Life on the Streets

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Making It Personal

How we respond to the AIDS pandemic—and why—is individual, ineluctable, often complex, and always, always important

Sometimes it’s a boy from Southern California, a boy with blond hair, a boy barely out of his teens, addicted, afraid, alone. Sometimes it’s a 14-year-old girl from southern India, with hair as dark and glossy as pitch, sold into prostitution by her desperate, destitute parents, infected with HIV, pregnant, afraid, alone. And sometimes it’s simply the mind-numbing statistics themselves—which suggest, for example, that the subcontinent of India will experience 20 million new HIV infections in the next decade alone.

The stories are endlessly varied—and so are the responses. For Suzette Chafey, a clinical researcher at the UCLA Center for Clinical AIDS Research and Education, it was the blond boy... and other street kids like him, male and female, fair and dark. Maybe it’s that these runaways look so much like the children her children grew up with—or would, after a long shower, a haircut, and three months in a detox center. In any event, something engages Chafey’s sympathy for these highly vulnerable adolescents, who are six times more likely to be infected with HIV than teenagers who have a roof over their heads, and so she volunteers at Common Ground, a full-service drop-in center for homeless teens in Santa Monica (see cover story, pages 4–14).

For David Gere, an assistant professor in UCLA’s World Arts and Culture Department, it was the dark-haired girl... and the hundreds like her that Gere encountered during his most recent trip to India. Like virtually all women in the developing world, these girls have little or no say in when, how, and with whom they have sex. Abstinence, fidelity (to an equally faithful partner), and consistent use of condoms are all effective ways of avoiding HIV infection, but they are not choices that most women in the Third World have the luxury of being able to make. In Kenya, for example, fully one third of the young women surveyed by researchers from the AIDS Institute reported that their first sexual experience involved coercion, if not outright rape.

To help these women protect themselves against infection, they need a means of prevention that they control. Microbicides, some 60 of which are currently being developed, would put protection in the hands of vulnerable women. These agents are, in essence, sexual lubricants impregnated with drugs that kill HIV, and the hope is that when microbicides are perfected, and made widely available, they will prevent, or at least substantially reduce, the likelihood that HIV infection will be transmitted during intercourse.

The international effort to develop these agents is being spearheaded by two members of the AIDS Institute faculty, who recently received a multimillion-dollar federal grant to coordinate a collaborative effort to create microbicides that incorporate one or more antiretroviral drugs as their active ingredients (see story, pages 16–17).

Until we have an effective microbicide, or a preventive vaccine, our only hope of containing the HIV pandemic lies in education—and to that end David Gere has mobilized artists from across the Indian subcontinent. Gere spent the first half of this year in India, identifying an extraordinary assortment of traditional and contemporary artists—among them puppeteers, scroll painters, and itinerant theatrical troupes—who had independently recognized that they could use art to educate audiences about AIDS. Most of these individuals were unaware that other artists, elsewhere in India, were engaged in similar efforts—until Gere brought them together for a national workshop, funded in part by the UCLA AIDS Institute, that convened under the banner “MAKE ART/STOP AIDS” (see story, pages 20–21).

You don’t have to be a member of the UCLA AIDS Institute to make a contribution to our all-out assault on HIV. Four women in Chicago did that in May, by putting together a fund-raising event that netted more than $100,000 for the AIDS Institute (see Jenny Davidson’s on-the-scene report on pages 22–23). And the 121 participants in this year’s Charity Treks ride did it in August, by biking from Montreal to Boston in the name of AIDS vaccine research (see pages 24–26).

The stories are endlessly varied—and so are the responses. Our task at the AIDS Institute is to channel those responses in the most effective direction, so that we make the most efficient and productive use of the tools given to us.

Edwin Bayrd
Executive Director, UCLA AIDS Institute
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Committed to helping all those who need help, the UCLA AIDS Institute is reaching out to society’s most vulnerable members—homeless teenagers, who are at exceptionally high risk of HIV infection.

Clean him up, and you could put him in an Abercrombie & Fitch ad. He’s got the strong jaw, even features, and dirty-blond hair of the handsome, carefree young men who populate the polo fields and yacht decks of print ads for luxury goods. But Scott has also got a full-blown heroin habit, so in order to clean him up you would first have to help him get clean.

Scott is one of thousands of teenagers who live on the streets of Los Angeles—part of a city-within-a-city that is estimated to include close to 40,000 children and adults. That’s a good-sized American town, lost and largely invisible within this much larger metropolis. For obvious reasons, homeless people are the most physically vulnerable members of society, targets of frequent physical assault, prey to ear and skin infections, and beset by diarrhea, other gastrointestinal diseases, and the occasional, inadvertent poisonings that are an ever-present threat in all scavengers’ lives.

For less obvious reasons, homeless teenagers are the most vulnerable of all. Few of them have anything to sell or barter except their bodies, and when a john offers a starving street kid two crumpled twenties for sex without a condom, few are in a position to say no.

So far, Scott has managed to avoid HIV infection, according to photographer Boza Ivanovic, who has been Scott’s shadow companion—and Good Samaritan—for the past three months. In part, Scott has avoided infection because he is street-smart: he knows where to get clean needles—in a city that has no officially sanctioned needle-exchange programs—and he doesn’t share his works. In part, he has avoided infection because he trades drugs for drugs, not sex for drugs—or sex for shelter, or sustenance, or a few minutes of what passes, in such lives, for the sustaining succor of affectionate human contact. And in part, of course, he has also been incredibly lucky.
Because luck—even a long string of incredible luck—eventually runs out, members of
the faculty of the UCLA AIDS Institute are trying to find ways to reach out to high-risk
street kids like Scott. One of those ways—a drop-in cybercafe where homeless teenagers
can open up to others in the same situation, in the comforting anonymity of an on-line chat-
room—was the subject of an article in Volume 1, Issue 1 of Insider. Other strategies for helping
at-risk teenagers avoid infection are the subject of the sidebar on page 15 of this issue.

Dissolute and disorganized as Scott’s life may seem to the casual observer, there is
an underlying logic to the choices he has made: he sleeps on the beach in Santa Monica,
because that is the safest unsafe place for a street kid to spend the night, and when he
drinks or shares a bowl, it is with other members of the loose confederation of homeless
people who populate that relatively crime-free community.

