

## Get Screened Oakland: The Highlights

### Get Screened Oakland Collaborates with CAL-PEP at Art and Soul Festival: 163 Screened for HIV

“Hi. How are you? We are screening for HIV today. Have you had an HIV test recently? Do you know your HIV status?” These are some of the questions that Get Screened Oakland asked over the long weekend. The campaign was on hand, offering information, condoms, and HIV screening tests to the more than 60,000 visitors to Art and Soul—Oakland’s premier music festival, which takes up residence downtown every year on Labor Day weekend.

Partnering with California Prevention Education Project (CAL-PEP), Get Screened Oakland set up a booth and talked with festivalgoers about HIV, the new HIV rapid test and the ease of testing, HIV prevention, and HIV community services. On each of the three days, festivalgoers stopped by the booth at 12<sup>th</sup> and Jefferson, near the Jazz stage, and chatted with HIV prevention and outreach staff from CAL-PEP, the Downtown Youth Clinic and Get Screened Oakland. On-site testing was provided in CAL-PEP’s two mobile units.

On Saturday, September 1, the focus was on Oakland’s youth. CAL-PEP, working with Ise Lyfe, recruited teams of young people from the community to distribute palmcards to other youth attending Art and Soul. On the palmcards were messages encouraging young people to stop by the booth, pick up HIV prevention literature, and get tested. When Mylan, a local DJ, arrived with his CDs and spinning console, the youth got to hear “their music” while at the booth.

Conversations with the young people who stopped by the booth to learn about HIV and/or took the test revealed some understanding about HIV, the virus, and about HIV transmission and how to use condoms. Many reported that they learned about HIV in school. In addition, many of the youth, young men and women alike, reported that they had become sexually active at ages 14 and 15.

Of the sixty-three tests that were administered on Saturday, fifty were taken by young people between the ages of 13 and 24. Young people who tested and then returned to receive their test results became eligible to win a 32-inch high definition television. In addition to the television, those receiving their test result were also eligible to win free movie passes.

Testing continued throughout the weekend with the focus shifting from youth to those aged 25 and older: young men, young women and couples. Many who stopped to look at materials at the booth were unaware of the new testing recommendations; that is, for HIV screening to become a routine part of one’s health care. When describing the “twenty minute test,” many were pleased to learn that they could take an “oral fluid” test and not “give blood.”

Get Screened Oakland wishes to thank CAL-PEP and the screeners who worked to make the HIV outreach at this year’s Art and Soul festival a success. Specifically, a shout out goes to Sonya Richey, Ebony Smith, Levelle Brevard, Michael Benjamin, Leslie Speers, Carla Wright, Lania Watkins, Bill Stewart, and Lizette Green from the Downtown Youth Clinic. Get Screened Oakland was also pleased to partner with Gloria Lockett, Carla Dilliard Simth and the folks at CAL-PEP as we work together to increase HIV screening through outreach events and special community initiatives.

## **Business Responds to AIDS Comes to Oakland**

Armed with the campaign slogan, “Stopping AIDS is Everyone’s Business,” Tazima Jenkins is working to increase Oakland businesses’ community response to HIV. As the Coordinator of Business Responds to AIDS, Ms. Jenkin’s task is to help prepare the Oakland workplace to promote HIV awareness and encourage HIV workplace policy implementation. She visited Get Screened Oakland in August to talk about her program.

Sponsored by the Centers for Disease Control and Prevention (CDC), and administered by the Alameda County Office of AIDS, Business Responds to AIDS aims to work with small businesses throughout Oakland and to support their efforts to promote a healthy work environment when it comes to HIV. Specifically, merchants in neighborhoods with high HIV prevalence (high numbers of persons living with HIV) are asked to participate by doing one of the following:

- Display and distribute free HIV point-of-purchase materials (e.g. grocery bags, coffee-cup sleeves, or register receipts with a printed message)
- Invite HIV peer educators to employee meetings at the workplace
- Sponsor a local community-based organization to conduct HIV testing at the workplace
- Sponsor a World AIDS Day event

During her visit, Ms. Jenkins described how participation in Business Responds to HIV can change the “bottom line” for businesses that participate in efforts to reach all persons living with HIV. Given national statistics, it is likely that about one in four people living with HIV in Alameda County do not know they have it. Diagnosing HIV infection sooner rather than later can mean a healthier life, thereby decreasing absenteeism and reducing the need for employers to replace workers and/or find new hires.

