Living with AIDS: The True Picture

Surviving the implacable assault of HIV involves much more than taking a few pills every day—it’s a full-time occupation in itself. Yet Octavio Vallejo manages this daunting task while maintaining a heavy teaching schedule, educating fellow Hispanics about the harsh realities of the epidemic, and nurturing a domestic partnership.

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A Message from the Executive Director

The Central Paradox of the AIDS Epidemic

Highly visible in the Third World, HIV infection is now all but invisible in ours, creating a false sense that the crisis is behind us.

In certain villages in Uganda, in certain sections of Soweto, in certain back streets in Mumbai, everyone seems to have AIDS. The drawn faces and wasted frames, the ashy skin and brittle hair that characterize those in the last stages of HIV infection, are a commonplace. In Los Angeles, in San Francisco, and in every other major city of the developed world, by contrast, AIDS seems to have disappeared. The powerful drugs that UCLA has helped to develop, test, and provide to those who need treatment have ushered in a period of protracted clinical stability for many HIV-positive individuals in this country.

We know that these treatments are temporizing measures; they do not cure anyone. But they do slow the once-inexorable progression of this disease. They buy time. They allow many patients to resume near-normal lives. And they foster the illusion that HIV infection is a clinical conundrum that has been “solved.” Maybe not on the Indian subcontinent, and definitely not in sub-Saharan Africa, but certainly in West Hollywood, in Compton, in East Los Angeles.

This central paradox of the AIDS epidemic—that it has become all but invisible in much of the developed world even as it has become highly visible in the Third World—confounds our efforts to contain, and ultimately cure, the great plague of our lifetimes.

The exponential explosion of HIV infection, in places well over the horizon, also complicates our efforts to contain the HIV pandemic. Because the dying is no longer occurring here at home, to people we know, to friends and family, it has ceased to impinge on our daily lives in the way it did a decade ago. It is distant thunder now—muted, and less frightening.

Here at home, the perception that HIV infection is no more life-threatening than, say, insulin-dependent diabetes presents us with another kind of problem: risk-taking is on the rise, especially among young people. To counteract the widely held—and erroneous—belief that HIV infection is now an easily managed disease, we assigned an award-winning photojournalist to document what it is really like to live with HIV.

“Living with AIDS: The True Picture,” appears on pages 4–13 of this issue of Insider. It is a cautionary tale: coping with the many complications of advanced HIV infection is clearly a full-time job in itself. But it is also a compelling portrait of a valiant visionary, one whose message to other HIV-positive individuals is: “We are responsible for taking the best possible care of ourselves.”

On pages 20–23 of this issue we offer another inspiring story—one that is unfolding well over the horizon, in eastern Kenya. There Chandice Covington, a member of the faculty of the UCLA AIDS Institute, is implementing an innovative program that may one day save the lives of countless infants who would otherwise be exposed to HIV through breast-feeding.

Dr. Covington is only one of scores of UCLA researchers who hear the distant thunder, and have responded to it. With your help, we will continue to respond—until the firestorm has been extinguished.

Edwin Bayrd
Executive Director, UCLA AIDS Institute
A Message from the Executive Director
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Surviving the implacable assault of HIV involves much more than taking a few pills every day — it’s a full-time occupation in itself.

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The Long and Winding Road
Charity Treks raises more than $80,000 to benefit UCLA AIDS Institute.

The UCLA AIDS Institute in the World
Saving the World, One Mtoto Mchanga at a Time
An ingenious program, developed by a member of the UCLA AIDS Institute, could potentially prevent tens of thousands of cases of mother-to-infant HIV transmission.
Surviving the implacable assault of HIV involves much more than taking a few pills every day—it's a full-time occupation in itself. Yet Octavio Vallejo manages this daunting task while maintaining a heavy teaching schedule, educating fellow Hispanics about the harsh realities of the epidemic, and nurturing a domestic partnership.

Photojournalism—effective, engrossing, truth-revealing photojournalism—obliges the photographer to immerse himself in his subject material so completely that he effectively disappears below the surface of the work... and all that remains is the subject matter itself. In the photograph seen here, the subject is a homeless man with AIDS. Boza Ivanovic, a refugee from the former Yugoslavia who emigrated to Los Angeles in 1996, at the age of 24, to pursue a career in photography, spotted this hapless man on a downtown sidewalk—where lunchtime crowds acknowledged his presence but not his plight, ignoring the bilingual plea on his hand-lettered sign. Ivanovic stopped—long enough to take this telling close-up... and to offer his subject a kind word and enough money for a square meal.