Overleaf: Homeless teenagers are products of fractured families, and Scott is no
exception. He has been on the street since he was 13—which is when his mother, awash
in alcohol and prescription pain-killers, surrendered to her addictions and abandoned
her three children. The handful of photographs that Scott carries with him, virtually his
only permanent possessions, are haunting reminders of the days when he had a fixed
address, and a roof over his head.
Heroin is the habit that no one kicks—at least not on their own. And Scott is entirely on his own. There is a sister he talks to from time to time... and there is another, younger sister he won’t talk about at all. If he knows where his parents are, he won’t say, and in any event they seem to be in no position to help him. There was a girlfriend of sorts, for a time... but her family helped her get into a rehab program in Utah, and Scott isn’t sure what has become of her. He talks of hopping a freight train to Utah, and springing his erstwhile girlfriend from the detox center she voluntarily entered, but he doesn’t know exactly where the center is, or whether she would leave with him, or even how he would get to wherever she is in Utah, so his bold plan amounts to little more than a sustaining illusion—of the sort that heroin supplies in endless, formless, pointless quantity.

During his lucid hours—after the gulls wake him up, and before smack brings him down—Scott is an entrepreneur, an exemplar of the American business ethos: He buys wholesale... and sells retail. What Scott buys in bulk is marijuana, which he repackages in tiny, tightly packed plastic pouches and resells to other teenagers. Their casual drug use feeds his serious addiction, because it is their tattered $5 and $10 bills that pay for the heroin he mainlines on a daily basis.
From time to time, Scott and the other street kids who panhandle on the Third Street promenade in Santa Monica get rounded up by the police, but as often as not the offense is loitering, not dealing. Local merchants encourage these round-ups, because homeless teenagers are bad for business: they are much more likely to shoplift than to actually purchase anything, and their mere presence can take the edge off a consumer’s appetite for designer jeans and designer pizza. But even the law isn’t really interested in what becomes of Scott, and in short order the cuffs come off and he ends up back on the street.
If Scott can be said to have a home — beyond the stretch of Santa Monica beach where he spreads out is sleeping bag at night — that place is Common Ground, a drop-in center for homeless teenagers just blocks off the beach. Common Ground provides a full range of social and medical services — from counseling to dentistry — and Scott avails himself of most of them on a regular basis. He gets cleaned up in the center’s restrooms, and he obtains clean syringes through an unsanctioned exchange program that the center runs. From time to time, he chats with Suzette Chafey, a clinical researcher at the Center for Clinical AIDS Research and Education, UCLA’s HIV clinic, who volunteers at Common Ground specifically to support programs that help homeless teenagers get off drugs and off the street.

On the day that these photographs were taken, making contact with Scott was almost impossible: he was groggy and largely incoherent from a recent fix, and so somnolent, Chafey reports, that he tended to drift off in midsentence. When he woke, a few seconds or a few minutes later, he would pick their conversation where he had left off. That conversation, as it happened, was about his ability to control his heroin habit so completely and absolutely that it in no way interfered with his ability to function in the world.
Given Scott’s good looks and bad fortune, it is very easy to sympathize with him—and it is tempting to imagine that this bright, resourceful boy can somehow put his life back together. But Suzette Chafey, who knows Scott better than some and whose sympathies are fully engaged, says that she has trouble imagining a happy resolution to Scott’s current situation. His dedication is to heroin—which is, he told photographer Boza Ivanovic, the single most important thing in his life. So long as it is, this will be his life. This, or something much worse.

If the Scotts of this world have anything to teach us, it is that we need to do a much better job of identifying young people who are at risk—before they drift into unmoored, unsupported, unredeemable lives. The two landmark UCLA studies described opposite are designed to do just that.

Scott’s problems are adult problems, but he is, in many ways, still an adolescent. Like most kids, he is a bit of a daredevil, especially on a borrowed skateboard. And like most skateboarders, he has taken his share of spills. One of them left him with a badly twisted ankle, further hobbling a boy already hobbled by the need to get through each day without incident, and back to his blanket on the beach. To help him do that, photographer Ivanovic bought him the crutches.
Street kids like Scott, the subject of the photoessay on pages 4–14, are six times more likely to be infected with HIV than teenagers who live in stable households. To help at-risk adolescents like Scott avoid infection, AIDS Institute researcher Mary Jane Rotheram-Borus, who is the AIDS Institute’s Associate Director for Public Policy, developed an intervention program called “Street Smart,” which was designed to help runaway youth in New York City evolve strategies that would keep them HIV-negative despite the pressures, vagaries, and hard choices that homeless young people face every day on the street.

This program, which ran for two years and ultimately reached 300 street kids, demonstrated reductions in the number of unprotected sexual acts that these runaways engaged in, and also showed a decline in substance abuse. Significantly, the most dramatic results of “Street Smart” were seen in groups that are generally regarded as hard to reach: African-American teenagers and girls of all racial backgrounds. Based on these heartening results, the “Street Smart” program was marketed to the National Network of Runaway and Homeless Youth, for dissemination to their 2,700 members. Dr. Marguerita Lightfoot, a colleague of Dr. Rotheram-Borus’s, is currently adapting and extending the “Street Smart” program here in Los Angeles.

On both personal and programmatic levels, then, the UCLA AIDS Institute is determined to help homeless teenagers avoid HIV infection. But what about teenagers who live in homes where one or more of the adults is HIV-positive? That growing group of adolescents has been extensively studied by Dr. Rotheram-Borus and her colleagues at UCLA’s Center for HIV Identification, Prevention, and Treatment Services, and the results of that in-depth investigation were published in the Archives of Pediatrics and Adolescent Medicine in August 2004.

Dr. Rotheram-Borus wanted to develop tools that would enable the children (and grandchildren) of people living with HIV to adjust to the inescapable reality of their parents’ chronic, progressive, debilitating illness. To help these young people accommodate themselves to that reality, Rotheram-Borus and her coworkers designed a skill-based, family-centered, psychosocial intervention that was delivered in 24 sessions. The program consisted of three educational modules, the third of which was activated only when a parent died. Regrettably, this final module was needed in slightly more than half of the families enrolled in this study, because over the six-year course of the study death claimed 52% of the HIV-infected parents.

Very few studies have examined the effects of an intervention program over so long a period of time, so the CHIPTS team has provided a particularly valuable picture of what life is like for young people who grow up in the shadow of HIV. The average age of the adolescents who participated in this program was 15 at the outset of the intervention and 21 at its conclusion, so the program effectively saw them through from puberty to voting age.

When the participants in this program were compared to adolescents whose circumstances were similar—including the fact that they had a parent infected with HIV—but who did not receive the intervention, the positive effects of the program were immediately apparent. Among other things, the teenagers who received psychosocial support from the CHIPTS intervention were more likely to be in school or employed, were less likely to be receiving public assistance, were less likely to have serious psychosomatic disorders, and were better at problem solving and conflict resolution in their romantic relationships. Significantly, fewer teenagers who participated in the intervention had children, compared with those in the control group, and more of the teenagers in the CHIPTS program expected to be married when they became parents.

