federal level, public-private partnerships, and philanthropy—that will have created this magnificent model to enhance the quality of life in the City of Oakland.”

Councilmember Jean Quan stressed the importance of looking at the HIV epidemic locally. Having just spoken with her son, who is working on HIV in Kenya and Uganda, Councilmember Quan reflected, “We know what’s going on in Africa.” Meanwhile, she continued, AIDS cases are starting to climb again “right here at home.”

“[W]e’re very proud to be one of the first cities—the first city in California—to launch a citywide campaign. And all I can say is don’t just think of Africa; think about particularly the young people in this city. If you’re a parent or you work with young people, urge them to get screened.”

“We need to have this dialogue with our young people...and make sure that this is a family thing, that we talk about [HIV], because it’s something that we can solve...we can save lives here.”

Deputy Health Officer Dr. Mantu Davis commended the Mayor’s Office and Council Members “for not only recognizing this issue, but also putting it out there that there are ways to get tested, creating the partnerships for that testing, and saying also that there are resources out there. HIV is no longer the disease that we have no treatment for.”

Dr. Davis’ sentiment was shared by Get Screened Oakland Advocate Ms. Desiree Rushing, who has been living with HIV for 21 years. She owes her success to an early diagnosis—something her sister, who was also HIV-positive, did not receive and “is no longer with us today.”

“I would like to say that, if you have not been tested, get tested,” Ms. Rushing advised the assembled crowd. “Today, we can live with the treatment *if* you get tested early. Not only that, we can have very good quality of life. I’ve had a very good life and I praise God for that.”

Dr. Carol Brosgart, Vice President of Public Health and Policy for Gilead Sciences said that, historically, CDC recommended testing people who were themselves as being at risk. However, recent studies in emergency rooms have found that, if HIV testing is limited to those who believe themselves to be at risk, half of the HIV-positive people who seek ER medical care would not learn of their infection at the time of service. “We’re going to start doing better by moving in a different direction,” Dr. Brosgart affirmed. “And that’s why the Centers for Disease Control [and Prevention] says it’s time to stop treating HIV as something ‘over there.’ It’s time to bring HIV into everyone’s living room, into every examination room, into every emergency room, and just make it part of routine care,” she concluded.

“We share the community alarm at the sharp rise of HIV/AIDS cases in Oakland, with a disproportionate representation among African Americans and Latinos—especially among young women and men,” stated Dr. Melanie Tervalon, Director of the Institute for Culturally Competent Care for Kaiser Permanente. Dr. Tervalon therefore was pleased, as a representative of Kaiser Permanente, to “join forces with Mayor Dellums and the City of Oakland in the effort to contain and reverse the devastating trends of HIV infection and AIDS in our communities.”

Stuart Burden, Director of Community Affairs for Levi Strauss, also expressed pleasure in being a partner with the Mayor’s Office, the City Council, and not-for-profit organizations on Get Screened Oakland. His only lament was that “there aren’t enough *private* partners up here today.” Continuing, he said, “In many parts of our work, we like to compete; we like to win. Well, this is an area where we want more partners. We want to see the entire corporate sector standing up here with us, because we do all have a role to play.”

With enthusiasm like that, Mayor Dellums’ “humble opinion” could be spot on: This extraordinary collaboration will only grow.

The Get Screened Oakland Initiative is staffed by Program Coordinator Marsha Martin, DSW, and Program Manager Adriann McCall. For more information on Get Screened Oakland, link to <http://www.getscreenedoakland.org>. To view a KTOP video of the initiative’s launch, go to <http://www.mayorrdellums.org/> and look under “Latest Announcements.”

Oakland Community News

Mayor's Deputy Chief of Staff Discusses Get Screened Oakland at Annual Research Conference

(Wednesday, July 25) Michelle Brown, Deputy Chief of Staff, Office of Mayor Ronald V. Dellums, spoke at the morning program for the National Institute of Mental Health's Annual International Research Conference on the Role of Families in Prevention and Adapting to HIV/AIDS. Ms. Brown delivered her remarks during the conference's Community Partnership Day whose theme was *Responding to the Social Context of HIV Risk: The Role of Families and Support Networks*. She outlined a family-focused health and HIV agenda, which included her recommendations for what families and community-based agency staff could do together to adapt to HIV's presence in families and prevent further infection.