The editors of Practical Photography, a London publication, thought so highly of Ivanovic's work, based on this single image, that they commissioned him to shoot the cover story for this issue. The assignment was a challenging one: create an accurate portrait of what it is really like to live with advanced HIV infection—to counteract the widespread misapprehension that AIDS is now a readily managed disease, roughly akin to insulin-dependent diabetes.

To produce this portrait, Ivanovic had to immerse himself in the life of his subject, Octavio Vallejo, a longtime patient at UCLA's Center for Clinical AIDS Research and Education. In order to record every aspect of Dr. Vallejo's life—the rigorous requirements of his daily medication regimen, the demands of his professional life, the rewards of his community outreach activities, and the comforts of his home life—Ivanovic spent the better part of 14 days over two full months shadowing his subject. In the process, he became such a familiar presence in Dr. Vallejo's life that, in defiance of Heisenberg's principle, he ceased to have an impact on the story he was telling. As a result, what follows truly is Octavio's story—but we have Boza's talent, and capacity for self-effacement, to thank for that.
Octavio Vallejo, M.D., M.P.H., is a specialist in infectious diseases and epidemiology. In 1990, he was diagnosed with HIV infection. At the time he had no overt symptoms, but when a former companion of the man he was then living with died of complications of AIDS, Octavio knew he needed to get tested. And sure enough, the virus, which follows the endlessly branching tree of human sexual contacts, had found its way to Octavio, out on his distant limb. His reaction to the diagnosis was everyone’s reaction in those days: he was sure he was going to die, and soon. He was overwhelmed by feelings of hopelessness, loneliness, sadness, and disappointment. “I lost my goals, my dreams, my very self,” he says. The most painful repercussion was rejection by his partner, who was afraid to touch him. “You can’t fake love,” Octavio observes—other things, perhaps, but not love. “The relationship was over, so I moved out.”

This was the first of many rejections. Some came in response to applications for jobs; others, when he began telling his friends—and tried to tell his family. (Today, only one of his eight siblings knows he has AIDS.) And then a miracle of sorts occurred: Octavio called the University of Miami, where he was working toward a Masters Degree in Public Health, to tell them that he had tested HIV-positive… and the school, to its unending credit, refused to let him withdraw. “You are the perfect person for the program,” they said. Time has shown just how right they were.
In 1996, Octavio developed a fungal infection in the lungs — the first sign that his HIV infection had progressed to outright AIDS. He began to cough up blood at night, and within days his condition had deteriorated so much that a co-worker had to rush him to the emergency room of UCLA’s hospital, where the staff not only stabilized him but helped him get health coverage. Over the next few years he cycled through half a dozen drug regimens, as the old drugs ceased to suppress the virus in his body... and as newer and more potent regimens became available. For the last three years he has been taking a combination of three anti-HIV medications, plus Bactrim to prevent AIDS-related pneumonia and acyclovir to prevent recurrent fungal infections. In addition he injects himself with human growth hormone to combat the worst effects of HIV-induced wasting syndrome, and applies testosterone gel to his thighs to ameliorate the fatigue that is common in people with advanced HIV disease. Octavio estimates that it takes two hours to complete his daily medical regimen — a far cry from the widespread perception that HIV can be kept at bay with a few pills a day.
Nathan Hale once observed that the price of liberty is constant vigilance. The same price is extracted by HIV, as Octavio Vallejo knows only too well. In addition to his daily drug regimen, there are regular check-ups with his longtime physician, Dr. Judith S. Currier, co-director of the Center for Clinical AIDS Research and Education at UCLA. And there are occasional unscheduled visits to the CARE Center — when, despite his scrupulous adherence to a demanding regimen and his round-the-clock vigilance, Octavio develops one of the opportunistic infections that assail individuals whose immune systems have been ravaged by HIV.