Even with the potent drug combinations that are available today, people who are infected with HIV face the prospect of a foreshortened lifespan—and those who have young children need to make custody arrangements for their offspring and end-of-life plans for themselves. One arresting discovery of Dr. Rotheram-Borus’s six-year longitudinal study of adolescents who live with a parent who is HIV-positive was that 45% of these parents died without making any specific plans for their children, and even those parents who did make plans changed them repeatedly. Custody planning was found to be less likely in families that had adolescent children but no younger offspring, in families where there was an uninfected partner, and in families where the parent was clinically depressed.

Over the course of this study, the number of parents who did make plans for their children rose from 24% to 53%—with custody usually assigned to someone in the extended family. But this still left nearly half of the affected children without an established guardian at the time of their parents’ untimely deaths—a finding that highlights the urgent need to develop programs that will encourage seropositive parents to plan for their own futures, and those of their children.
Faculty Profile

Center for HIV and Digestive Diseases Is Chosen to Spearhead an International Microbicide Research Program

Anton-McGowan lab at UCLA AIDS Institute is awarded multimillion-dollar federal grant

In 1994, Dr. Peter Anton, a gastroenterologist working at UCLA, decided to shift the focus of his clinical practice and laboratory research from inflammatory bowel disease to the gastrointestinal complications of HIV infection—and he formalized that change of focus by founding the Center for HIV and Digestive Diseases within the UCLA AIDS Institute. The initial mission of CHADD, as the new center came to be known, was to refine the diagnosis and improve the treatment of the GI complaints, such as diarrhea and weight loss, that were then commonplace in HIV-infected patients. With the advent of multidrug combination antiretroviral therapy in the mid-1990s, the incidence and severity of GI problems lessened in people living with HIV—a happy development that enabled Dr. Anton to turn his attention to new areas of research, among them the development of HIV vaccines and microbicides.

CHADD's first funding, in 1994, came in the form of a seed grant of $40,000 from the UCLA AIDS Institute. This critical funding allowed Dr. Anton's laboratory to develop sensitive assays to measure HIV viral load in intestinal tissue. Ten years later, CHADD is one of the world's leading research centers in the relatively new field of mucosal immunology related to HIV infection—and in August of this year the lab received a grant of $12 million from the National Institutes of Health to set up an international drug development program in microbicide research.

Like most scientific journeys, it has been a bumpy ride, one with its share of excitement and frustration. The most significant challenge, at the outset, was to persuade the scientific community that immunology and virology studies based solely on blood samples do not present a complete picture of the relationship between HIV and the immune system. The argument advanced by Dr. Anton and CHADD's co-director, Dr. Ian McGowan, was that since the majority of HIV infections occur when the virus passes across mucosal surfaces, such as the lining of the vagina or rectum, there was a clear need to investigate how HIV behaves in these sites.

As it happens, the vast majority of the body's immune system resides in gut-associated lymphoid tissue; only 2% is found in the blood system. Moreover, the organization and vulnerability of intestinal lymphoid tissue is quite different to lymph nodes found outside the gut. These are additional, compelling arguments for studying HIV in mucosa as well as blood, as is the fact that efforts to assess the effectiveness of new prevention strategies, such as vaccines and microbicides, will necessarily hinge on what mucosal responses occur when these strategies are employed.

Once the scientific community had been persuaded to accept the rationale behind studying HIV in mucosal tissue, another major problem remained: there were no validated, reproducible assays that could be used to measure HIV in mucosal tissue. Over the last 10 years, annual grants from the UCLA AIDS Institute, augmented by grants from Macy's Passport (see page 30), have enabled the Anton-McGowan lab to develop a toolbox of assays that can be used in mucosal studies. The next stage of the scientific journey can begin.

Two decades of intense research have produced a portfolio of some 18 antiretroviral drugs—which, when given at appropriate doses and in judiciously chosen combinations, provide relatively safe and effective treatment for the majority of treated patients. Only a tiny fraction of the tens of millions of people worldwide who need these life-sustaining treatments actually receive them, however, and the most significant challenge before us today is to find ways to provide these drugs to HIV-infected individuals in the developing world.

This harsh reality drives our efforts to find more effective ways of preventing new HIV infections. Condoms are a very effective form of HIV prevention—assuming they are available, affordable, used correctly, and used consistently. The fact that the United States alone records more than 40,000 new HIV infections every year is bitter testament to the failure of sexually-active individuals—many of whom are well aware of the risks they are taking—to avail themselves of this mode of protection.

Clearly, new prevention strategies are desperately
needed. The need is most urgent for women in the developing world—because these women all too frequently have no say in when, how, and with whom they have sex. Abstinence, fidelity (to and equally faithful partner), and consistent use of condoms are all effective ways of avoiding HIV infection, but those are not choices that most women in the developing world have the luxury of being able to make—which is why the preponderance of new infections in sub-Saharan Africa, India, and Southeast Asia occur in women.

While we wait for a safe and effective vaccine against HIV—a wait that may well last a decade or longer—we must consider other ways of preventing new HIV infections. One way is to develop a microbicide that can be applied topically to either vaginal or rectal mucosal surfaces before sex—to prevent, or at least substantially reduce the risk of, transmission of HIV during sexual intercourse.

The first generation of vaginal microbicides included products such as nonoxynol-9. These were, in essence, detergents that worked by disrupting cell membranes. Unfortunately, nonoxynol-9 and its kin had a tendency to disrupt the vaginal mucosa as well, and all of these products were found to be ineffective in preventing transmission of HIV during intercourse.

Despite this initial setback, second- and third-generation products are now being evaluated in clinical trials. Overall, some 60 vaginal microbicides are currently under investigation. Several of these products will soon undergo so-called efficacy studies, which will test if the products actually work. These studies will be very large, enrolling thousands of subjects, and will therefore be very expensive, but they may provide us with a marketable product within five years. It is likely that the first of the new microbicides will be only partially effective, preventing perhaps 30% to 40% of new infections.

While vaginal microbicide development is fairly advanced, rectal microbicide research is in its infancy. This disparity is the biproduct of a widely held—and erroneous—assumption: that only men who have sex with men practice anal intercourse. And because the primary market for microbicides, like that for spermicidal foams, is women, little thought was initially given to testing the safety and effectiveness of microbicides in the rectal compartment.

We now know that a significant number of heterosexual couples engage in anal intercourse. Given the societal stigma that is attached to this form of sexual activity—which is associated exclusively, in many minds, with homosexuality—the actual incidence may be much higher than the 10% to 15% reported in recent epidemiological studies.

