



INSIDER

DEDICATED TO THE PEOPLE WHO MAKE THE INSTITUTE'S ACHIEVEMENTS POSSIBLE

Volume 1, Issue 1 July 2003



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A Message from the Director

Introducing *Insider*

A new publication from the UCLA AIDS Institute — dedicated to the people who make our achievements possible

Last year the UCLA AIDS Institute competed — successfully, I am happy to report — for renewal of the multi-year, multi-million-dollar federal grant that supports much of the long-range work being done by the hundreds of researchers affiliated with our Institute. These projects range from programs to develop promising HIV vaccines to programs that recruit HIV-negative wet-nurses to breast-feed babies born to HIV-positive mothers, so that those babies do not contract the virus before they can be weaned.

The renewal application that the AIDS Institute submitted to the National Institutes of Health provided an abbreviated description of every project being undertaken by our researchers. This included a description of the therapeutic vaccine that Dr. Judith Currier and Dr. Kathie Ferbas are developing — in the hope that we can reconstitute the ravaged immune systems of individuals with advanced HIV infection. (See page 7 for more about that project.) It included a description of the online HIV education programs that Dr. Marguerita Lightfoot is using to prevent runaway teenagers from seroconverting. (See pages 12–13 for more about that project.) It included brief descriptions of hundreds of other projects, being conducted in scores of labs, in Greater Los Angeles, and in locales as remote as rural China and as removed from Westwood as the favelas of Brazil.

And for all of its emphasis on brevity, this document ran to 437 pages.

If the multiplicity of projects being undertaken by members of the UCLA AIDS Institute can barely be covered in 437 pages, there is no chance that we can provide you with anything but the most cursory overview in a publication of only 18 pages. So we won't try. Instead, we will highlight a few the contributors who make the UCLA AIDS Institute the unique place that it is. Some of those contributions are made by physicians who do clinical research — like Dr. Currier. Some are made by social scientists who conduct studies of human behavior, to develop the most effective prevention messages — like Dr. Lightfoot. But others are made by people who have no formal affiliation with UCLA — people like Lyle and Diana Smith, whose grass-roots fund-raising efforts have to date netted \$10,000 for the AIDS Institute — and the Smiths hope ultimately to raise



JIM McHUGH

“In the beginning, when an idea is little more than a gleam in a researcher’s eye, private donors play a crucial role — by providing the seed money we need to convert a gleam in someone’s eye into a pilot study in someone’s lab. You would be surprised at how little money it takes to test very big ideas.”

at least \$100,000 to support our HIV vaccine research. (See page 14 for the Smiths’ inspiring story.)

The all-important work we do at the UCLA AIDS Institute depends on people like the Smiths — because it is unrestricted gifts from private donors and foundations that fund inspired investigators during the first stages of their research. Later, when inspiration has produced measurable results, the N.I.H. will provide the kind of funding that enables us to translate promising ideas into tangible gains in our campaign to contain, and ultimately conquer, HIV infection. But in the beginning, when that idea is little more than a gleam in a researcher’s eye, private donors play a crucial role — by providing the seed money we need to convert a gleam in someone’s eye into a pilot study in someone’s lab.

We all know how much it costs to conduct cutting-edge research, but you would be surprised at how little money it takes to test very big ideas.

Irvin S.Y. Chen, Ph.D.
Director, UCLA AIDS Institute

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“This Great Adventure”

Two women — one a long-term survivor of HIV infection, the other a UCLA physician who specializes in the treatment of HIV — joined by a unique bond

Every physician-patient relationship is unique — and at our HIV clinic, formally known as the UCLA Center for Clinical AIDS Research and Education, some of these relationships are nearly as old as the HIV epidemic itself. Dr. Ronald Mitsuyasu, one of the two co-directors of the CARE Center, still sees a number of patients who first came to him in 1981, the year that a team of UCLA researchers published the first description in the medical literature of the disease we now know as AIDS. These are relationships that have lasted longer than many marriages, and it is small wonder that Dr. Mitsuyasu says that seeing one of these patients “makes my day.”

Each of the physician-patient relationships that have developed at UCLA over the past 22 years is unique, but none is quite as remarkable as the special relationship that Sherri Lewis (right) has with the other co-director of the CARE Center, Dr. Judith Currier (far right). As Sherri says, that relationship spans two generations and two genders.

Although Sherri has been Dr. Currier’s patient only since 1999, the roots of their relationship go back more than a decade — to their fathers. When Sherri’s father was diagnosed, in 1991, with a rare blood-chemistry disorder known as myelofibrosis, his doctors in New York City told him that the world’s expert on this disease was a hematologist at the Mayo Clinic by the name of Murray Silverstein. It was Sherri who arranged for her father to be seen at Mayo, and she accompanied her father to Rochester, Minnesota — which she remembers for two reasons: the intense cold of Minnesota winter, and the intense warmth of Dr. Silverstein.

At some point during the intake interview, Sherri’s father introduced her to Dr. Silverstein. “She’s HIV-positive,” he said, “and look at her. Doesn’t she look great?” Dr. Silverstein concurred, and mentioned that his daughter, then finishing her residency in Boston, was planning to specialize in the treatment of HIV infection.