None of these setbacks keep Octavio from his work. “It is part of my therapy — because it is my passion,” he says. Since 1994, he has been training healthcare providers at UCLA and the Pacific AIDS Education and Training Center, and over the last decade he has developed a national reputation for his skill in tailoring AIDS education and prevention programs to specific communities, particularly the vast and disparate Latino community right here in Southern California. The Los Angeles Times took note of Octavio’s unique contribution in its “Hearts of the City” column, with an article titled “A Mission of Mercy” — and former President Clinton, who has dedicated his post-presidential years to combating HIV, honored him with a special letter of commendation.
As Octavio sees it, maintaining his emotional health is as critical as maintaining his physical health—and he works equally hard at both. He meditates for at least fifteen minutes every day, taking slow, deep breaths to cleanse and relax his mind. “Otherwise,” he says, “the thoughts never stop.” He exercises virtually every day, a combination of aerobics and fitness training that can last an hour or more, and he regards that routine as an adjunct to his daily drug regimen—constant vigilance in another form.

Octavio would be the first to say that Charlie and Tito are crucial components of his daily therapeutic routine, but the dogs might argue that they get more than they give. Their unconditional devotion “is part of my spiritual life,” Octavio says. “I see God in their love.” This deep spirituality carries over into the guidance he offers to other HIV-positive individuals: “Survive. This is not a death sentence. We are responsible for taking the best possible care of ourselves.”
The bedrock of Octavio Vallejo’s life is his close companionship with his partner of seven years — who is, in many ways, Octavio’s polar opposite: not infected with HIV, not Hispanic, not a public person. Theirs is clearly a partnership of equals — and another instance of opposites attracting. “It is my duty to protect him at all times,” Octavio says — and although it is clear from the context that he means “protect him from HIV infection,” it is equally clear that the two men protect one another in the larger sense as well.

Living with HIV has taught Octavio Vallejo numerous things — including the fact that some things are simply unknowable. “Until I began to work with other infected individuals,” he notes, “I didn’t know I had this capacity to affect people.” But he does, and as a physician with a specialty in infectious diseases, a community activist with a degree in Public Health, and a gay man living with advanced HIV disease, he is just what the University of Miami was sure he could be — the perfect person to be doing the work he does.

— Sheila Hutman
Spotlight On...

What’s in a Name?

Gerald Levey, Dean of the David Geffen School of Medicine at UCLA, is the driving force behind a capital campaign to create a medical research complex second to none on UCLA’s south campus.

RB2. It’s not even a name — it’s merely a designation: Research Building 2. When it is completed, in 2005, RB2 will provide state-of-the-art laboratory space for researchers working in the interrelated fields of microbiology, immunology, biochemistry, and molecular genetics — and it will be the new home for many of the basic scientists affiliated with the UCLA AIDS Institute.

In time, RB2 will have a name, not simply a designation — because Dr. Gerald S. Levey, who is the Vice-Chancellor for Medical Sciences and Dean of the David Geffen School of Medicine at UCLA, is deeply committed to that objective — and Dr. Levey has a remarkable record in that regard. During his decade-long tenure, Dr. Levey has matched patrons to projects with such success that three of the five buildings that have been erected on the south campus since 1994 bear the names of their principal donors.

At the groundbreaking ceremony for RB2, on July 29, 2003, from left to right: Dr. James V. Luck, Jr., President, CEO, and Medical Director of the UCLA Orthopaedic Hospital; Dr. Frederick Eiserling, Dean, Division of Life Science, UCLA College; Cesar Pelli, architect of the UCLA AIDS Institute’s new home; and Dr. Gerald S. Levey, Dean, David Geffen School of Medicine at UCLA.

Dr. Levey refers to the process of pairing patrons to projects as “refined philanthropy” — approaching the appropriate benefactor in the appropriate way with the appropriate proposal. He says that his role is simply to help potential donors appreciate how satisfying it is to know that a gift made during their lifetimes, or as a posthumous bequest, can have a worldwide impact. “And if you look at what motivates a philanthropist to give,” he adds, “I cannot think of any reward more wonderful than that.”

It is a compelling argument — and apparently it is particularly compelling when Dr. Levey himself makes it, because when he joined UCLA a decade ago the medical school raised something in the neighborhood of $40 million a year to support its infrastructure and research activities — and now, under Dr. Levey’s aegis, it raises closer to $150 million. Moreover, Dr. Levey’s special brand of match-making has led to the naming of lobbies, laboratories, conference rooms, and seminar rooms, not to mention more than 60 endowed professorships.