Even if the incidence of anal intercourse is no greater than what has been reported, this still means that more heterosexuals worldwide are being infected through anal sex than are men who have sex with men—simply because there are so many more heterosexuals. This chilling conclusion leads inescapably to another: we need to develop products that prevent transmission of HIV infection across both the rectal and the vaginal mucosal tissue. The lining of the rectum is very different from the lining of the vagina, and consequently products that can be used safely in the vagina may irritate, or even irreparably damage, the fragile lumen of the rectum—which is only one cell thick.

Many of these scientific questions will be addressed in a large, multicenter NIH grant recently awarded to CHADD. This grant will coordinate research efforts by groups in Los Angeles, Baltimore, Seattle and London, and will focus on the early development of a rectal microbicide that incorporates one or more antiretroviral drugs as its active ingredients. The initial phase of the study is scheduled to last approximately five years and will help lay the foundation for all future rectal microbicide research.

CHADD has evolved from a small group of clinicians concerned about providing better care for patients with gastrointestinal complications of HIV infection into an internationally recognized microbicide research group. The Anton-McGowan lab is also actively involved in characterizing mucosal responses to HIV vaccines and exploring new strategies for eradicating HIV infection from reservoirs of lymphoid tissue in the gut. The next decade is likely to produce real advances in HIV prevention, and CHADD and the UCLA AIDS Institute will be at the forefront of these developments.

In 2002 Ian McGowan, Associate Professor of Medicine in the David Geffen School of Medicine at UCLA, joined Dr. Anton as co-director of CHADD. He was recently named the Scientific Chair of the NIH Microbicide Working Group and is a consultant to the World Health Organization on microbicide development.
One of the 17,000 delegates to the 15th International AIDS Conference, which convened in Bangkok, Thailand, in mid-July, called the event a “sombre circus”—an apt oxymoron for the largest meeting ever held to discuss how best to meet the metastasizing threat of the global HIV epidemic. Part trade show, part high-minded debate, part side show, and part serious science, this biannual gathering of AIDS patients, treatment advocates, public officials, clinicians, and researchers was indeed a somber occasion—largely because there is every indication that the pandemic is outstripping our best efforts to contain it. Sadly, this is true even in Thailand itself, once regarded as an exemplar, in the developing world, of how to implement pragmatic, cost-effective containment efforts on a modest budget.

But despite the sobering statistics, the Bangkok conference had a carnival air about it, thanks in no small measure to the host country’s eagerness to make the week-long event a showcase of Thai culture. Outside the convention center, dozens of elephants, each caparisoned in red and gold silk, swayed past bemused delegates, while inside Thai musicians and dancers performed during breaks in the formal presentations (see photograph).

The UCLA AIDS Institute made a major contribution to the scientific content of the Bangkok meeting—by producing and distributing, at no charge to the assembled delegates, a special supplement of the Journal of AIDS Education and Prevention. That supplement, entitled “HIV Surveillance, Prevention, Intervention, and Treatment in Asia,” was edited by Roger Detels, the chair of the division of epidemiology and the former dean of the UCLA School of Public Health. It contains reports from most of the countries in Asia on the current state of those nations’ HIV containment efforts.

As Irvin S.Y. Chen, the director of the UCLA AIDS Institute, and Associate Director Mary Jane Rotheram-Borus observe in the introduction to the supplement, “The distinguished contributors to this volume provide the historical and cultural contexts in which to understand the course of Asia’s HIV epidemic over the last decade, and to anticipate its future direction.”

Dr. Detels was in a particularly advantageous position when it came to commissioning the articles for this special supplement—because most of the authors trained with him and his colleagues at UCLA, under the auspices of the Fogarty International Research and Training Program. The UCLA AIDS Institute has played a leadership role in training health professionals in HIV/AIDS surveillance and treatment since 1988, and most of those Fogarty fellows have returned to their home countries, to battle the burgeoning epidemic on their home turf.

By the same token, the authors of the articles in “HIV Surveillance, Prevention, Intervention, and Treatment in Asia” were in a particularly advantageous position to write about HIV containment efforts in their countries, since as Drs. Chen and Rotheram-Borus note, “the authors are themselves responsible for initiating many of the key public-health interventions, policies, and research programs that have thus far prevented Asia from mirroring the epidemic in Africa.” As a result, this special supplement reflects the on-the-ground expertise, in 14 Asian countries, that has guided the region’s response to HIV.

The UCLA AIDS Institute distributed copies of “HIV Surveillance, Prevention, Intervention, and Treatment in Asia,” in printed form and on a CD-ROM, from a very modest-sized booth in a back corner of the exhibition hall. (For information on how to obtain your copy of the supplement, see box opposite.) When a passer-by commented on the utilitarian look of the Institute’s booth—which set our space apart from its more elaborately tricked-out neighbors—Dr. Elizabeth Withers-Ward, who is the managing director of the AIDS Institute, declared: “We don’t do décor—we do science.” Apparently, that was enough to offer the delegates—because by the close of the convention some 16,000 delegates had found their way to our out-of-the-way booth. In all, we distributed 14,200 copies of the
supplement in CD format, and more than 1,000 copies in printed form. An additional 600 copies of the CD were provided to one of Dr. Detel’s colleagues in the Philippines, for distribution at an HIV prevention and treatment symposium in that country.

Rather than ship the remaining copies back to UCLA, Dr. Withers-Ward opted to send them, free of charge, to anyone who asked for them. Thanks to her, copies of the UCLA-sponsored supplement will have a secondary life—as public-health teaching tools in countries as far-flung as Nepal and Namibia.

In their preface to “HIV Surveillance, Prevention, Intervention, and Treatment in Asia,” Drs. Chen and Rotheram-Borus wish the participants in the Bangkok conference success in the fight against HIV/AIDS: “We anticipate that the publication of this special issue will advance that goal. We have confidence that this contribution reflects one small step in continuing the substantial efforts of both UCLA researchers and Fogarty scholars in addressing and battling the HIV pandemic.” It is gratifying to think that the fruits of the UCLA/Fogarty program now include a journal supplement that will be used to teach some of the next generation of public-health officers how to wage that battle most effectively.

To obtain your personal copy of “HIV Surveillance, Prevention, Intervention, and Treatment in Asia,” contact Jina Lee at 310–794–5335 or by e-mail at jinalee@mednet.ucla.edu. Please specify if you want the CD-ROM format or a printed copy.
Art Has the Power to Save Lives

A UCLA professor mobilizes artists from across the Indian subcontinent to combat that nation's burgeoning epidemic

For David Gere, an associate professor in the World Arts and Cultures Department at UCLA, "MAKE ART/STOP AIDS" is not just a slogan — it is an all-embracing commitment to using socially-engaged artists as footsoldiers in the campaign to contain the rapidly expanding HIV epidemic in India, where at least 5 million people are already infected and a staggering 20 million more may be infected in the next decade.