That might well be the end of the story, except that Sherri Lewis moved from Boston to Los Angeles in 1999. “The scariest part of that move was leaving my doctor, not Boston itself,” Sherri says. After 14 years of living with HIV, she knew that a solid partnership with a primary care-provider was essential to her continued well-being

Sherri was one of the first women to be tested for HIV — two years after the earliest commercial HIV antigen test became available, at a time when AIDS was regarded as a disease exclusive to gay men. Sherri had just gotten engaged, and Massachusetts required a premarital syphilis test — an archaic law that, in a roundabout way, may have saved Sherri’s life. She had been living life in the fast lane — no, in the express lane — and because she and her fiancé were planning to start a family soon after they married, she asked her gynecologist to test her for HIV as well as the more common sexually-transmitted diseases.

He didn’t see the need: “We don’t have that disease here



in Boston,” he told her. To which Sherri replied: “But I used to live in New York...” (She left out the heroin use, the homelessness, the bi-sexual boyfriend. She also left out the long struggle to get clean and sober, and the transformation of her life that a 12-step program had made possible.) In the end, she got her HIV test — and she got the devastating news.

As Sherri remembers it, the news also undid her gynecologist. “I was the very first person he’d ever had to tell they were HIV-positive. He had no information for me, none. In fact, he had nothing to say — period. We just sat there, both of us pale and speechless. He was plainly as shaken up by my test results as I was, poor guy.”

When Sherri learned that she had tested positive for HIV, she didn't think: "I'll be dead in two years." She thought what so many women think when they get the same terrible diagnosis: "No marriage, no sex, no baby." She also thought "no career" — one more loss among so many, at a time when her pop music career was just beginning to take off. After years of hardscrabble struggle, she'd signed a recording contract, made a debut album, appeared on American Bandstand. Now all that was over... and the hardscrabble struggle to survive was beginning.



Dr. Judith Currier

Having promised herself that she wouldn't start drinking or do drugs again if she tested positive, Sherri did the logical thing when she got her test results: she went from her doctor's office to her regular AA meeting, and she told its participants that she had just found out she had HIV. The first piece of good fortune, in the midst of all this misfortune, was that those recovering addicts encircled her, embraced her — quite literally — and helped her begin the process of accommodating herself to living with HIV.

The second piece of good fortune was that Sherri found a wonderful doctor, Michael Barry, an internist at Massachusetts General Hospital. For the next decade

Dr. Barry supported her determination to hold off on antiretroviral therapy as long as her health remained fairly stable — even when AZT and the other first-generation antiretroviral agents became available. A famous HIV specialist in Boston tried to persuade Sherri to enter one of his drug trials — by telling her that her apparent good health was "just an illusion." To which the feisty Ms. Lewis replied: "Doctor, I jogged five miles today. My good health is no illusion; it's a reality."

By the time Sherri moved to Los Angeles in 1999, she had been on multidrug therapy for two years, and she needed a local HIV expert to monitor her health and the effectiveness of her drug regimen. Her doctor at Mass General recommended Dr. Currier.

During Sherri's intake interview, Dr. Currier asked the standard questions about the health of Sherri's parents,

When Sherri learned that she had tested positive for HIV, she didn't think: "I'll be dead in two years." She thought what so many women think when they get the same terrible diagnosis: "No marriage, no sex, no baby." She also thought "No career."

beginning with her father — and got anything but the standard answer. When Sherri said that her father had died of myelofibrosis — and had been seen at the Mayo Clinic — Dr. Currier stopped taking notes. "If he was seen at Mayo," she said, "then he must have been my father's patient." And she told Sherri her maiden name: Silverstein.

This striking coincidence, this intersection of two generations, two genders, and two physician-patient relationships, led Sherri, not illogically, to ask after Dr. Currier's father... and she learned that he had died less than a month before, of a massive coronary. Tears welled in Dr. Currier's eyes — and then in Sherri Lewis's eyes, and for a long minute these two women simply held hands and mourned the loss of their fathers.

In that moment, Sherri says, there were two women *and* two men in the room. Two fathers, fondly remembered. And two women, one a longtime survivor of HIV infection, one a specialist in the treatment of HIV, about to begin what Sherri calls "this great adventure."



Exporting Our Expertise Around the Globe

UCLA at the United Nations

Dr. Judith S. Currier wears so many hats at UCLA that it is tempting to describe her as the Bartholomew Cubbins of the AIDS Institute. The hat she wears in our cover story is that of Compassionate Clinician — and in that role she oversees the longterm care of patients like Sherri Lewis (see pages 4–5). But from time to time Dr. Currier wears a very different hat, that of Ambassador at Large to a world that is dismayingly short on solid, reliable information about HIV prevention and treatment.

She was wearing the latter hat last March, when she addressed a symposium at the United Nations entitled “Best Practices for Treating Women with HIV/AIDS: Research, Management and Human Rights.” Held in connection with the 47th Session of the United Nations Commission on the Status of Women, the program was organized by the Global Alliance for Women’s Health, co-sponsored by the Permanent Mission of Denmark to the United Nations, and funded in part by an educational grant from Boehringer Ingelheim Pharmaceuticals, Inc.