Like UCLA’s brand-new hospital, which is nearing completion on Westwood Boulevard, RB2 will be built to the rigorous new standards adopted by the university after the Northridge quake of 1994 — standards that will make these new buildings among the most earthquake-resistant structures of their kind anywhere in the country. Unlike the new hospital, RB2 will contain a special vivarium for the growing of viral cultures, a so-called Biosafety Level 3 Facility. This new vivarium will allow UCLA scientists to conduct experiments with highly infectious viruses in absolute safety — to themselves, and to the community.

Interestingly enough, this biocontainment facility will not be used by members of the AIDS Institute for research involving live HIV, because the AIDS virus is not nearly as infectious as, say, SARS, and while all live viruses are handled with great caution by UCLA researchers, HIV — because it is not airborne — does not require the kind of containment facility that must be used by anyone working with virulent viruses. But Dr. Levey envisions RB2 as a center for research not just on HIV but on “the next HIV” — and the
Dr. Levey envisions RB2 as a center for research not just on HIV but on "the next HIV"—and there is nothing that says that the next great pandemic won’t involve a virus as deadly as HIV and as communicable as SARS.

The next great pandemic may involve a virus as deadly as HIV and as communicable as SARS. When and if that virus comes along, researchers here will be ready for it. What really distinguishes this new UCLA building, however, is its design—an open-floor plan that will allow researchers to reconfigure the space according to the shifting needs of particular projects. Dr. Levey says that the building, which was designed by Cesar Pelli and Associates and echoes the cornice lines and structural materials used for the nearby Gonda (Goldschmied) Building, is a physical reflection of the "programmatic affinities" that are shared by the various research departments that will ultimately share space in the building. In RB2, the usual honeycomb of laboratories will be superceded by laboratory modules that can be repositioned as the dictates of a given collaboration demand. Dr. Levey calls this a "maximally efficient" use of laboratory space, but it could also be called eminently practical, endlessly flexible, even downright ingenious.

In a very real sense, the design of the UCLA AIDS Institute’s new home is a physical manifestation of the cross-disciplinary collaboration that has always been the hallmark of the Institute. From the first, HIV research at UCLA has drawn upon the talents of experts in such disparate fields as epidemiology, virology, genetic engineering, and behavioral science, and these days it is the rare large-scale AIDS Institute project that does not involve researchers from several disciplines, pooling their experience and expertise to achieve breakthroughs that would not be possible in a more regimented and segmented environment.

As it rises at the eastern elbow of Young Drive, RB2 will also be an increasingly visible manifestation of UCLA’s commitment to AIDS research—and a magnet for the best and brightest scientists. Interdisciplinary innovation feeds on fresh ideas, and it is Dr. Levey’s hope—a hope that is shared by Dr. Irvin Chen, who is the director of the UCLA AIDS Institute—that the prospect of working in RB2’s state-of-the-art labs will make it even easier to attract top-flight researchers to UCLA. And, of course, the new building’s open plan will make it even easier for those new recruits to confer with their more seasoned colleagues.

Remembering the Past, Building for the Future

Research Building 2 presents a wide variety of opportunities for you to remember or honor a loved one, to acknowledge the leadership of champions in the fights against AIDS, or to express your personal and permanent commitment to eradicating HIV. Naming opportunities begin at $10,000, and are payable over a three-year period.

For more information contact Development Director Ken Hurd at 310-794-4746 or at khurd@support.ucla.edu
“Something I Believe In”

When is a will not simply a will? When it is, in the words of UCLA alumna Eileen Salmas, an “instrument of giving.”

As a passionate Bruin — with an undergraduate degree in mass communications, a master’s degree in theater, film and television, and a lifetime membership in the Alumni Association — Eileen Salmas plainly has a very special commitment to UCLA. But her dedication to worthy causes doesn’t stop there: for nearly a decade, Eileen has been actively involved in the fight to stop the spread of HIV/AIDS, serving on the board of the Video Industry AIDS Action Committee (VIAAC), an organization that has raised close to $3 million for AIDS research and care, and has provided ongoing support for UCLA’s Center for Clinical AIDS Research and Education.