Ms. Brown encouraged the audience to:

Be Confrontational: "We must confront what we know to be behavior that places us or our loved ones at risk. We cannot be shy about it. The virus operates in the margin of our silence."

Be Collaborative: "We all know that this work cannot be done alone. In order for there to be any level of success, the effort must be collaborative." All efforts are only as good as the entities making up the partnership," she continued. "Our effort cannot get so grand as to forget not only who is served but also with whom you labor in any worthwhile effort. Get Screened Oakland is our municipality's most recent collaboration on HIV. We have joined with service providers, community leaders, state and federal government officials, private industry, and families of every configuration to save lives—one test at a time."

Be Compassionate: "We must let the people in our families know we care. In all that we do to address HIV in our families, we have to let them know how much we care. Our patients, our community members, even those we pass in waiting rooms—*everyone* needs to know how much you care."

Speaking on behalf of Mayor Dellums, Ms. Brown also offered Mayor Dellums' vision of Oakland as a model city, one that has a healthy citizenry, safe and stable communities, and a government that is a partner with families in their efforts to respond to, and take care of, all illnesses and diseases that threaten hearts and homes, especially HIV disease. Stating that "HIV is not a local matter; it is a global one—and not because of the magnitude of the problem," Ms. Brown shared her understanding of contemporary global realities: "[S]omeone can now cough in Tokyo, and someone is affected in Toronto or Topeka." Concluding her remarks, Ms. Brown stated, "We are mutually dependent upon each other no matter where in the world we find ourselves. Because beyond the technology, we all belong to a network of mutual commitment, and the family has a crucial role to play."

Co-sponsored by the University of California, San Francisco, the three-day conference was held in San Francisco from July 25 to 27, 2007. The conference brought together families, advocates, providers, and persons living with HIV to discuss evidence-based, family-centered HIV intervention strategies. Also speaking during the morning program were Dr. Ellen Stover, Director of the National Institute of Mental Health and Dr. John Greenspan, Director of the University of California, San Francisco AIDS Institute, who announced a collaboration with the City of Oakland on the Get Screened Oakland HIV initiative.

For more information about the conference, contact UCSF, AIDS Research Institute.

Town Hall Meeting Draws Attention to Challenges in Accessing Health Care for Transgender Individuals

(Wednesday, July 25) “TRANSforming Health Care” is not only the title of a 17- minute training video, it was also the goal of a town hall meeting sponsored by the Lighthouse Community Center and Transgender Law. Held at the Elihu M. Harris State Office Building, the *Town Hall Meeting for Transgender Health Care Access* was attended by more than 100 transgender health advocates and members of the LGBTIQ community. This public forum provided an opportunity to hear from local elected officials, members of the transgender community, and health care providers.

The forum began with brief statements from Alameda County Supervisor Keith Carson, Berkley Councilmembers Kriss Worthington and Darryl Moore, and representatives from the offices of State Senator Ellen Corbett, State Assemblyman Sandre Swanson, and Assemblywoman Mary Hayashi. All of the speakers agreed they had a responsibility to ensure safety-net programs served all vulnerable populations, including transgender persons. Moreover, they agreed that health was an area where the state, through its statutory responsibility, should and could do more. Each of the officials committed to the following: 1) continuing to dialogue and data gather with the transgender community; and 2) increasing awareness among health care organizations and providers throughout Alameda County of transgender community’s need.

Following these formal remarks, Jo Ann Kielly presented a brief “Transgender Health101” curriculum, where she identified key issues in, and obstacles to, accessing health care in Alameda County. These included a lack of adequate health care coverage, an uninformed health care workforce, confusion about hormones and their contraindications with other medications, health care-provider confusion over body parts and which gender has which parts, and what the ongoing needs are for routine health care services and treatment. Finally, Ms. Kielly said that health care access must ensure safe bathrooms, safe waiting rooms, and user friendly/trans friendly health outreach programs that include trans persons on staff.