To avert this humanitarian catastrophe, Gere has sought out scores of indigenous Indian artists who have incorporated AIDS education and prevention messages into their art, and has encouraged these artists to enlist the help of others in their field, to build a national network of AIDS activists whose primary means of communication is the visual and performing arts.

Gere, his partner, Peter Carley, and their two young children spent the first six months of this year in India, on a Fulbright Scholarship that Gere was awarded to identify an extraordinary assortment of traditional and contemporary artists—among them puppeteers, scroll painters, itinerant theatrical troupes, street musicians, and choreographers—who had independently recognized the importance of making art that would help stop the spread of AIDS.

Some of these arts projects are tiny, some huge, but all deal proactively with the factors that have promoted the spread of HIV infection worldwide, chief among them the stigma that is associated with AIDS because it is transmitted primarily through sexual contact and intravenous drug use. Gere found that the array of artistic projects currently being developed in India, in response to the widening epidemic, is stunning in its variety and its sheer creativity. He notes, for example, that a science teacher named H.N. Girish, who lives in a village near Mysore, has designed a roadside shrine that he calls the "AIDS-amma," a benevolent new goddess who consoles those who are HIV-positive — and a bold attempt to piggyback social support for HIV-afflicted individuals and their families onto native religious practices. According to Gere, Girish was inspired to create this symbol of succor for people living with HIV when two such individuals, a couple living in his village, were ostracized when they revealed their HIV status, went bankrupt when no one would any longer buy goods from their shop, and committed suicide.

Another example of how India is responding to its epidemic, altogether different but equally inspiring, is a television show named for its eponymous hero, Jasoos Vijay. This weekly detective show, which reaches some 100 million viewers and is ranked among the top ten most-watched programs in India, features a private investigator who is HIV-positive — and story lines that involve characters who are shunned, set upon, and sometimes even killed for being seropositive.

In rural West Bengal, by contrast, the educational medium is scroll paintings. Traditionally, local artists have produced scrolls on mythological themes, and then sung a narrative to accompany the slow unrolling of the scrolls. But in response to the insidious spread of HIV, which has found its way to areas of India that do not yet have indoor plumbing or electricity — but do have people who harbor the AIDS virus — these artists have created scrolls than warn of the dangers of HIV infection, and they are singing new, cautionary songs.

As Gere traveled throughout India, he heard the same story again and again: the artists he encountered who were using their art to inform mostly rural, mostly illiterate audiences about the threat of AIDS all felt that they are working alone, usually without official support and all too often in cultural isolation — unaware that other artists, elsewhere in India, were working with a similar degree of passion and commitment towards the same end. These artists were avid for an opportunity to meet with others who were similarly concerned about the spread of HIV, to
share ideas, to benefit from constructive criticism in a supportive environment, and to rejuvenate themselves for the work that lies ahead.

Gere provided them with that opportunity, by organizing a four-day workshop in Kolkata in early July under the banner “MAKE ART/STOP AIDS.” A rallying point for all those committed to a collaborative response to containing the HIV epidemic in India, this workshop involved sixty participants, including performing and visual artists from seven different states in India. The workshop entailed performances as well as candid, informal discussions among the artists, AIDS activists, journalists, healthcare providers, representatives of governmental institutions and non-governmental organizations, and concerned citizens. The Indian participants also had an opportunity to link their work to a larger global web of AIDS cultural activism, through the active participation of international performer-activists from locations as diverse as the United States, South Africa, Suriname, Bangladesh, Nepal, and the United Kingdom.

On July 6, 2004, Gere convened a day-long event at the India Habitat Centre in Delhi, as an extension and summation of the workshop in Kolkata. The purpose of the event in Delhi was to extend the dialogue to key decision-makers in the public sphere. Through the “MAKE ART/STOP AIDS” workshop in Kolkata and the subsequent presentations in Delhi — both of which were funded in part by the UCLA AIDS Institute — Gere sought to generate enthusiasm, at the national level, for an active interventionist role in the prevention and treatment of AIDS in India. His good intentions have apparently been rewarded: A dozen model projects are now awaiting funding and one of these has moved ahead without any outside funding at all. The Tambaram Sanitarium, the largest HIV care-provider in the country, has entered into a year-long contract with Nalamdana, a Chennai-based street theater group, to offer short AIDS prevention performances for the thousand citizens who line up each morning for basic healthcare. To borrow an Indian turn of phrase, it’s an auspicious start.

An AIDS educator gives a condom-use demonstration for truck-drivers, who inadvertently acquire—and transmit—HIV during their travels.
UCLA AIDS Institute Around the Country

What a Party!

Four dynamos from Chicago produce the most successful private fund-raising event in the history of the AIDS Institute, as Jenny Davidson, the Institute’s Associate Director of Development, reports

“Although we are not doctors or scientists, we are not helpless in responding to this worldwide catastrophe.”
— Terri Weinstein, Co-Chair

On Thursday, May 13, 2004, four amazing women welcomed over 900 guests to “Cirque!”, a multisensory extravaganza of entertainment, food and celebration, held in Chicago. Truly a labor of love and vision, “Cirque!” was produced by volunteers Judy Kruger, Janet McCann, Nina VanderPoel, and Terri Weinstein, who represent a dedicated group of designers and artists who have mobilized their collective creativity to finance research for an AIDS vaccine in support of their mission to eradicate the HIV virus from our planet.

In the end, “Cirque!” raised more than $100,000 to support AIDS vaccine research at UCLA. The organizers were proud to highlight that everything was donated for this event—from the venue to the talented performers to the gourmet feast, wine and vodka bars. Each chairperson cajoled, convinced, and enlisted friends, colleagues, business associates and family members to participate by volunteering their time, talents, expertise, and resources to make “Cirque!” an exceptional experience.

“It took commitment, not much sleep, passion, an understanding spouse and kids, and great co-chairs!” co-chair Judy Kruger said. And her motivation was simple: “More design directors than I can count that I loved working with are gone from AIDS...too much creativity lost...we are alive and need to make up for that loss with the creativity that we possess!”

Colorful mimes wandered through the crowd, engaging guests in a myriad of antics like slamming Benjamin Moore paint tubs on the floor, silently imploring partygoers for donations, and raising $1,000 in spare change! Seven deft magicians engaged partygoers throughout the evening. Three cameras followed the action, beaming live images from the party on a 14-square-foot projection screen, thanks to an exceptional volunteer crew and equipment donated by Video Equipment Rentals and others.