Get Screened Oakland is pleased to work with Ms. Jenkins and her Business Responds to AIDS partners. Over the next few months, the citywide screening campaign and Business Responds to AIDS will be working together to reach all the barber shops, hair salons and beauty shops, day spas, nail salons, health clubs, neighborhood markets, liquor stores, restaurants, and food vending vans that serve Oakland and the greater Alameda community. Small businesses will be asked to tailor the response to meet the needs of their customer base. Today everyone can play a role in prevention of HIV.

For more information about Business Responds to AIDS or to learn how to become a Business partner contact Tazima Jenkins Barnes at (510) 873-6521 or Cora Jenkins at [Cora.Jenkins@acgov.org](mailto:Cora.Jenkins@acgov.org)

## **Q&A on HIV disease, HIV Screening and the Get Screened Oakland Campaign**

Since Get Screened Oakland’s launch earlier this summer (June 27), many people have expressed interest in learning more about the campaign, HIV screening tests, and HIV itself. This article provides answers to frequently asked questions (FAQs) in these three topic areas. The questions will also appear in three separate fact sheets, organized by topic, on Get Screened Oakland’s website, [www.getscreenedoakland.org](http://www.getscreenedoakland.org). Feel free to download and distribute.

### **Get Screened Oakland FAQs**

#### *What is Get Screened Oakland?*

Get Screened Oakland is a new public-private partnership in public health. As a strategic response to Oakland’s HIV epidemic, the partnership is designed to increase the number of Oakland residents who know their HIV status.

The U.S. Centers for Disease Control and Prevention has issued new public health guidelines that recommend everyone between the ages of 13 and 64 know their HIV status.

#### *What are the goals of Get Screened Oakland?*

The goals of Get Screened Oakland are:

- ◆ To make HIV screening a routine part of all medical care and services in Oakland
- ◆ To increase the number of Oakland residents who know their HIV status by offering, and increasing the availability of, routine HIV screening
- ◆ To raise awareness and inform the public about HIV
- ◆ To reduce the incidence and prevalence of HIV in the greater Oakland community

*How does Get Screened Oakland work?*

Get Screened Oakland works with community-based agencies, hospitals, clinics, physician groups, and managed care organizations to determine the most effective and efficient strategy for implementing routine HIV screening for their clients. During site visits and follow-up meetings, organizations are invited to partner with Get Screened Oakland. Get Screened Oakland also sponsors town-hall style meetings to discuss HIV and community needs. From time to time, Get Screened Oakland offers HIV screening through sponsorship of community health fairs and HIV outreach events.

*How did Get Screened Oakland begin?*

Get Screened Oakland developed as an outgrowth of dialogue between Mayor Ronald V. Dellums, two local filmmakers, Abby Ginzberg and Dedocio Habib, and community foundation executives early in the new administration. Get Screened Oakland is now a collaborative initiative of the Mayor's Office, the Alameda County Department of Public Health's Office of AIDS, and the greater Oakland community.

*How is Get Screened Oakland staffed and housed?*

Marsha Martin is the Get Screened Oakland Coordinator, Adriann McCall is the Program Manager, and Philip Huang is the Outreach Coordinator. More staff will be coming on board as the need arises.

Under the direct supervision of Mayor Ronald V. Dellums and his Deputy Chief of Staff, Michele R. Brown, Get Screened Oakland is currently housed in City Hall, but it will soon move to new offices downtown.