Participants also heard from more than a dozen transgender and intersex persons, each highlighting efforts to secure informed health care services. Many reported benefiting from the Tom Waddell Clinic in San Francisco and suggested that a health care clinic like it be developed in the East Bay community. Some trans speakers expressed the difficulty they had experienced when attempting to seek health care services for routine medical problems only to be rejected because the provider simply did not know what to do. Other trans persons mentioned the exhaustion they experience from having to serve in the role of teacher/trainer when dealing with traditional medical providers (hospitals, clinics, private offices). Marsha Martin, DSW, Program Coordinator of Get Screened Oakland and former head of the Administration of HIV Policy and Programs for Washington, DC, noted that HIV rates among transgender individuals in the U.S. capital have skyrocketed to a high of roughly 39%. What’s more, HIV rates for transgender people, in general, are needlessly high. Dr. Martin, therefore, encouraged attendees to join the campaign and invited them to meet with her to discuss the issue more fully.

The forum ended with a call to develop a plan for Transgender Health Care Access, training for all health care providers.

Other HIV News

Biomedical International Conference Held in Sydney, Australia

(Sunday, July 22 - Wednesday, July 25) The 4th IAS (International AIDS Society) Conference on HIV Pathogenesis, Treatment and Prevention convened in Sydney, Australia. Attended by more than 6,000 people from 133 countries, IAS 2007 explored the latest advances in HIV science, global scale-up of antiretroviral treatment, and biomedical prevention strategies. Scientists, HIV clinicians, and community leaders assembled to hear the latest in clinical research from some of the world’s leading experts in basic, clinical, and preventive science.

Opening Session

On Sunday evening, conference attendees were welcomed to the conference venue by the Descendance Cultural Group, an Aboriginal dance ensemble upon whose land the conference was being held. Through traditional dance and music played on the didgeridoo—an indigenous Australian wind instrument—conference attendees were invited to listen, learn, and dream. The opening session also featured presentations by IAS President Dr. Pedro Cahn, Local IAS Co-Chair Professor David Cooper, Drs. Michel Kazatchkine and Anthony Fauci, and Ms. Maura Elarpe.

“The science being presented in Sydney is not only about new advances in treatment and prevention—as important as those are—but also about how to support developing countries in strengthening health delivery systems to make those advances a reality for people in need and at risk.”

Dr. Cahn, IAS President & Director of Fundacion Huesped
in Argentina

“At the conference, we will hear reports of new and better drugs, showing advances in existing treatments as well as whole new classes of HIV medications,” said Prof. Cooper, Director of the National Centre in HIV Epidemiology and Clinical Research for the University of New South Wales in Australia. “If studies on early treatment, such as the proposed START trial, show the value of starting therapy early, then these drugs give us the tools to achieve the goal of life-long management of HIV disease,” he added.

Dr. Kazatchkine, Director of the Global Fund To Fight AIDS, Tuberculosis and Malaria, reported that the global response had matured from a place of demonstrated feasibility of scaling up treatment in resource-constrained settings and new opportunities in HIV prevention to the need to develop sustainability schemes and long-term financing strategies, such as health insurance. Workforce issues are now at the top of the global-response “To Do” list, according to Dr. Kazatchkine.

Dr. Fauci gave an overview and update in a talk entitled *HIV/AIDS 2007: Much Accomplished, Much to Do*. Taking attendees on a journey through time, Dr. Fauci began with the 1996 IAS Conference, held in Vancouver, Canada. At that time, the groundbreaking news was the development of a class of antiretroviral medications—protease inhibitors—that successfully treated HIV. Now, a little more than ten years after the introduction of that first class of antiretroviral drugs, a fourth class, known as integrase or entry inhibitors, is being introduced. Dr. Fauci also discussed the importance of HIV prevention. He emphasized that the use of prevention tools, such as condoms, vaccines, microbicides, and other biomedical tools is still key to turning the global pandemic around.