Earlier this year, Eileen found herself deeply involved in more personal matters: she experienced a series of minor health problems. These proved to be nothing serious, fortunately, but all health issues are intimations of mortality. Not illogically — especially for someone as pragmatic and practical as Eileen — these problems led her to think about her estate, and what bequests she might want to make. And as logically, given her strong ties to UCLA and her involvement with VIAAC, she put the UCLA AIDS Institute at the top of her list.

What Eileen found, when she looked into how she could make specific bequests to non-profit organizations like the AIDS Institute, is that the process was simpler than she had assumed. She called her lawyer, to discuss how she wanted to allocate her resources, and received appropriate paperwork from UCLA.

Making such a bequest to the UCLA AIDS Institute held particular appeal for Eileen, who feels very strongly about the importance of HIV/AIDS-related research — and about using her will as an “instrument of giving” to causes she believes in. She says that allocating a portion of one’s estate for charitable causes is “mostly a matter of resolving to do it. People think in terms of leaving something to their families, their friends — even their pets. But if they also think of their will as an instrument of giving, they can designate a portion of their estate to something they believe in. The UCLA AIDS Institute is something I believe in. I hope that by the time I die there won’t be a need for the UCLA AIDS Institute — that would be my dream. Unfortunately, there is likely to be a need, so I have chosen to assist the AIDS Institute in its future work — now.”

One From the Heart

A living legacy attests to one family’s devotion to a lost brother

Every patient who succumbs to AIDS is someone’s brother, someone’s son, someone’s spouse or partner or companion — and all too often those lives are claimed out of turn. Children die decades before their parents. Parents die before their children reach school age. Wanting to memorialize a life that has been cut cruelly short is the most natural of impulses, and it has led a number of families to make donations to the UCLA AIDS Institute in the name of a lost loved one. One such bequest is the Tina and Mark Hansen AIDS Research Fund. It is by no means the largest bequest that the Institute has received, and there is nothing unique about the way the fund has been set up. But like all such bequests, it begins with heartache... and transmogrifies that pain into something finer and more durable.

Tina Hansen’s brother, Mark, did not die of AIDS, but he did die young, of a massive coronary. And because Mark was the life-partner of Peter Anton, a leading researcher at the UCLA AIDS Institute, Tina Hansen decided that the most fitting way to commemorate her brother’s life was to establish a fund to support Dr. Anton’s research. Tina told the tale of how she set up that fund at a luncheon hosted by the UCLA AIDS Institute last summer, and she told it so well that we decided you should hear it in Tina’s own words:

What I usually say, when I stand before a group of this size, is: “In case of a rapid change in cabin pressure, reach up and pull down firmly on the oxygen mask...” You see, I was a flight attendant for 25 years. I’m not an academic. I’m not a scientist. I do not have a name that is immediately recognizable in the field of philanthropy. I am a working woman with a very special passion:
I have a passion for finding a vaccine for HIV/AIDS. I called the AIDS Institute and volunteered to speak today because I thought it was important to tell you the story of how I got involved in this mission. I got involved because of a special relationship. My brother, Mark, was Dr. Peter Anton’s partner for 17 years. Mark dodged the HIV bullet — and then he suddenly dropped dead, in 1999, of a heart attack. About six months after that I decided that I wanted to honor his memory by sending an occasional donation to the UCLA AIDS Institute. I did this in a completely informal way: When I could afford to, I sent a small check to Peter with a note that said “I love you, and I hope this helps keep your lab running.”

Then, last year, I found myself wanting to find a way to make a more significant commitment, and decided that I would try to get my mother to match any donation I could make. Now, my mom is 87 and lives in an assisted-living facility — and it was a sensitive sell. Not because my mother wasn’t willing to join me in honoring Mark’s memory, but because she can’t handle paperwork anymore. So the UCLA AIDS Institute’s Director of Development, Ken Hurd, worked with me to draft some documents that were simple and to the point — and we started the Tina and Mark Hansen AIDS Research Fund with a commitment of $5,000 per year from Mom and me for five years. We made a total pledge of $50,000, and we made it more manageable by spreading it over five years. It is a wonderful feeling to see both my brother’s name and mine on this fund, and it is just as heartwarming to know that my mother is an equal contributor. Now, Mom can’t tell you if she took her medication today, but she repeatedly asks me if we took care of Peter and his work. And I am proud to say, “Yes, Mom, we did!”