Dr. Elaine Wolfson, president of the Global Alliance for Women’s Health, moderated the panel discussion. She set the tone for all of the presentations in her opening remarks, which provided these chilling statistics: 20 million women worldwide are living with HIV, and more than 2 million of them die of AIDS every year. In sub-Saharan Africa, almost 60% of the people who are infected with HIV are women, and that number is rising steadily. These sobering numbers led Dr. Currier to proclaim HIV infection in females a women’s health emergency. “We know that multidrug antiretroviral therapy is effective in treating women and preventing transmission of the virus to newborns — and we need to export that thinking around the world.”

Although Currier’s compelling presentation focused on treatment issues, she also touched upon the distinct cultural issues that allow HIV to flourish among women, issues such as domestic violence, limited access to health care, and women’s powerlessness to negotiate when and how they have sex — which renders them powerless to protect themselves from HIV infection.

In developing countries, Currier noted, treating pregnant, HIV-positive women can be a double-edged sword. “On the rare occasions when HIV-infected

women are able to obtain access to antiretroviral drugs, it is primarily to prevent transmission of the disease to their babies — not to treat the women themselves,” she explained. “An unintended consequence of exposing women to these medications is that the women may develop resistance to them — which could make the drugs less effective in treating these women in the future.”

Currier was joined at the podium by other distinguished colleagues in the fight against AIDS. Ellen Margrethe Loj, ambassador and representative of the Permanent Mission of Denmark to the United Nations, provided the keynote address — in which she proudly noted that her nation leads the world in terms of the percentage of its national budget that is allocated for foreign aid programs designed to prevent and treat HIV infection. “In my view, it would be very wrong to treat AIDS as only a health problem,” Loj declared. “Women, especially those in developing countries, are more at risk for HIV than men because they do not have access to fundamental social and economic rights.” She noted that Denmark’s experience in working with developing countries demonstrates that national governments must recognize the seriousness of the AIDS pandemic. “Unless governments talk openly about the epidemic — including how women are being violated — the epidemic will only worsen.”

Dr. Kathleen Squires, associate professor of medicine at the USC Keck School of Medicine and medical director of the Rand-Schrader Clinic at Los Angeles County/USC Medical Center, explored biological differences that may explain how HIV progresses in men and women. She also discussed how young women’s sexual physiology amplifies their risk of contracting HIV infection. “Women have lower viral loads than men at similar stages of HIV infection,” she observed. “We don’t know whether the prognostic value of viral loads is the same in women as it is in men. There are also gender differences that have an impact on how men and women metabolize drugs, both in terms of efficacy and side effects.”

At the conclusion of the program, AIDS treatment advocate Dawn Averitt described how one can serve as an advocate for HIV-positive women’s health in one’s own community. “How do we make HIV a frontline issue?” she asked. “I think we begin by providing education, clean water, and access to basic services, so



Dr. Currier is involved in one of the UCLA AIDS Institute's most promising HIV vaccine research projects: a therapeutic vaccine derived from a genetically modified, heat-treated — and therefore harmless — version of HIV. Institute researchers hope that their vaccine will stimulate an immune response in HIV-positive patients, a response will help those patients fight off the effects of the virus.

that women are empowered to take care of themselves, their families, and their community. We must care for the woman — so that she is able to care for her family and the things that are important to her in her life.” Currier and Squires serve on the advisory board for The Well Project, a new online program that Averitt has developed to provide treatment information resources, organizational tools, and other support services for women worldwide. The Web address of the site, which launches on August 1, 2003, is www.thewellproject.com.

Although the United Nations symposium was a one-time event, participating in such public forums is routine for Dr. Currier, who is particularly committed to sharing her expertise on HIV in females with the people to whom it matters most — women who are living with the disease. In the past few years, she has lectured to community groups of HIV-positive women and their families, often partnering with agencies such as Women Alive or the Los Angeles Family AIDS Network to provide updates on HIV treatment. Currier also works with the UCLA CARE Center's community advisory board to organize monthly treatment updates for patients and community members. Recently, she collaborated with the group Women at Risk to produce a special public-service announcement for community-access television. “Creating a partnership between a woman and her

medical provider is a critical step in engaging these women in their own care,” observes Currier. “Physicians must empower their patients to oversee what can be a very long and complicated process.”

Dr. Currier's dedication to her work has been recognized in many ways. She received the 2002 Constance B. Wofsy Women's Health Investigator Award from the AIDS Clinical Trials Group, and she was named 1997 Woman of the Year in Medicine by CARES, a volunteer organization at the Los Angeles County/USC Medical Center.

So, a hat for Advocacy. And a hat for Community Outreach. And, last but not least, a hat for HIV Research — because in addition to everything else she does, Dr. Currier is actively involved in a range of clinical research projects, including one of the UCLA AIDS Institute's most promising HIV vaccine research initiatives. In collaboration with her colleagues Dr. Irvin Chen and Dr. Kathie Ferbas, she is developing a therapeutic vaccine derived from a genetically modified, heat-treated — and therefore harmless — version of HIV. This team of AIDS Institute researchers hopes that their vaccine will stimulate an immune response in HIV-positive patients, and that this response will help those patients fight off the effects of the virus. “I think that AIDS treatment and prevention go together,” Currier says. “If you offer treatment, you can offer hope. You can encourage people to get tested, and then treat their infection to prevent further transmission.”