Ms. Elarpe, a nurse from Papua, New Guinea who has been HIV-positive since 1997, offered highlights from her work as an HIV-positive activist living in the South Pacific and stressed the need to protect the rights of HIV-positive women.

Plenaries

On the remaining days of the conference, a plenary session was held during the morning hours. Among the topics covered in these sessions were scaling up treatment, overviews of current knowledge and future research, and the clinical implications of an aging population. Highlights from these plenaries follow.

Monday, July 23: The HIV/Life Cycle

Featured presenters: Dr. Debrework Zewdie, Director of the World Bank Global HIV/AIDS Program; Dr. Michael Lederman, Professor of Medicine and of Pathology for Case Western Reserve University in Ohio; and Dr. Brian Gazzard, Chair of the British HIV Association

Dr. Zewdie spoke of the importance of maintaining and sustaining HIV treatment and clinical-research programs. Remark- ing that the dichotomy between treatment and prevention was a false one, Dr. Zewdie pointed out the synergies be- tween treatment and prevention and the powerful effect of their combined force on reducing the numbers of new infec- tions. In addition, Dr. Zewdie made the case for attendees to get involved in workforce-development efforts and she talked about her own experience as a participant in, and a product of, international scientific collaboration.

Dr. Lederman focused on how HIV causes illness. He said there is increasing evidence that immune activation is an im- portant component in the loss of white blood cells—a loss that leads to devastating immune deficiency. Developing a better understanding of how HIV causes illness would, therefore, help researchers to identify effective strategies for blocking HIV immune deficiencies.

Dr. Gazzard provided an overview of HIV and aging. Helping people to live longer has been one success of highly active antiretroviral therapy, he noted. And because of this extension in life expectancy, HIV’s effects on aging populations is an important area of study. Lending to this reasoning is the simple fact that HIV disease is not limited to the young; many individuals are newly infected at an older age. Conversely, Dr. Gazzard said the presence of HIV might accelerate certain diseases associated with aging, including cardiovascular disease and dementia. Additionally, age may reduce the effectiveness of some HIV medications.

Tuesday, July 24: Promising Research and the Road to Practice

Featured presenters: Dr. Robert Bailey, Professor of Epidemiology for University of Illinois at Chicago; Dr. John Rossi, Dean for the Graduate School of Biological Sciences at California’s Beckman Research Institute; and Dr. Joseph Eron, Professor of Medicine for the University of North Carolina’s Chapel Hill School of Medicine

Dr. Bailey spoke on the use of male circumcision as a biomedical prevention intervention in some African countries. More than 45 observational studies and three clinical trials provide evidence that male circumcision reduces the sexual transmission of HIV from women to men by more than 60 percent. About 30 percent of men worldwide are circum- cised, as are 67 percent of the men in most African countries, he reported.

Dr. Rossi and his colleagues are exploring the potential of using gene therapy to treat HIV. They plan to conduct trials to see if they can effectively combine several different antiviral genes in a single vector. In this research, T cells and, in some cases, other cells will be collected from HIV-positive individuals. The cells will then be genetically modified with RNA and reintroduced into the patients with a vector. The vector will help to inhibit HIV replication by targeting the virus itself, as well as a viral protein and a site on cells that interacts with HIV. Attacking these targets together provides a powerful defense against HIV, Dr. Rossi has found.

Dr. Eron discussed data on two new classes of drugs, integrase inhibitors and CCR5 inhibitors, as well as two new agents in the existing class of drugs known as non-nucleoside reverse transcriptase inhibitors. In clinical research, these new medications have provided great benefit to individuals who have become resistant to other drugs. They are most effective when combined with other active agents, according to Dr. Eron. Further, he reported, his research has shown that these new drugs provide the greatest benefit to patients with highly resistant HIV-1 when used in combination with other drugs.