Guests were energized with entertainment from start to finish. Highland Park High School percussion band, Waste Management, set the tempo beating on trashcans that reverberated two blocks down the street and set the pulse for the party even before guests arrived. Ice sculptor Dan Rebholz was in action in the outside courtyard, enthralling partygoers with life-sized carvings. Kapoot, a sophisticated and witty clown troupe cavorted to the delight of the crowd, and Carleton the Mime (who opens for Cirque du Soleil), The Matadors, a belly dancer, a snake handler, and a fortune teller added to the circus-like atmosphere. As guests waited...
for valet service (donated, of course) to retrieve their cars, Spun lit up the night with their fire-throwing feats.

Some 20 of Chicago’s top caterers and restaurants provided a sumptuous feast and spectacular presentation. Cuisines from India, Asia, and the Mediterranean, a 50’s diner with a gourmet twist, South Beach food, ice cream, and chocolate fondue spewing from a fountain were among the unusual offerings.

One of the highlights of the evening was the 24-foot-long canvas painted by the guests and sponsored by Benjamin Moore Paints—a creative way for people to interact and express their commitment to the cause (see photograph below). The resulting mural became the image for a postcard sent to guests, sponsors, and underwriters, thanking them for their contributions.

In support of the event’s commitment to raise consciousness as well as funds, Abbott Laboratories provided an ongoing slide show and talked one-on-one with interested guests about global AIDS in addition to their generous contribution. Chubb Insurance Company, Copco, the teakettle people, and S.N. Peck/Case Handyman, a local high-end contractor, all made magnanimous contributions. Numerous other enterprises made financial and in-kind donations.

“Cirque!” was a night to remember, and an experience to recreate. As event co-chair Janet McCann said, “The overwhelming response we received from donors, sponsors, volunteers and guests made it clear to me that people are hungry for an opportunity to contribute. Planning this event wasn’t easy but I know we made a difference in many peoples’ lives. What could matter more?”

The Chicago group is looking for energized volunteers ready to jump in for next year! Contact Jenny Davidson at jdavidson@support.ucla.edu or (310) 267-1855 for volunteer leadership and sponsorship opportunities.

Also, if interested in creating an event in your area, please contact Jenny at the number above — we will offer input every step of the way!

Special Thanks from the UCLA AIDS Institute

First and foremost, the UCLA AIDS Institute salutes the inspirational, indefatigable co-chairs of “Cirque!”: Terri Weinstein, Judy Kruger, Janet McCann, and Nina VanderPoel. They made this event happen.

The AIDS Institute would also like to thank the following individuals and corporations for their support of this exceptional event:

A special thanks to Stuart Grannen, owner of Architectural Artifacts for the donation of his fabulous new space.

Sponsors
Benjamin Moore Paints
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and Mimes
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Spun
The Matadors
World-Class Ice Sculpture

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Gary Stier & the Sleepless Knights
Son Trinidad
Vocal Chaos
Waste Management
Percussion Band

Technical/Equipment
Andy’s Music
Chicago Scenic Studios, Inc.
Creative Technology
Theatrical Lighting Connection (TLC)
Video Equipment Rentals (VER)

Crew
Jake Lambert-Production
Dominick Lee-
Michael Mittelstaedt-
Production
Richard Shavzin-
Artistic Director
White Light Design, Inc.-
Lighting
Bikers, Bloggers, and Barbies

Charity Treks raises more than $100,000 to benefit the UCLA AIDS Institute and the Emory Vaccine Center

On August 17, 2004, 91 cyclists from around the country—accompanied by an enthusiastic volunteer crew of 21—rolled out of Montreal on the first day of this year’s Montreal-to-Boston AIDS Vaccine Trek, a 425-mile, five-day event, organized and sponsored by Charity Treks, that benefited the UCLA AIDS Institute and the Emory Vaccine Center. Because the participants provided their own gear, spent nights in campgrounds, and sustained themselves on food, beverages, and other necessities donated by generous corporations and individuals (see list on page 26), every dollar of the $111,000 that the cyclists raised from their sponsors will go directly to support HIV vaccine research at UCLA and at Emory.

Betty Poon Ph.D., an AIDS vaccine researcher at UCLA, and Ken Hurd, Director of Development, attended the closing ceremonies of this year’s Charity Treks ride. In keeping with the no-frills spirit of the ride, the closing ceremonies were held in an open field, under lowering skies, on a day when both the temperature and the humidity were in the nineties. The supersaturated atmosphere could not dampen the riders’ spirits, however, as Dr. Poon’s reports:

“If there is one word that describes the experience of standing at the finish line in Boston, on a day of off again, on again rain and on again, on again humidity, watching these riders come in, that word has to be inspirational. People were doing this ride, some for the third time and some for the very first time, because they believe in our ability to put their extraordinary fund-raising efforts to good use. Their efforts were an inspiration for me to go back to the laboratory and work even harder to develop an effective HIV vaccine. “At the closing ceremonies, people came up to me to tell me how much they appreciated my making the effort to be there, and my only response was to say that all I had done was to take a plane to Boston, and a cab to the site of the closing ceremonies, whereas they had spent five days on a bike, pedaling through rain, and even an occasional hailstorm, to get there.”

Although Charity Treks events are all-volunteer and no-frills, they are anything but amateur productions. As Mike Gannetta, Jr., one of the ride’s organizers, observes, “The planning of next year’s trek began the day after this year’s trek ended, and it will continue until the day the next one begins. We meticulously plan out the route of each ride, and we support the event the entire way.”

Participants in this year’s ride could purchase an official Charity Treks jersey, and every registrant got an official T-shirt. (The crew members got distinctive, bright-orange shirts—which made them easy to spot but did lead to some good-natured heckling about how
much they looked like traffic cones.) But the existence of official jerseys and T-shirts didn’t stop some of the riders from devising their own signature looks, and the clear winners in this category were the members of Team Random, also known as “The Barbies”—for reasons that are immediately apparent in the picture opposite. One gets a sense of Team Random’s spirit from this appraisal of Bob Cormier, who served as a particular inspiration to the team:

“Just as Lance Armstrong depends on Floyd Landis and U.S. Postal to help deliver him to the finish line of the Tour de France each day, “The Barbies” job on this ride has been to protect Bob Cormier from the elements (chiefly heat and headwinds) and the road itself (chiefly hills and potholes), to help him get to his finish line each day, whether that line be lunch or camp. With his “I will remember” tribute to friends he has lost to AIDS clearly visible on the back of his bike every mile of the ride, Bob is our Lance Armstrong, our man in the yellow jersey, our winner, our hero, our survivor.”

As in past years, the funds raised by Charity Treks will be used to support work being done by UCLA AIDS Institute researchers who are engaged in efforts to develop effective vaccines to prevent HIV infection.

Registration for next year’s ride began September 15, 2004. The UCLA AIDS Institute is making a special call to form a Team UCLA to participate in next year’s ride. Contact Jenny Davidson at (310) 267-1855 or jdavidson@support.ucla.edu for more information on Team UCLA. For information on next year’s ride, visit www.charitytreks.org.