The UCLA AIDS Institute in Los Angeles

Frigate Birds, Flying Fish... and Fund-raising

A member of the CARE Center staff parlays an ocean adventure into a benefit for our HIV clinic

On February 7, 2003, Deon Claiborne, the Outreach Coordinator for the UCLA Center for Clinical AIDS Research and Education, seized the opportunity to bring together two of her greatest passions in life: helping prevent the spread of HIV... and sailboat racing.

Deon recently participated in the longest race in her sailing career: the 17th Biennial Marina Del Rey-to-Puerto Vallarta International Yacht Race, a two-week sail that covered more than 1,300 miles of coastal waters. Never one to shy from a challenge, Deon decided to make the yacht race a personal fund-raiser as well, by asking her friends for their support. Through their generosity she raised nearly \$1,500 for the UCLA CARE Center, which has provided state-of-the-art treatment to HIV-infected adults and children since 1983.

“The thing I like the best about sailing is that it challenges me in every way: it tests my intellect, my physical strength, and my courage. The parallel between sailing and working in the HIV community is that the same challenges to my character exist in both realms. I’ve been working to prevent new HIV infections for 15 years now, and I’ve lost track of the number of times I’ve had to marshal my strength to continue. There have been times that have been mentally challenging, emotionally challenging, spiritually and even physically challenging.”

In many ways this sailing trek was by far the most daunting sailing that Deon had ever done: the most wind and waves she had ever experienced, and she was further offshore than she has ever been. It also included the most marine life she had ever seen, including three species of dolphins, gray whales, flying fish, sea turtles, and a frigate bird with a 90-inch wingspan that settled on the ship’s mast one evening.

“It is important for people to challenge themselves in ways that may not be comfortable,” Deon believes. “After all,” she observes, “there are aspects of HIV infection that make people uncomfortable — and it is important to challenge ourselves there too.” Deon plans to participate in more long-distance sailing races — and she hopes to continue raising much-needed funds for the UCLA CARE Center along the way.



The UCLA AIDS Institute’s New Executive Director

*Editor and publisher
joins Institute staff*



DENNIS BARIBAUT

In November of 2002 Edwin Bayrd accepted the newly-created position of Executive Director of the UCLA AIDS Institute. For the previous

nine years, Mr. Bayrd edited and published *HIV Newslines*, a treatment-update journal that was distributed, at no cost, to virtually every healthcare provider in the United States who treats HIV-infected individuals — to provide those physicians with readable, reliable, relevant information on the latest advances in the diagnosis and treatment of HIV-positive patients. Prior to founding *HIV Newslines*, Mr. Bayrd edited a number of medical journals, among them *Cardiovascular Medicine*. He received a Jesse H. Neale Award for the new departments and features that he developed as part of a cover-to-cover redesign of that magazine.

In a varied career that includes a long stint as the managing editor of Newsweek’s book division, Mr. Bayrd has written books on topics as varied as world mythology and ancient Japan, but he is especially proud of the articles, editorials, news items, and commentaries that he has contributed to the literature about HIV — its causes, its prevention, its treatment, and its eventual eradication.

Since he joined the UCLA AIDS Institute Mr. Bayrd has overseen the production of a short video that provides an overview of the Institute’s multifaceted, multidisciplinary approach to containing the HIV pandemic — through laboratory research and behavioral science, community outreach programs and coordinated patient care. For additional information about this video, contact Kenneth Hurd, Development Director, at (310) 794-4746 .



Members of the staff of the UCLA AIDS Institute and their supporters turned out in force on April 26th, to participate in a 5-kilometer walk organized by the League of African-American Women to raise money for AIDS education and prevention programs.



Macy's Passport has raised nearly \$17 million over the last 21 years to support AIDS research, services, education, and prevention programs in California. (See Upcoming Events for further information.) Two of the Institute's HIV vaccine researchers, Dr. Kathie Ferbas and Dr. Peter Anton, flank Israeli hip-hop violinist Miri Ben-Ari at last year's benefit (above).

Upcoming Events

Tuesday, July 29, 2003, 11:30 AM – 1:30 PM

UCLA AIDS Institute Luncheon, UCLA Faculty Center

First of a luncheon series focusing on recent advances in laboratory research and patient care. Featured speakers: Dr. Jerome A. Zack, "Closing in on Eradication: Will It Be Possible to Stop Drug Therapy?" and Dr. Judith S. Currier, "Highlights from the International AIDS Society Conference on HIV Pathogenesis and Treatment," held in Paris, France, July 13-17. Call Jenny Davidson at (310) 267-1855 for more information.

Thursday, August 14, 2003, 6:30-9:00 PM

Video Industry AIDS Action Committee (VIAAC) Donor Appreciation Event

VIAAC hosts "an evening of wine and wisdom" featuring Columbia Crest Wines and a screening of the new UCLA AIDS Institute video. This event will be held at the UCLA Hammer Museum. Please call (213) 833-6694 for more information.