Thank you so much for coming today. I hope we struck a chord that moves you to participate and also to donate! In closing I’d like to say, “Welcome to Los Angeles. On behalf of your entire flight crew, it’s been a pleasure to serve you!”

Mom can’t tell you if she took her medication today, but she repeatedly asks me if we took care of Peter and his work. And I am proud to say, “Yes, Mom, we did!”
“Never underestimate the power of a woman,” the old *Ladies’ Home Journal* used to admonish its readers. If one woman is a powerhouse, seven determined females is a force beyond calculation. In mid-September of last year, Interior designers, Terri Weinstein and Janet McCann (third from right and 2nd from right) and members of their benefit committee—left to right: Judith Mosse Kruger, Mary Jo Papich, Laura Temkin, Nina Vanderpoel, Weinstein (Event Chair), McCann (Event Chair), and Jill Crowell—succeeded in raising more than $28,000 for AIDS vaccine research at UCLA at an event held in Terri’s home, which was built in 1952 by Usonian architect Paul Schweicker, and has been lovingly restored by Ms. Weinstein. And because the Magnificent Seven managed to get everything from the sushi (and the sushi chef) to the cheesecake donated for the occasion, they were able to send all the proceeds of their open-house to the UCLA AIDS Institute.

The UCLA AIDS Institute is a primary beneficiary for Macy’s Passport in Los Angeles, and Executive Director Edwin Bayrd was pleased to accept a check for $125,000 from Bette McKenzie, Macy’s West Vice President of Public Relations (below) in support of the Institute’s multidisciplinary AIDS research efforts.

No one produces a fashion show quite like Macy’s Passport, a celebrity-saturated *son et lumière* that is as much theater as runway show, as much about star-gazing as clothes-coveting. Small wonder, then, that Passport has raised more than $17 million for HIV/AIDS organizations, in the areas of research, education, prevention, direct care and outreach. The most recent Passport event was headlined by the indomitable Liza Minnelli, seen here with UCLA AIDS Institute vaccine researcher Dr. Kathie Ferbas, (left), and Dr. Peter Anton, (right) whose AIDS Institute research focuses on the intestinal impact of HIV infection.

“Never underestimate the power of a woman,” the old *Ladies’ Home Journal* used to admonish its readers. If one woman is a powerhouse, seven determined females is a force beyond calculation. In mid-September of last year, Interior designers, Terri Weinstein and Janet McCann (third from right and 2nd from right) and members of their benefit committee—left to right: Judith Mosse Kruger, Mary Jo Papich, Laura Temkin, Nina Vanderpoel, Weinstein (Event Chair), McCann (Event Chair), and Jill Crowell—succeeded in raising more than $28,000 for AIDS vaccine research at UCLA at an event held in Terri’s home, which was built in 1952 by Usonian architect Paul Schweicker, and has been lovingly restored by Ms. Weinstein. And because the Magnificent Seven managed to get everything from the sushi (and the sushi chef) to the cheesecake donated for the occasion, they were able to send all the proceeds of their open-house to the UCLA AIDS Institute.

The next benefit will be held in Chicago on Thursday, May 13, 2004, at Architectural Artifacts, amid architectural treasures from around the world. The evening event includes live entertainment and music—and an informal presentation by one of the AIDS Institute’s leading researchers. For more information or to make reservations, contact Maura Juniu at (773) 774-0790.
Charity Treks raises more than $80,000 to benefit UCLA AIDS Institute

On August 20, 2003, 51 cyclists — some of them seasoned riders, some of them rank novices — pedaled out of the Canadian city of Montreal. Their destination was Boston, 425 miles — and five wearing but exhilarating days — away. These intrepid adventurers, accompanied by an enthusiastic volunteer crew, kept to secondary roads during the day — following a route scouted in advance by Quinn Beckham — and spent nights in tents they pitched in local campgrounds along the way. They brought their own gear and bought their own food — and every penny that they raised from the family members and friends who sponsored the first Montreal-to-Boston AIDS Vaccine Trek came directly to the UCLA AIDS Institute. In all, this small group of riders raised more than $80,000 to support AIDS vaccine research here at UCLA.

Charity Treks is an all-volunteer organization dedicated to raising funds to support the development of potential AIDS vaccines — vaccines that can be used to boost the ravaged immune systems of individuals who have been living with HIV infection for years or even decades, and other vaccines that will, one day, prevent the transmission of the virus.