*How is Get Screened Oakland funded?*

Get Screened Oakland is a collaborative initiative supported by city funds, local grants, and corporate and foundation gifts. Initial supporters include Levi Strauss Foundation, San Francisco Foundation, East Bay Community Foundation, Gilead Sciences, Kaiser Permanente, the City of Oakland, and Alameda County.

*Are there funds available to assist partner agencies?*

Yes. Get Screened Oakland is prepared to assist partner organizations with free HIV screening test kits, small infrastructure capacity expansion grants, and sponsorship grants for community HIV outreach events.

*Will technical assistance and training be available for partner organizations?*

Yes. Get Screened Oakland is currently working with state and local HIV training programs and technical assistance providers to develop a technical assistance program for Oakland agencies and health organizations desiring to partner with Get Screened Oakland.

Get Screened Oakland is also developing HIV screening protocols that are suitable for the Oakland community and specialized training programs in HIV screening for partnering institutions. This work is being done in collaboration with manufacturers of HIV rapid tests, a large managed care organization, and several pharmaceutical companies.

## HIV Screening FAQs

*Why the focus on HIV screening?*

The Centers for Disease Control and Prevention (CDC) has estimated that 25% of people living with HIV in the United States today do not know they are infected. The CDC further estimates that 80% of all new HIV transmissions occur because individu-

als are unaware of their HIV status. Research shows that individuals who have been screened for HIV and are aware of their HIV status make healthy decisions and healthier choices. As a result, they are more likely to maintain their own good health and protect their loved ones from infection.

*Where should routine HIV screening be offered?*

The Centers for Disease Control and Prevention recommends that HIV screening tests be offered as a part of regular and routine visits to doctors' offices, emergency rooms, community clinics, mental health and addiction treatment facilities, student health services and STD/TB clinics, reproductive health and family planning programs, and health outreach programs.

*What will an HIV screening test tell me?*

An HIV screening test will let you know if you have been infected with HIV. It checks for HIV antibodies, which your body makes and uses to fight off HIV infection. The presence of HIV antibodies means you have been infected with the virus.

*Can I learn my HIV status right away?*

The only way to learn your HIV status is to get tested for HIV. There are different types of HIV screening tests, and they have different wait times for results.

An HIV rapid test provides a result in 20 minutes. This test involves a collection of either oral fluid (from a swab of the gums) or a small drop of blood (from your finger). Rapid-test results are quite accurate, but any positive result must be confirmed by a second test before a diagnosis can be made. It takes about a week to get the results from this second test.

You can also choose to take a conventional HIV test, which requires a wait of about a week for your results. For these tests, there are three possible sample types: 1) a blood sample from your vein; 2) an oral fluid sample from your mouth; or 3) a urine sample.

All of the HIV tests are equally accurate. All are done in a confidential manner.

*What do HIV screening tests (or HIV tests) "test" for?*

When a person is infected with HIV, the body's immune system produces tiny proteins, called HIV antibodies, to fight the virus. HIV screening tests check for these antibodies. They do not check for HIV itself.

HIV antibodies aren't in your body unless HIV is also in your body. All HIV screening tests check for the presence of HIV antibodies.

*What does it mean if the test is negative?*

A negative result means that the test did not find any HIV antibodies.

But once a person is infected with HIV, it takes three to six months for the body to produce enough HIV antibodies for the test to "find" them. So it's possible for a newly infected person to receive a negative test result, because the body hasn't had enough time to produce a detectable amount of HIV antibodies.

For this reason, it is advisable to get a second test three to six months after receiving a negative result. A second test is the only way to know for sure that you were not infected at the time of the first test, but before your body had time to produce HIV antibodies.

If you are negative, it is important to learn how to stay that way. Ask your health care provider or HIV outreach worker to help you understand what the result means for you.

*What does it mean if the test is positive—and what do I do?*

A positive result means that HIV antibodies may be present in your body. This result must be confirmed by a second test, called a confirmatory test.

*What does it mean if the confirmatory test is positive—and what do I do then?*

If your confirmatory test comes back positive, ask your health care provider or HIV outreach worker to help you understand what the result means for you.