Sunday, September 14, 2003

"For Global Progress" Reception, Chicago, Illinois

Second annual cocktail reception, hosted by Terri Weinstein and Janet McCann, to benefit UCLA's HIV vaccine programs. Featured speaker: Edwin Bayrd, Executive Director of the UCLA AIDS Institute. Please call (847) 681-9323 for more information.

Wednesday, October 1, 2003

Macy's Passport Teen Night

For the third year in Los Angeles, Macy's West is producing a special preview evening of their Passport show (next listing). This evening, exclusively geared towards junior high and high school students, showcases the latest fashions but also emphasizes HIV/AIDS prevention and education.

Thursday, October 2, 2003

Macy's Passport

Macy's 21st Annual Event of Fashion/Theatre will highlight the best of fall fashions for men, women, and children. This year's featured collections include 2Xist and Roccawear, among others. Proceeds from Passport 2003 will fund Macy's \$1 million commitment to UCLA for the UCLA/UCSF Vaccine Collaboration, which is dedicated to accelerating development of HIV vaccines. For ticket information, please contact Blue Room Events at (310) 491-1401.

October 31, 2003

CARE Center Symposium: "Tough Decisions Made Easier"

A one-day clinical symposium on the optimal management of extensively pretreated patients with HIV infection. Co-chairs: Dr. Ronald A. Mitsuyasu and Dr. Judith S. Currier, the co-directors of the UCLA Center for Clinical AIDS Research and Education. Open to all interested physicians. For information or to enroll call (310) 206-6415.

Faculty Profile

The Changing Role of the Perinatologist

Helping HIV-positive women have healthy babies

At the UCLA Medical West clinic, where she treats low-income women with high-risk pregnancies, Dr. Helene Bernstein sees women with heart disease, diabetes, epilepsy... and HIV infection. Thanks to advances made in the last decade in treating HIV infection, Bernstein notes, HIV is less likely to have an impact on a pregnancy than these other medical conditions.

“Unless a woman has advanced HIV infection, her disease shouldn’t pose a serious problem,” Bernstein says. “With proper care, the risk that an HIV-positive woman will transmit HIV to her baby is less than 1%. This is much lower than the potential risks for infants of pregnant women dealing with other chronic diseases.

“We need to bear in mind that everyone is at risk for something,” she observes. “People with HIV have a limited lifespan — but so do people with heart disease, diabetes, and high blood pressure. Our patients are grateful for the medical care and support that we can provide them, and since the advent, in the mid-1990s, of combination antiretroviral therapy — the so-called drug cocktail — we are in a position to take very good care of them indeed.”

Dr. Helene Bernstein



Bernstein, who recently joined the UCLA AIDS Institute as an assistant professor of obstetrics-gynecology, notes that there has been a major change in the clinical management of pregnant, HIV-infected women in the last few years. “Because we now have the drugs to prevent virtually all maternal-to-infant transmission of HIV infection, our focus has shifted to providing optimal care to the mothers of those babies.

“HIV-positive women are now likely to live 20 to 30 years longer now that we can offer them these potent multidrug combinations,” she explains. “These women are not all that much different from you or me, other than that they are taking multiple daily medications. They have healthy babies, receive support from their partners, have happy marriages, hold important jobs. In my opinion it is not the physician’s role to judge whether HIV-infected women should or should not have children. As a perinatologist I offer all of my patients medical statistics and guidance about the pregnancy-associated risks of their chronic disease. It is then up to the patients to decide whether to accept the risks associated with child-bearing.”

Bernstein brings an impressive background to the AIDS Institute. Before coming to UCLA she conducted HIV research at the National Institutes of Health with its internationally respected director, Dr. Anthony Fauci. She also completed a three-year maternal-fetal clinical fellowship at Johns Hopkins School of Medicine in Baltimore. She plans to continue her research at UCLA.

“UCLA is a great place to be, in intellectual terms,” Bernstein enthuses. “I like the fact that there are a lot of dedicated scientists here, all studying different aspects of the immune response to HIV. There is huge potential for me to collaborate with them, from the perspective of immune function and obstetrics.”

Bernstein’s particular research interest is so-called natural killer, or NK, cells — which prevent HIV from spreading in the immune system. Previous research has shown that NK cells from adults kill HIV by producing chemokines — which bind to the surface of cells and prevent HIV from entering those cells and replicating in their nuclei.

Bernstein has found that NK cells from newborns produce as many chemokines as cells from adults — and, more importantly, those neonatal NK cells inhibit HIV replication even better than cells from adults. Her findings could play an important role in preventing mother-to-child HIV transmission.

At present Bernstein is examining whether HIV antibodies can augment the production of chemokines by neonatal NK cells — which could lead to clinical interventions to further reduce the risk that HIV-positive women will pass the virus to their babies.



Spotlight On...