Wednesday, July 25: Getting Ahead of the Curve

Featured presenters: Dr. Annette Sohn, Assistant Professor of Pediatric Infectious Diseases at University of California, San Francisco; Dr. Ben Berkhout, Head of Laboratory of Experimental Virology, University of Amsterdam; and Dr. Nancy Padian, Director, International Programs, University of California, San Francisco AIDS Research Institute

Dr. Sohn reported that only 15% of children living with HIV worldwide are receiving treatment for their infection, which emphasizes the importance of broadening treatment-access efforts. However, “the goals of treatment in children must be

balanced between halting the effects of HIV disease and the long-term effects of antiretrovirals on a developing child,” Dr. Sohn cautioned. Optimal times to initiate and switch medication for children have been revealed through clinical trials. Once treatment is initiated, providing support to parents and families is critical to improving adherence and to a reduction in treatment failure. Dr. Sohn also discussed the need for pediatric antiretroviral medications that are more potent and more tolerable.

Dr. Ben Berkhout brought attention to the enormous adaptability of HIV, which makes intervention extremely difficult. Dr. Berkhout’s research not only suggests that HIV-1 can become resistant to some antiretroviral medications, it can also become *dependent* on certain antiretroviral medications—making it extremely difficult for science to stay ahead of the virus. HIV quickly adapts to the host’s environment, mutating in the process. This adaptive process is what makes HIV resistant.

Dr. Nancy Padian closed this plenary session with a thorough discussion of current and promising HIV prevention technologies. These include pre-exposure prophylaxis, microbicides, vaccines for the Human Papillomavirus and herpes, and HIV antiretroviral treatment itself.

Special Session on HIV Testing

In addition to the plenary sessions, the conference included many workshops and special satellite meetings. Of particular note was a session on HIV testing, entitled *HIV Testing—Increasing access, increasing uptake, protecting human rights*. Sponsored by the World Health Organization (WHO), this session included comments by WHO’s HIV/AIDS Director Kevin De Cock, MD.

Dr. De Cock announced and discussed the publication of the new WHO recommendations for HIV testing, *Guidance on Provider-Initiated Testing and Counseling*. Based on a review of available HIV testing data and broad consultative processes, the new guidance builds on previous policies of WHO and UNAIDS and is consistent with CDC’s revised guidelines for HIV testing.

The guidance suggests HIV counseling and testing be recommended in all health facilities for the following populations:

- Adults, adolescents, or children who present in clinical settings with signs and symptoms or with medical conditions that could indicate HIV infection, including tuberculosis (TB)
- HIV exposed children or the children born to HIV positive women.
- Children with suboptimal growth or malnutrition, or malnourished children, in generalized epidemics who are not responding to appropriate nutritional therapy
- Men seeking circumcision as an HIV prevention intervention

The guidance further suggests that, in generalized epidemic settings, HIV testing and counseling be recommended to all patients in all health facilities, including medical and surgical services, public and private facilities, inpatient and outpatient settings, and mobile and outreach medical services.

In concentrated and low-level epidemics, the implementation of provider-initiated HIV testing and counseling should additionally be considered in:

- STI (sexually transmitted infection) services
- Services for populations most at risk
- Antenatal, childbirth, and post-partum health services
- TB services

Other key points in the WHO/UNAIDS guidance for provider-initiated HIV testing and counseling in health facilities include the following:

- All HIV testing must be voluntary, confidential, and undertaken with the patient's consent.
- Patients have the right to decline the test. They should not be tested for HIV against their will, without their knowledge, without adequate information, or without receiving their test results.
- Patients should receive support to avoid potential negative consequences of knowing and disclosing their HIV status, such as discrimination or violence.
- Testing must be linked to appropriate HIV prevention, treatment, care, and support services.
- Provider-initiated HIV testing and counseling is not, and should not be, construed as an endorsement of coercive or mandatory HIV testing.
- When implementing provider-initiated HIV testing and counseling, equal efforts must be made to ensure that a supportive social policy and legal framework is in place to maximize positive outcomes and minimize potential harm to patients.