2004 Participant List

Robert Albrecht
Sandra Albrecht
Jamie Allardic
Roger Allen
Daniel Barutta
Brian Batchelor
Quinn Beckham
Gregory Berkel
Paul Bianchi
Brad Blake
Kathleen Brennan
Rosanne Buck
Geoff Burgess
Todd Burns
Donna Cassyd
Josie Chapman
Aaron Cook
Jill Copeland
Bob Cormier
Shahroukh Dastur
Kathleen Desfosses
Anne Des Lauriers
Bryan Deoney
Edward Devlin
Steve Dolberg
Jake Dowling
Sara Downing
Christine Dudley-Marling
Curt Dudley-Marling
Ian Dudley-Marling
Christine Duprey
Scott Eberhart
Jeff Ellsworth
Russ Ericksen
Scott Ferguson
Elvis Fine
Erik Finlay
Michael Gannetta, Sr.
Michael Gannetta, Jr.
Kate Garsombke
Kathleen Glenn
Cindy Grauer
Bennett Gray
Josie Gray
Alan Gross
Sarah Hagen
Larry Hall
Roberta Hart
Nikki Hatch
Timothy Hinton
Walter Hope
Douglas Jackson
Steven Jacobs
Brian Johnson
Charlie Johnson
Michele Kennelly
Nancy Kotarski
Monique S. Lary
Anthony Lehman
Emily Mariko-Sanders
Jeffrey LeMay
Cheryl Mah
Eileen C. Mah
Godwin Mah
Kathleen Mahaney
Melissa Martin
Bruce McCready
Rob McDonald
Scott Miller
Stephen Moltenbrey
Tom Montville
Todd Moore
Douglas Munsee
Timothy Myers
Julianne Nipple
Richard O’Brien
Jim Okrasinski
John Ordway
John Parks
Nydia Parks
Jim Peeples
Tina Perez
Chris Root
Robert Saken
Jeetan Sareen
Mark Sauerwald
Art Scherl
Evan Scully
Rob Seltzer
Thomas Shaw
Wendy Sheeran
David Sherman
Abigail Smith
Carlos Sola-Llonch
Donald Sperling
Kimberly Sperling
Ken Stephenson
Jo Stephenson
Mark Stanis
Bryan Stock
Edward Sullivan
Elizabeth Sura
Kathryn Sutera
David Thibault
Gustave R. Thomas
Nicholas Umbenhower
Vanessa de Gier
Ken Vaughan
Hugh Williams
Karen Williams
John Yamazaki
Titi Yu
This year, participants in the Montreal-to-Boston AIDS Vaccine Trek were able to record their thoughts about the ride, and its significance to them, during the ride itself—by posting personal messages on the Charity Treks website. No after-the-fact report can hope to compete with these observations, in immediacy or poignancy, so we have chosen to let several riders speak for themselves:

“I can remember a pervasive sense of sadness that I had felt since friends just started dying from AIDS in 1983. After losing a great number of people that I had grown up with and loved, it seemed like my life had no future orientation. I spent a lot of time remembering the past and people I lost, and I didn’t really look forward to tomorrow anymore. When I started riding with Charity Treks, however, that changed for me. I finally found something constructive to do with all that grief. From the first day I rode, that gray cloud that hovered over me began to dissipate, and I realized that I had buried a part of my life with these friends who had died. Now, in the presence of people who really do care, I feel happier and stronger, and I look forward to tomorrow.” — Bob C.

“I know my journal has been more about the sights and chronology of our journey, but the reasons (the many, many reasons) we have all found ourselves here, is present at every moment. Everyone here has a reason and a story for why they have taken more than a week of their year to be here. After a long lunch, I took off by myself to do the last 20 miles. It seemed like nothing and I figured I’d be into camp in no time. Well, a number of hills later, with my muscles still not “warmed up” after six hours on the road, I found myself burning out. I had not seen another rider in 10 miles. The first boost I received came from Nadia, riding by on the “medical moto,” shouting encouragement and pumping her arm at me. After she passed, I stopped and made myself take a break. A few minutes later, I watched a group of riders slowing coming up the hill towards me, led by Gus. Well, I got behind Gus (nothing like a tall man to help you through a windy day!!) and he more or less pulled me to camp. He also shared the story of his son, who died of AIDS ten years ago. I talked about losing my uncle around the same time. He reminded me that yes, we have to remember the ones we lost, but more than anything we have to work for the living. On this ride we are completely in the present moment, supporting each other and getting ourselves up every hill, one at a time. But we are riding for a different future, where AIDS will be eliminated. Oh, one more bit of helpful wisdom: We aren’t riding 425 miles. Just lots of 15-20 mile rides between pit stops!!” — Josie G.
Before the last beam was hoisted into place to top out RB2, the future home of the UCLA AIDS Institute, members of the university administration, directors of the Institute, and longtime supporters of the Institute’s research programs were given the opportunity to sign the beam. One of the signers was Don Smith, seen at right with Ken Hurd, the Development Director of the AIDS Institute. Smith signed the beam in honor of his lifelong friend, the late James B. Pendleton—who was the subject of a donor profile in Volume 1, Issue 1 of Insider (see page 14 of that issue). Below: A brisk breeze buoys the American flag as the last structural beam of RB2, surmounted by the traditional fir tree, is eased into place.
UCLA AIDS Institute in Los Angeles

AIDS Institute Launches New Community-Outreach Program

As the name implies, “Focus on the Future” underscores that people living with HIV have a future, one that they—and we—need to prepare for.

Think globally, act locally” is an old political maxim, one that reminds the people’s representatives that they were elected by voters in their home districts—and it is to those individuals that they owe their first allegiance. The UCLA AIDS Institute needs no reminding that Los Angeles is part of its name, its identity, and its constituency. Indeed, the Institute is always looking for ways to “export” the expertise of its faculty members to every part of greater Los Angeles... and the Institute’s newest community-update program, “Focus on the Future,” is a perfect reflection of that commitment. Although the AIDS Institute produces these events—and, with help from corporate sponsors, underwrites the cost of the quarterly program—we do so in collaboration with two dozen AIDS service organizations in the region.

In Los Angeles in the 1980s, AIDS was largely a disease of young white men. In the 1990s it was a disease of young white men, IV drug users, their female sexual partners, and the children born to those women. Today HIV infection is, for the most part, a disease of women of color, young black men, middle-aged gay men, and teenagers—some infected at birth, some infected through adolescent sexual experimentation. The patient population has not only changed over the years, it has aged, thanks in no small part to advances in the clinical management of people living with HIV.