There is care and support for you. New treatments can help keep you healthy. It is important to see a doctor in order to discuss your options. Even if you do not feel sick, medical care and additional laboratory tests can help determine your course of action.

## FAQs about HIV Disease

*What are HIV and AIDS?*

HIV is an abbreviation for *human immunodeficiency virus*. Over time, this virus weakens the body's ability to fight off infections and cancers. But it is possible to have the virus for years before any signs of illness occur.

AIDS is *acquired immunodeficiency syndrome*. AIDS is diagnosed in people living with HIV when the virus has resulted in: diagnosis of one or more illnesses in a set of "AIDS-defining" illnesses; a reduction in the number of CD4 cells (which are specialized cells of the immune system that protect against infection); and on-going health problems.

You can have HIV disease and not have AIDS, but anyone who has been diagnosed with AIDS has HIV.

*How is HIV transmitted?*

HIV lives in blood and other body fluids (semen, vaginal fluids, and breast milk). HIV can be transmitted through the sharing of injection equipment (needles, syringes), sex (vaginal, anal, and oral), and from a mother to her fetus/infant during pregnancy, labor, or through breast-feeding. It is also possible, though very rare, for HIV to be transmitted through a blood transfusion. Not sharing injection equipment and correct and consistent use of condoms significantly reduce the risk of HIV infection.

HIV is not transmitted through hugging, holding hands, sharing a meal, working, dancing, swimming, or sharing a ride with someone who has HIV. And HIV is not spread through contact with the tears, sweat, or saliva of a person with HIV.

*Is there a cure for HIV?*

No. HIV infection is a life-threatening, infectious disease for which there is no cure.

*Are there medicines for HIV?*

Yes. There are medicines that can keep you healthy if you are infected with HIV. However, no matter how effective these medicines are, they are not a cure for HIV. The anti-HIV medicines work to reduce the amount of virus in the body. However, the virus is never totally eliminated from the body.

*How many people in the U.S. have HIV?*

At the end of 2003, over one million people (an estimated 1,039,000 to 1,185,000) were living with HIV. This estimate includes people who also have an AIDS diagnosis.

*How many people in the U.S. have died from AIDS?*

For the years 1981 to 2005, an estimated 530,756 deaths in the U.S. are attributed to AIDS.

## Oakland Community News

### **AIDS WALK East Bay: It Is “Walk the Talk” Weekend at Lake Merritt**

On Saturday, September 8, hundreds of Oakland residents will meet to “walk the talk” for people with HIV as well as the agencies working to provide services and support to those living with and at risk for HIV. This year marks the third year of AIDS Walk East Bay. Join your friends and colleagues from Bay area HIV service organizations, form a team, and come to Lake Merritt on Saturday morning. For more information about the AIDS Walk East Bay, log on to [www.eastbayaidswalk.kintera.org](http://www.eastbayaidswalk.kintera.org). See you Saturday.

### **Get Screened Oakland Visits Project Open Hand’s New New East Bay Center**

During the coming months, Get Screened Oakland will visit community-based agencies and clinics, hospitals, community health centers, and faith-based organizations serving people living with HIV in Oakland and the greater Alameda County area. Last month, Get Screened Oakland visited Bay Area’s Project Open Hand in their new Oakland home.

#### **A visit to Project Open Hand**

Begun in 1985 by Ruth Brinker, a retired grandmother whose HIV-positive neighbor died from malnutrition, Project Open Hand provides *meals with love*—food and nourishment to thousands of eligible men, women, and children in San Francisco and Alameda County. Project Open Hand provides meals and groceries for people with symptomatic HIV/AIDS, congregate lunches for people over 60 years of age, and meal services for homebound and critically ill people under the age of 60.