Medical Student's Personal Experience Inspires Him to Pursue an AIDS Care Fellowship

His interest is the patients, and the people who support them

Edmondo Robinson, a recent graduate of the David Geffen School of Medicine at UCLA, was one of only eight students chosen from across the nation to participate in a prestigious AIDS Care Fellowship at the UCSF AIDS Institute. The four-week multi-disciplinary program was sponsored by National Medical Fellowships, Inc., Kaiser Permanente, Aetna Foundation, Inc., and the California HealthCare Foundation.

According to Dr. Robinson, studying HIV is an extension of his initial interest in organisms that cause disease and the medications that doctors use to treat them. "When I started medical school in 1997," he says, "I gravitated toward 'bugs and drugs' — courses about microbiology and pharmaceuticals. Right now, HIV is the ultimate bug, and studying it is a natural progression of that interest."

Robinson, 27, credits his attorney wife, Rashonda, with encouraging him to personalize his application for an AIDS Care Fellowship. "I had to write an essay to accompany my program application," he explains, "and my first draft was so impersonal that it was practically generic. I knew something was missing, but I didn't know what that was until my wife asked me what had inspired me to apply for the fellowship in the first place.

"I started thinking about my uncle, who died of AIDS during my second year of medical school. And as I did, I began to recall specific issues associated with my uncle's illness. He didn't take his medications regularly or stick to his assigned drug regimen, and he didn't protect himself in other ways," Robinson remembers. "His illness hit me on a very personal level. I wanted to pursue the AIDS Care Fellowship in order to explore the people behind the science of HIV — the patients, and the people who support them."

After his first three years of medical school, Robinson took two years off to earn a master's degree in business administration, with an emphasis in healthcare management. He graduated with honors from the Wharton School at the University of Pennsylvania in 2002, and his hope is to integrate his medical and business degrees, to develop ways of making healthcare available to the millions of Americans who cannot currently afford it.



Edmondo Robinson

"I envision myself working in an area where patients are medically underserved," he says. "I decided to get an MBA so that I could help identify the clinical and psychosocial constraints that prevent these patients from accessing care. I think I can blend my medical and business educations to address these factors in a productive way." Robinson's wife supports this admirable ambition wholeheartedly, although she does tease her new husband by intimating that he plans to take off for South Africa as soon as he finishes his training... and leave her behind.

Robinson is currently working as an internal-medicine resident at Harbor-UCLA Medical Center. After three years of residency, he plans to tackle a two-year fellowship in infectious disease. "Many physicians who specialize in HIV don't possess an infectious disease background," he notes. "I think it would open up a few more opportunities, if for example I want to work internationally or at the Centers for Disease Control" — which is just the sort of remark that gives credence to Rashonda Robinson's apprehensions.

In the more distant future, Robinson sees himself as a physician specializing in clinical HIV research. "I just like talking to patients and coming to understand them," he says. "That's what really inspires me."



Innovative Ideas in Action

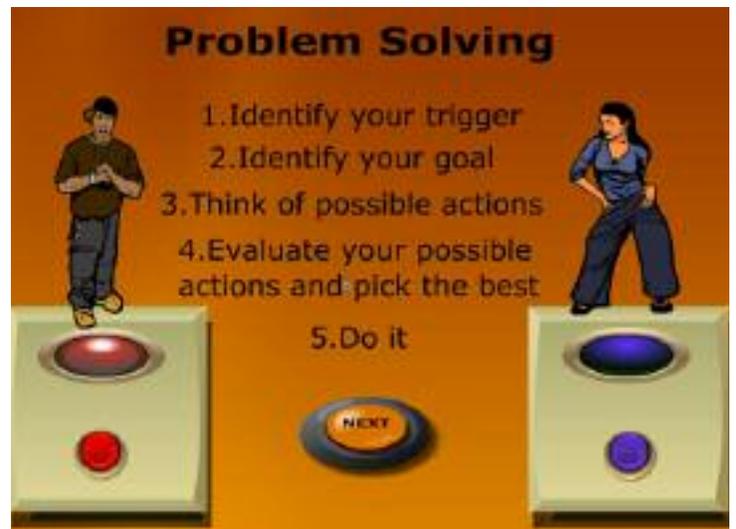
Ground-breaking Youth Psychologist Chosen for Competitive Research Award

Teaching homeless teenagers how to keep from contracting HIV — as part of a community-based research study at the UCLA AIDS Institute

UCLA AIDS Institute member Marguerita Lightfoot, Ph.D., was chosen by the William T. Grant Foundation as one of only four researchers in the nation to receive a prestigious award for youth-related research. She will receive \$300,000 over five years to support her pioneering research on new strategies to help homeless youth avoid infection with HIV. Dr. Lightfoot, an assistant research psychologist at the UCLA Neuropsychiatric Institute's Center for Community

“My team trains the people who actually deliver the program's messages in the field,” she explains. “This makes our interventions more effective and long-lasting.” Lightfoot and her team have trained health-providers from a wide range of organizations, among them the County of Los Angeles, AIDS Project Los Angeles, Kaiser Permanente, the Gay and Lesbian Center, M.D. for Life, and the Ventura County Department of Public Health.