New Illinois Law Could Increase HIV Testing

On June 27—National HIV Testing Day—Illinois Governor Rod Blagojevich signed legislation into law that will streamline the process of HIV testing and thus, supporters hope, make such testing a routine part of medical care, the *Chicago Tribune* reported (June 28). “We’ll be able to help people who test positive receive proper care earlier than they may have in the past and help reduce the spread of HIV,” Governor Blagojevich stated in the *St. Clair Journal* (July 3).

The legislation, which will go into effect on June 1, 2008, will enable medical providers to test for HIV once they have secured oral consent from a patient—a measure that will eliminate the paperwork required in written consent. As noted in the *Chicago Tribune*, when patients give consent, they will receive pre-test information on HIV and how to interpret test results. Positive test results must be delivered in person, and doctors must provide HIV-positive patients with referrals to appropriate counseling and medical providers. Patients will, however, maintain the option of declining the test. According to Illinois Senators La Shawn Ford and Carol Ronen, the change in law will increase the number of Illinois residents who are tested for HIV and increase awareness of an individual's HIV status, the *St. Clair Journal* reported.

While easing the process will likely make HIV testing more common and increase early detection of the virus, it will not eliminate the need for preventive measures, Representative Greg Harris cautioned in the *Chicago Tribune*. “We can't deceive ourselves that we can test our way out of the epidemic,” he said. “We must also teach our way out.”

Sources: “New law allows HIV tests with just spoken Consent”; Garcia, Monica; *Chicago Tribune Web Edition*
“New law makes HIV testing routine,” Murray, Haley; *St. Clair County Journal*.

Trojan Condom Commercial Receives Mixed Reviews from TV Networks and Affiliates

A new commercial for Trojan condoms has drawn mixed reviews from broadcast networks ABC, CBS, Fox, and NBC and some of their local affiliate stations in Philadelphia, PA and Seattle, WA—locations where Trojan hoped to air the spot with more frequency to see if it would affect condom sales, *The New York Times* reported (July 16).

The setting of the ad is a bar full of beautiful women and pigs. The camera tracks one pig as it approaches a number of women who share at least one thing in common: a complete lack of interest in their boorish suitor. The pig then exits the bar and buys a condom at a vending machine. Once the condom is purchased, the pig transforms into an attractive young man who, on re-entering the bar, immediately catches the eye of an equally attractive woman. The commercial closes with the text: Evolve. Use a condom every time.

The commercial was rejected by two broadcast networks: CBS and Fox. CBS found it to be “not appropriate,” and Fox criticized its message that “condoms can prevent pregnancy,” *The New York Times* revealed. What's more, the two networks' local-affiliate stations in Pittsburgh also refused to place it in the advertising slots they control. And although the ABC and NBC broadcast networks agreed to air the commercial in their designated advertising slots, their respective Pittsburgh-affiliate stations refused to do the same.

According to the *Times*, General Manager Ray Carter of Pittsburgh's NBC affiliate offered this justification for the rejection, "The spot was pretty clever but not one that we thought was appropriate for the market." Although Rick Henry, General Manager of Pittsburgh's ABC affiliate was unavailable for comment, he had informed Trojan in written that his station "will not accept or air advertising for Trojan or any other advertiser in the category."

In Seattle, the ad met with greater acceptance. Every local station that Trojan approached agreed to air it—even the affiliates for CBS and Fox, whose broadcast-network partners had refused to air it.

Mr. Daniels informed the *Times* that he saw hypocrisy in networks' acceptance of ads for products to treat erectile dysfunction and herpes, but not condoms. However, he also acknowledged "there is a lot of support for the commercial and the general sense of advocating comprehensive sex education." For example, Cecile Richards, President of Planned Parenthood, stated to the *Times*, "Next year, it's estimated that four million people in this country will get a sexually transmitted infection. The fact that Fox and CBS want to sell sex on TV and yet they don't want to run ads about prevention is disgraceful."