Having opened their new East Bay Grocery Center earlier this year, Project Open Hand has added the experience of shopping with choice to their list of services. In the past, clients would receive pre-packed bags. Now, clients at the East Bay Grocery Center can choose everything that goes into their grocery bag, including fresh produce, fresh fish, cheese, eggs, and can and dry goods. Clients are able to choose from already prepared meals as well.

Michael Haritos, Project Open Hand’s East Bay Program Manager told Get Screened Oakland that the number of people “shopping” at the current facility has increased since the grocery center changed its approach to include choice.

Project Open Hand depends on volunteers. Over 125 volunteers are needed every day to aid in the preparation, packaging, and delivery of meals, as well as distribution of groceries, in both their San Francisco and Alameda County locations. In the East Bay Grocery Center on San Pablo Avenue, individuals wishing to volunteer are invited to attend one of the one-hour orientation sessions, held at 6:00 p.m. on the first and third Wednesdays of the month.

For information about Project Open Hand, 3443 San Pablo Avenue, Oakland, CA 94608, go to [www.openhand.org](http://www.openhand.org). For more information about volunteering, call (510) 622-0221.

## Words from the Community

### **the real dis/ease**

we make distinctions  
between the types of penetration  
that lead to this phantom  
ravishing bodies the earth over  
needle  
hetro or homosex  
none of which this disease respects  
but we hold to categories  
as if they are what will save us  
sort out good victims  
from bad ones

we give up  
before we even try  
fail to have faith  
that hope awaits  
is just around the corner  
and so we manage this disease  
like we cannot live without it  
like a ghost we invite in our homes  
because we feel more human  
being afraid  
and I am one  
calling for an exorcism  
and end to this uninvited guest  
living in my body  
living in our homes  
spreading its terror across the planet

we are not angry enough  
do not insist on emergency response  
to this natural disaster  
we have lived with for decades  
and so the earth will continue to quake  
roll high tide into land  
flood tears of the dying into our streets  
until we become unafraid  
to tell the truth:  
this is, perhaps, the greatest travesty  
our world  
has ever ignored.

but we can begin movements  
starting with our prayers and our policies  
to forgive our silence  
welcome the winds of change  
into our breaths  
until we ex-hell this shame  
this ball of indifference  
stronger than our fear of unknowns  
and breathe easier  
knowing that the weight of change  
is something we can sense  
in the air

the real dis/ease  
is not the disease itself  
but its most insidious conspirator  
everything  
that keeps our mouths shut  
while people die  
while infections rise  
like stats themselves  
because we fear  
what this dis/ease confirms:  
our delusions of difference  
are stronger  
than the togetherness  
we need in order to survive

when children everywhere  
are born to live  
when they are no longer  
waiting  
for hospice hands to take them  
for beds on which to die  
then the maybe  
we will have found  
a vaccine, a prayer, a dream  
strong enough to cure  
the real dis/ease

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## Other HIV News

### **HIV Screening in D.C. Jails Finds High HIV Rate in Women**

In a recent summary of a citywide campaign to ensure residents receive HIV screening tests, the District of Columbia Department of Health revealed that the rate of HIV among women screened at the D.C. jail over a six-month period in 2006 was significantly higher than the rate for men, 7.3% and 2.7% respectively, *The Washington Post* reported (August 2). The jail processes nearly 2,000 women annually.

“That’s a very high rate,” Corrections Director Devon Brown commented in *The Post*, but not a surprising one. Among women in correctional settings, the most common charges are related to drug use and prostitution, both of which increase the risk of HIV transmission.

The D.C. Jail is one of the few detention facilities in the country which, barring an individual’s refusal, makes an oral swab test for HIV automatic on entry or release. Less than 10% of the men and women processed opt out, according to officials, and results generally track national patterns.

In addition to providing HIV testing, the jail offers HIV-specific programming on its TV system. According to Mr. Brown, the airing of such programs is one of the ways the jail provides counseling and education for HIV-positive and negative individuals alike—a service whose importance has been underscored by the D.C. Appleseed Center for Law and Justice, a public policy organization that has issued some criticism of the city’s response to HIV.