Lightfoot recently helped facilitate a UCLA/County of Los Angeles symposium designed to help community providers develop strategies to address stigma, racism, and homophobia aimed at mixed-race male couples and to incorporate these techniques into existing HIV prevention programs. “Marguerita was very skilled at bringing people



Health, submitted a five-year research plan as part of her application — and the Grant Foundation cited her plan for its creativity and intellectual rigor.

“Dr. Lightfoot is an individual of exceptional skill and commitment, who has consistently been recognized for her promise as a researcher,” said Dr. Mary Jane Rotheram-Borus, the UCLA AIDS Institute's associate director of public policy, who nominated Lightfoot for the scholarship. “I am confident that she will become an excellent independent investigator.”

Lightfoot specializes in designing HIV prevention and intervention programs that are easily adapted to real-life situations, and she oversees the instruction that local counselors receive before they implement these programs among adolescents at high risk for contracting HIV.

together and helping them focus on a common problem, in order to develop strategies that effectively confront these social issues in HIV prevention,” notes Ernesto Hinojos, director of education for the Los Angeles County Office of AIDS Programs and Policy.

Lightfoot is one of the first AIDS researchers to incorporate new technology into her HIV intervention programs for youth at alternative education schools. “We have created an innovative computer program to help kids develop decision-making skills about HIV-risk reduction — and then apply those skills in their lives,” she says. The CD-based animated program features cartoon teenagers in risky sexual situations, situations that the program's users can influence by choosing different behavior options (see illustrations above).

“Young people are more honest with computers than with each other,” Lightfoot observes. “They can remain anonymous online, and that makes it easier for them to reveal intimate details about themselves, details they would be much less likely to share in small group meetings, which is how these interventions have traditionally been done among young people.”

Building on this success, Lightfoot and her colleagues have used Internet innovations in other ways. “Young people are very engaged by, and comfortable with, the concept of online chat-rooms, and it’s natural for them to relate to each other via the Internet. We tap into that, because it’s a more creative way to convey our messages.” Indeed, she has tapped in far enough that one of her new intervention

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programs, a program specifically geared to runaway teens, will include a chat-room component... and locations where these teens can log on and talk to others like them.

Lightfoot also collaborated with Rotheram-Borus on Project Talk, a study that examined the impact of a coping-skills program taught to the teenage children of HIV-positive parents. “We learned that our interventions have a long-lasting impact on these adolescents,” said Lightfoot. “But a program like Project Talk is very static. It’s a one-time effort — which is why our plan is to incorporate the Internet into the next version of Project Talk, to provide ongoing reinforcement of skills and continued social support. We hope this component will enhance the program’s effectiveness as these kids’ lives change and they confront new experiences.” 



Dr. Marguerita Lightfoot

The UCLA AIDS Institute and You

A Los Angeles legend leaves a legacy for HIV vaccine research

*James B. Pendleton
Charitable Trust underwrites
institute investigators*

In the 1930s and '40s, James B. Pendleton enjoyed a reputation as one of the leading interior designers in Manhattan and Los Angeles. With a showroom on each coast, he specialized in decorating stylish homes for celebrities — and many of those movie stars became personal friends. Pendleton and his wife gave the sort of parties that are the stuff of Hollywood lore, inviting intimates like Greta Garbo, James Stewart, Mary Pickford, Buddy Rogers, Mary Martin, and Clifton Webb to their spectacular home in Beverly Hills.

Although Pendleton's particular professional talent lay in creating dramatic settings for domestic events, his personal interests were more serious and more substantive. Among other things, he had a scholar's interest in scientific research — and that aspect of his character is reflected in a charitable trust created after his death in 1994. Through that trust the Pendleton estate has given hundreds of thousands of dollars to support groundbreaking HIV research at the UCLA AIDS Institute.

According to Donald Smith, who was one of Pendleton's good friends and has become a good friend of the UCLA AIDS Institute, James Pendleton took considerable interest in efforts to contain the HIV epidemic. "He read in the paper about people diagnosed with AIDS during the early days of the epidemic," Smith recollects, "and he was well aware of the toll AIDS was taking." Smith adds that he is sure that Pendleton would be pleased that part of his estate is being put to such good use.

Through his participation in the Los Angeles-based AIDS Research Alliance, Smith met Dr. Peter Anton, an HIV-vaccine researcher at the UCLA AIDS Institute — and, recalling Pendleton's interest in innovative science, Smith introduced the AIDS Institute to the persons who are the advisors to his charitable trust.



James B. Pendleton

Since 2000, Pendleton's estate has donated more than \$700,000 to the UCLA AIDS Institute. Recently, the trust began targeting its funds to foster development of an HIV vaccine. To learn more about how you can help advance scientific research at the UCLA AIDS Institute, please contact Ken Hurd, Development Director, at (310) 794-4746.