Adding his voice to the chorus of support, Michael Weinstein, President of the AIDS Healthcare Foundation observed, "These networks are celebrating a free sexual lifestyle in their programming, but refusing to talk about it in their advertising. The big problem in this country is we're hedonistic in our behavior and moralistic in our attitudes. We don't have an open discussion about our sexuality, and the price of not being open is millions of sexually transmitted infections."

The Trojan ad is available for viewing online at <http://www.trojanevolve.com/>. According to *The New York Times*, the commercial drew more than 400,000 unique views from June 18 to July 16.

Source: "With Condoms in Particular, Local Stations Can Say No"; Newman, Andrew Adam, *The New York Times*

In Singapore, Rapid Tests May Become More Widely Available, But Their Anonymity Still Under Debate

HIV rapid-test kits are likely to be available at more sites within Singapore. Currently, the kits are available at only three clinics, which are participating in an anonymous-testing pilot program, *Today*, an online news source, reported (July 31). However, as availability of the rapid test expands, the availability of anonymous testing will not.

A recent survey of patients using the pilot-program sites revealed that the HIV incidence rate at the three clinics with anonymous testing was 8-in-678—a much higher incidence than the 1-in-350 that the Ministry of Health (MOH) found in a recent random sampling of 3,000 anonymous blood samples. The MOH conceded to *Today* that voluntary, anonymous testing is gaining more acceptance. "We are encouraged that more people have been coming forward for HIV testing at the [pilot-program] sites," an MOH spokesperson said. What's more, the survey revealed that most of those who tested anonymously were unmarried, heterosexual, Chinese men under the age of 40—one of Singapore's high-risk groups and thus a demographic in need of testing.

More conventional HIV blood tests are offered at many hospitals, but the results of these tests are not anonymous. They are provided to the MOH authorities, who then inform the patient's sexual partners—which, *Today* reports, is the biggest barrier to voluntary testing. Yet partner notification does provide the government with a greater opportunity to prevent the spread of HIV.

Nevertheless, Dr. Chua Thiam Eng, a general practitioner, supports expansion of anonymous testing, explaining to *Today* that while there is no guarantee a person who tests positive will tell their partners, "the fact that these people get tested in the first place points to a level of personal responsibility."

Source: "Faster HIV tests at more places"; Tay, Sheralyn; *Today (Online)*

Community Calendar: Upcoming Events and Dates to Keep in Mind

August 2007

Sun. 8/26 Taste and Test, Volunteers of America, 90th and Bancroft Streets, Oakland, CA.
www.voaba.org

September 2007

Sat. 9/1 – Mon. 9/3 Art & Soul, Downtown Oakland, 8th – 16th Streets, (free HIV screening) Oakland, CA.
www.artandsouloakland.com

Sat. 9/8 East Bay AIDS Walk, Edoff Memorial Bandstand, Lake Merritt, Oakland, CA. 9 AM – 2 PM
www.eastbayaidswalk.kintera.org

Wed. 9/26 – Sat. 9/29 Annual Legislative Conference (including HIV/AIDS Braintrust), Congressional Black Caucus Foundation, Washington, DC www.cbefinc.org

October 2007

Tu.. 10/23 – Fri. 10/26 Black Church Institute on HIV/AIDS and other Health Disparities, Balm in Gilead, Hilton Head Island, SC. www.balmingilead.org

November 2007

Wed. 11/7 – Sat. 11/10 U.S. Conference on AIDS, National Minority AIDS Council (NMAC), Palm Springs, CA.
www.nmac.org

December 2007

Sun. 12/2 – Wed. 12/5 National HIV Prevention Conference “Promoting Synergy Between Science and Programs”
Atlanta, GA www.namc.org

January 2008

Th. 1/24 – Sun. 1/27 4th Annual National African American MSM Leadership Conference on HIV/AIDS “Breaking Barriers, Moving Forward”, National AIDS Education and Services for Minorities, Inc (NAESM), Oakland, CA. www.naesmonline.org