Unity Health Care, which serves D.C. through its network of medical and social services, provides medical treatment for current and former inmates. One of Unity’s infectious disease specialists, Andrew Catanzaro, spends each of his Tuesdays at the jail. He also helps to follow patients after their release. He said that jail may be the first time many women are “clear enough in their heads” to understand HIV-related information and how they can best protect their health—and, in the case of pregnant women, the health of their fetus as well.

“If they’re sobering up and you get their attention, it can change their life,” Mr. Catanzaro observed.

Source: “Female Inmates Show High Rate of HIV”; Levine, Susan; *The Washington Post*

### **Rep. Barbara Lee Introduces Legislation Against HIV Travel Ban**

Congresswoman Barbara Lee introduced legislation to remove a law that prohibits people with HIV from traveling to the United States, KGO TV reported (August 3). The United States is one of 13 countries that restricts entry of foreign persons with HIV. Currently, the U.S. only grants short-term visas to HIV-positive individuals for professional or academic conferences.

Explaining the need for this legislation, Congresswoman Lee remarked, “We should lift it, first, because it was enacted in 1987 when very little information was known about HIV and AIDS; it’s discriminatory, it’s unjust, and it’s really not necessary.”

According to Kim Page-Shafer of the University of California, San Francisco’s AIDS Research Institute, “There is no evidence at all that this ban has had any productive effect or any positive effect on the state of our health or on the state of HIV infection in the U.S.” Moreover, as early as 1991, medical experts from the Centers for Disease Control and Prevention (CDC)’s Health Services found “admission of people with HIV would not significantly increase the risk of HIV infection to the U.S. population.”

Eight months ago, President Bush expressed interest in easing restrictions on travelers living with HIV. Now, Congresswoman Lee hopes to secure the president’s support for her legislation as well as his help in encouraging legislators to support the bill.

To view a video of this report, link to <http://abclocal.go.com/kgo/story?section=politics&id=5538828>.

Source: “Congresswoman Looks To Block U.S. HIV Travel Ban”; Melendez, Lyanne; ABC 7, KGO-TV /DT San Francisco, Oakland, San Jose



## **In North Carolina, HIV Screening Proposed for All Pregnant Women**

The North Carolina Commission for Public Health, which makes rules for medical practitioners, has approved a recommendation that it hopes will eliminate vertical transmission (i.e., transmission from mother to fetus/infant) of HIV within the state, *The News & Observer* reported (August 24).

The rule, which must now be approved by N.C.'s Rules Review Commission, would require medical facilities in the state to perform an HIV screening test on any pregnant woman who is about to deliver and for whom there is no record of a previous HIV test. It would also require infants brought to a medical facility immediately after birth to be tested for HIV if it's not known whether or not the mother has been tested.

Mothers with HIV can transmit the virus to their infants in the womb, during birth, or through breast-feeding. Without medical intervention, an HIV-positive mother has about a 25% chance of passing the virus on to her baby, noted *The News & Observer*. However, if mothers and their doctors know of the infection, they can reduce the chance of vertical transmission to less than 3% by taking three measures: having the mother take antiretroviral drugs during pregnancy; delivering the baby by Caesarean section; and choosing not to breast-feed.

According to the Centers for Disease Control and Prevention (CDC), most cases of newborn HIV result from a lack of testing. Thus, it recommends that all pregnant women be tested twice: once during the first prenatal visit and again in the third trimester.

Source: "Testing Targets HIV in Infants"; Quinlan, Martha; *The News & Observer*

## **Study Links Alcohol Consumption to HIV Progression**

Researchers from Boston University's School of Medicine (BUSM) find a link between alcohol consumption and HIV-disease progression in a study that appears on-line in the *Journal of Acquired Immune Deficiency Syndromes*, a Boston University Press Release reported (August 20).

"HIV-infected persons who drink alcohol heavily and are not on ART might decrease their risk of disease progression if they abstain from alcohol use," remarked the study's lead author, Jeffrey Samet, MD, MPH, who is a professor of medicine at BUSM and Chief of General Internal Medicine at Boston Medical Center.