“We lit the match and got the fire started”

Everyday heroes Lyle and Diana Smith launch a grass-roots effort to support UCLA's HIV vaccine programs

Last fall, Pallotta TeamWorks, a company that organized bike rides to raise funds for AIDS vaccine research at the UCLA AIDS Institute and others research centers, closed its doors. In the short term, there is no way for the AIDS Institute to compensate for this shortfall — which provided our researchers with seed money to test novel approaches to developing HIV vaccines. “There is no easy way to make up \$1 million per year,” notes Dr. Irvin S.Y. Chen, director of the UCLA AIDS Institute. “We will need to be more aggressive than ever in our grass-roots fund-raising efforts, so that we can

The UCLA AIDS Institute and You

Donor Honor Roll July 2002 – June 2003

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 the AEP, to make a gift, to discuss naming opportunities, to arrange for a tour, or to schedule a screening of our new video, please contact Ken Hurd, AIDS Institute Development Director, at (310) 794-4746, or at khurd@support.ucla.edu.

continue to fund the development of candidate HIV vaccines, and we ask every person who cares about defeating AIDS to support this crucial research.”

Fortunately, more than one caring individual has stepped up to meet Dr. Chen’s challenge. In the case of Lyle Smith, a retired engineer, and his wife, Diana, an interior designer, the response was as simple as it was successful: they invited their friends to a champagne cocktail party to benefit the AIDS Institute. The Smiths’ original plan had been to raise \$10,000 by asking their friends to sponsor them on a TeamWorks ride. But when that opportunity was denied them, the Smiths decided to scale their efforts up, not down. “We decided that raising \$10,000 through a bike ride was a worthy goal, but we wanted to do more,” Lyle explains. “We made a pledge to ourselves to raise \$100,000 for AIDS vaccine research at the UCLA AIDS Institute.”

“The idea that we were supporting leading-edge approaches to vaccine development, approaches that ordinarily wouldn’t get funded, appealed to us,” Lyle adds. Knowing the UCLA AIDS Institute’s reputation for innovative vaccine research — both in the area of so-called therapeutic vaccines, which will be used to boost the immune systems of people living with HIV, and sterilizing vaccines, which will protect uninfected individuals from contracting HIV — the Smiths chose the AIDS Institute to be the sole beneficiary of their fund-raising efforts.

Diana called the AIDS Institute, seeking a speaker for the event — and learned that Dr. Judith Currier, a member of the Institute whose profile appears on pages 6-7 of this issue, could be in the Smiths’ hometown of Chicago on the night of the fund-raiser. Diana also tapped her contacts in the world of interior design — and through one of her colleagues she arranged to hold the reception at a recently remodeled home in a Chicago suburb. A graphic designer, and a friend with a printing shop, donated the design and printing of the invitations. Even the champagne, food, music, and flowers were donated.

“It was a total group effort,” she acknowledges. The collaboration was also extremely effective: almost 70 people attended the party at \$150 apiece, and the evening event raised an even \$10,000 for the AIDS Institute. The Smiths set up a not-for-profit foundation, called For Global Progress, to receive those contributions. They registered this new foundation in Illinois, and they put together a board of directors to help them meet their ultimate goal of raising \$100,000 for HIV vaccine research.

“We lit the match and got the fire started,” says Lyle. That flame is still burning brightly: the Smiths are deep into plans for a second fund-raising event, scheduled for September 7th (see Calendar of Events, page 9). Edwin Bayrd, the Executive Director of the UCLA AIDS Institute, will be the featured speaker at that event. 

Design Your Own Vaccine Fundraiser!

You may be wondering how you can help the UCLA AIDS Institute continue its groundbreaking research, now that the AIDS Vaccine Rides are no longer an option. One easy way would be to transform an existing cycling tour into your own AIDS fund-raising event.

Imagine exploring the hills of Tuscany, wheeling along the back roads of the San Juan Islands, or spinning through California’s wine country — all while raising money for HIV vaccine research.

Many cycling outfitters will gladly craft domestic or international itineraries that are customized to the activity level and interests of private groups. These tours will plan the routes, book all accommodations, and arrange meals at well-regarded local restaurants. They can also arrange for additional outings, such as whitewater rafting, hot-air ballooning, or shopping at the local farmers’ markets.

For those who prefer a more rough-and-tumble experience, many cycling outfitters offer camping trips as well. They’ll reserve the best sites at scenic campgrounds, furnish the gear, and provide guides who will cook your meals over an open campfire.

These outfitters take care of the details... so you are free to enjoy the cycling, the scenery, and the camaraderie. With every mile you ride, you can take satisfaction in knowing that you are raising funds that will directly support the UCLA AIDS Institute’s innovative HIV vaccine initiatives.

UCLA does not endorse particular companies, but outfitters offering private trips are easy to find. Simply go online and conduct a search for “cycling” plus “customized vacations,” “private tours,” or “personalized itineraries” to produce scores of options. Happy cycling!

Photography Credits

Unless otherwise noted, all of the striking black-and-white photographs that appear in this issue of *Insider* were taken by noted photographer Jim McHugh, whose work appears regularly in *People Weekly* and *Architectural Digest*. To reach Mr. McHugh at his Los Angeles studio, call (323) 466-2890. Additional examples of his work are posted on his Web site, www.jimmchugh.com.

The UCLA AIDS Institute's basic-science laboratories will soon have a new home. Ground was broken in July for a facility that will house all of the Institute's labs under one roof. The open-plan floors will permit even greater interaction and collaboration among members of the Institute. The new building—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 (310) 794-4746.



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