“Focus on the Future” reflects that reality—and keeps pace with those advances. Our success in slowing the progression of HIV disease, coupled with our parallel success in preventing many of the deadly infections that occur in patients with severely depleted immune systems, has bequeathed us an ever-growing population of long-term survivors... and those patients need precisely what the first program in this new series promised them: “New Options and New Directions in HIV Treatment.” One such option is gene therapy—which was the subject of the presentation that Dr. Irvin S.Y. Chen, the director of the UCLA AIDS Institute, made at the inaugural “Focus” program. His talk sparked lively discussion among the 300-plus attendees, one of whom asked him if the benefits of gene therapy could be passed on to one’s children. The answer is no, but as Dr. Chen observed, the question was a good one, and it clearly indicated that the listener had begun to grasp the concept of gene therapy.

The Institute’s most recent “Focus” program was entitled “Growing Up and Growing Old on Anti-
Retrovirals: An Update for Women.” It was chaired by Dr. Judith S. Currier, a co-director of the Center for Clinical AIDS Research and Education at UCLA, and it featured presentations on two subjects that no one would have considered discussing as recently as six or seven years ago: Dr. Helene Bernstein, a professor of obstetrics and gynecology at the David Geffen School of Medicine at UCLA, laid out the options—and the risks—for HIV-positive women who are pregnant or considering pregnancy; and Dr. Kathleen E. Squires, the medical director of the Rand Schrader Clinic at USC, talked about what the onset of the menopause is likely to involve for women with HIV.

The audience for this program was made up, by and large, of working-class women of color. To make the program accessible to them—on every level—the UCLA AIDS Institute provided lunch, free parking, free bus tokens, child care, and simultaneous translation into Spanish, the first language of many members of the audience.

Future “Focus” programs will deal with quality-of-life issues in people living with HIV, with factors that contribute to new infections in the African-American community, and with the spread of HIV in this city’s vast Hispanic population.

Close to a hundred women registered (right) for the AIDS Institute’s most recent “Focus on the Future” program (left). To make this program accessible to all, the Institute provided free child-care and simultaneous translation into Spanish.
Advocacy as a Way of Life

Michael Steinberg, the former CEO of Macy’s, has made containing the global AIDS epidemic a central concern of his personal and professional life.

In Yukio Mishima’s debut novel, Confessions of a Mask, the central character—a thinly disguised stand-in for the author himself—declares: “I want to make a poem of my life.” It might fairly be said that Michael Steinberg has made a poem of his long and productive life—not in verse, but in good works. Chief among those good works has been his commitment to preventing the spread of the HIV pandemic.

Through a shrewd combination of advocacy and philanthropy, both in his personal life and in his former capacity as chief executive officer of Macy’s, Steinberg has helped raise millions of dollars to fund AIDS-related research, support education and prevention programs, and underwrite the work of community-based organizations that provide social support to people living with HIV. Steinberg’s personal and professional involvement in efforts to stop the spread of AIDS—and provide optimal care for those living with HIV—began in earnest 15 years ago, when Steinberg and his wife, Sue, moved to San Francisco, where Steinberg would be taking over as CEO of Macy’s West. The Steinbergs arrived in San Francisco at a time when the city was reeling from a tidal surge of AIDS cases. The cause of this terrible scourge had only recently been discovered, and there was only one drug, newly on the market, that seemed to retard the terrible progress of the disease. That drug was AZT, and as we would soon learn, when it was used alone—the only option in 1988—it offered only the briefest of reprieves from what then seemed to be a death sentence.

The first wave of the AIDS epidemic hit the Bay Area with terrible force, and the vibrant and creative young staff of Macy’s was not spared. Macy’s struck back in the way Macy’s could—with a highly theatricalized fashion show, dubbed Macy’s Passport, that was one of the earliest corporate responses to the gathering epidemic. Steinberg took this annual event and transformed it into a hugely successful fund-raising vehicle, one that has raised almost $19 million through its annual Passport events in San Francisco and Los Angeles.

Steinberg’s personal perspective on the AIDS pandemic, and his resolve to help those who are engaged in the effort to halt the further spread of HIV, was deeply influenced by two individuals—who are, as it happens, polar opposites in the impact they have had on the campaign to contain the epidemic. The first of these influences was Dr. Thomas J. Coates. When Steinberg met him, Coates was the director of the Gladstone Institute at UCSF, and he became Steinberg’s informal mentor and trusted advisor on issues relating to AIDS. Last year, Coates joined the UCLA AIDS Institute, but his relationship with Steinberg seems unaffected by this southern migration. The other potent influence on Steinberg—in this case a wholly negative influence—was Thabo Mbeki, Nelson Mandela’s successor as president of South Africa. Everyone involved in the desperate battle to extinguish the viral firestorm that is sweeping across sub-Saharan Africa was dismayed when Mbeki fell in with a fringe element of so-called “AIDS deniers” and announced that poverty, not HIV, caused acquired immune deficiency. Steinberg, who was born in South Africa, took Mbeki’s wrongheadedness and intransigence very personally—it was, after all, Steinberg’s country too, and it was his countrymen who were being denied effective education about how HIV is transmitted, and effective treatment for those infected, while Mbeki and his ministers dithered and dissembled.

Thanks to the positive influence of Tom Coates, Michael Steinberg formed strong relationships with many of the beneficiaries of Macy’s Passport, particularly the centers that provide social support to people living with HIV. Through a shrewd combination of advocacy and philanthropy, both in his personal life and in his former capacity as chief executive officer of Macy’s, Steinberg has helped raise millions of dollars to fund AIDS-related research, support education and prevention programs, and underwrite the work of community-based organizations that provide social support to people living with HIV.
The UCLA AIDS Institute and You

Donor Honor Roll

January 1, 2004 – June 30, 2004

Your support—at any level—allows the AIDS Institute to undertake cutting-edge research, purchase equipment, staff our clinic, or meet a special need or request made by one of our many patients. Your support also enables us to continue to recruit the best and brightest scientists to work with us in the fight against HIV.

To make a tax-deductible donation, please use the enclosed envelope, or visit us at www.uclaaidsinstitute.org.

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For more information on making a gift, to arrange for a tour or schedule a screening of our award-winning video, please contact Ken Hurd, AIDS Institute Development Director, at (310) 794-4746 or khurd@support.ucla.edu
The UCLA AIDS Institute’s basic-science laboratories will soon have a new home. With the topping off of RB2 (see page 27), the basic framework of the building that will house many of the AIDS Institute’s research laboratories has been completed. The building, which was designed by Cesar Pelli & Associates, is scheduled to be finished in the fall of 2005.

For more information about our new home—or to discuss naming opportunities—please call Ken Hurd, Development Director of the UCLA AIDS Institute, at khurd@support.ucla.edu or (310) 794-4746.