Alcohol may adversely affect immunologic function in HIV-positive persons by various mechanisms, including increased HIV replication in lymphocytes. In the study, heavy alcohol consumption was associated with lower CD4 cell counts among subjects who were not using antiretroviral therapy (ART). Among subjects who were on ART, such heavy alcohol consumption was not associated with a lower CD4 cell count or a higher HIV viral load.

According to the researchers, there is extensive evidence on both the efficacy of a brief intervention for unhealthy alcohol use in nondependent drinkers in medical settings, and on the psychosocial and pharmacologic treatments for alcohol dependence.

"Although limited evidence demonstrates the effectiveness of intervention for alcohol problems *specifically* in people with HIV, its implementation among HIV-infected populations seems to be a worthwhile goal," stated senior author Richard Saitz, MD, MPH, Professor of Medicine at BUSM, Director of the Clinical Addiction Research and Education Unit at Boston Medical Center, and Associate Director of the Boston University School of Public Health Youth Alcohol Prevention Center.

Source: Boston University Press Release: "Study shows link between alcohol consumption and HIV disease progression"; August 20, 2007

## **National Medical Association Issues Call to Action to Federal Government on HIV**

The National Medical Association (NMA), an organization representing 30,000 Black physicians, issued a call to action for the federal government to reexamine HIV disease and to direct more resources toward an effective response to the epidemic, NMA President Dr. Albert W. Morris, Jr. stated in Honolulu's *Star Bulletin* (August 27).

Dr. Morris, who was in Hawaii's capital city early last month as part of his association's annual Convention and Scientific As-

sembly, said the NMA had previously passed a resolution asking for universal HIV testing of all patients. HIV and AIDS were among the major issues being discussed at the recent conference.

About 49 percent of patients living with the disease in the United States are Black, Dr. Morris told the newspaper, and from 2001 to 2005, nearly 70 percent of newly diagnosed HIV cases were in Black women.

Most individuals have the virus for five or more years before it's diagnosed, Dr. Morris said. As a result, "There's a huge opportunity for them to infect lots of other people before they find out they have the disease. Most people are responsible once they know they have the virus, but, if they don't know, they may be engaging in high-risk behavior."

One recommendation Dr. Morris suggested was for prisons to test inmates before releasing them into the community because, he explained, the HIV rate is higher in the prison system's re-entry population

Source: *"Black doctors group wants AIDS tackled"*; Helen Altom; *Star Bulletin*

## **Community Calendar**

### *Upcoming Events and Dates to Keep in Mind*

#### **September 2007**

Sat. 9/8 East Bay AIDS Walk, Edoff Memorial Bandstand, Lake Merritt, Oakland, CA., 9 a.m. – 2 p.m. [www.eastbayaidswalk.kintera.org](http://www.eastbayaidswalk.kintera.org)

Wed. 9/26 – Sat. 9/29 Annual Legislative Conference (including HIV/AIDS Braintrust), Congressional Black Caucus Foundation, Washington, DC [www.cbcfinc.org](http://www.cbcfinc.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](http://www.balmingilead.org)

#### **November 2007**

Sat. 11/3 – Wed. 11/7 American Public Health Association (APHA)'s Annual Meeting (includes sessions on the politics and policy of HIV screening), Washington, DC [www.apha.org](http://www.apha.org)

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

Fri. 11/30 Women Organized to Respond to Life-threatening Disease (WORLD)'s Summit on Women and HIV, Oakland, CA [www.womenhiv.org](http://www.womenhiv.org)

#### **December 2007**

Sun. 12/2 – Wed. 12/5 National HIV Prevention Conference "Promoting Synergy Between Science and Programs," Atlanta, GA [www.namc.org](http://www.namc.org)

#### **January 2008**

Th. 1/24 – Sun. 1/27 4<sup>th</sup> 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](http://www.naesmonline.org)