Charity Treks is a genuine grassroots organization. Their new logo (opposite) was designed by Mike Gannetta, Jr., a participant in last year’s ride, who also maintains their Web site. They don’t advertise — that’s not something an all-volunteer, grassroots organization does — but they do welcome inquiries (see box below for contact information).

Because the UCLA AIDS Institute applauds individual initiative and collective effort — which are hallmarks of the Institute’s approach to HIV research — the AIDS Institute’s director, Dr. Irvin S.Y. Chen, hosted a special tour of its laboratories for Charity Treks organizers after they finished their ride.

Charity Treks’ next Montreal-to-Boston ride will take place in mid-August. Word of mouth — from the mouths of last year’s still-keyed-up riders — has been sufficient to enroll 90 riders to date. The Executive Director of the UCLA AIDS Institute is one of them, and he will be joined by several members of the Institute’s faculty. To register for this year’s ride, log onto the Charity Treks site at www.charitytreks.org.

2003 Participant List

Vicki Anthos  
Jim Barbaro  
Brian Batchelor  
John Beal  
Quinn Beckham  
Brad Blake  
Kathleen Brennan  
Geoff Burgess  
Carolyn Cameron  
RJ Conn  
Bob Cormier  
Bryan Deeney  
Vanessa DeGier  
Steve Dolberg  
Jake Dowling  
Scott Eberhar  
Scott Ferguson  
Corinne Finnerty  
Heather Flikke  
Christopher Gamache  
Mike Gannetta Jr.  
Michael Gannetta Sr.  
Gene Geeza  
Matthew Geeza  
Josie Gray  
Bennett Gray  
Sarah Hagen  
Roberta Hart  
Christine Higgins  
Walter Hope  
Chris (CJ) Janson  
Charlie Johnson  
Brian Johnson  
Paul Johnston  
Steven Katz  
Cyn Kendall  
Karen Koebbeeman  
Kevin Kopil  
Stephen Moltenbrey  
Todd Moore  
Denise Myers  
Richard O Brien  
Jim Okrasinski  
John Parks  
Nydia Parks  
Tina Perez  
Lisa Pierce  
Victoria Poor  
Peggy Quiros  
Dario Quiros  
Jane Roberts  
Chris Root  
Mark Sauerwald  
Rob Seltzer  
Thomas Shaw  
Wendy Sheeran  
Daniel Siegel  
Abigail Smith  
Mark Stanis  
Patricia Stanton  
James Stanton  
Elizabeth Sura  
David Thibault  
Frederic Ury  
Robert Watson  
Jodi Wernikoff  
Bill West  
Hugh Williams
An ingenious program, developed by a member of the UCLA AIDS Institute, could potentially prevent tens of thousands of cases of mother-to-infant HIV transmission.

The Swahili word for breast is kifua. Their word for pump is bomba. In the remote backcountry of Kenya, no one ever used those two nouns in conjunction — until Dr. Chandice Covington began working with tribes on the eastern coast of Kenya to prevent HIV-positive mothers from passing the virus to their mtoto mchangas — babies — through breast-feeding.

Dr. Covington, who is the chair of the Primary Care Section at the UCLA School of Nursing, arrived in Kenya in 2003 with an elegantly simple — but as yet untried — idea, a grant from the Elizabeth Glaser Pediatric AIDS Foundation, the backing of the UCLA AIDS Institute, and an inexpensive, endlessly reusable kifua bomba.

Dr. Covington’s idea was, in effect, to find HIV-negative women who could serve as wet-nurses for infants delivered by HIV-positive mothers. This was not an altogether foreign concept to the largely Islamic tribes of coastal Kenya, who have a tradition of passing babies from breast to breast, within a family and within a village. (Oral tradition has it that the Prophet Muhammad’s mother, in keeping with Meccan tradition, entrusted her son at an early age to a wet nurse.) Sometimes these wet-nurses were sisters or sisters-in-law; sometimes they were the infant’s own grandmother. The purpose of this informal, communal approach to nursing was to provide babies with nourishment — and distraction. And to free nursing mothers to work in the fields or tend to household chores.

The mathematics of what is called vertical transmission of HIV infection — in which infected women pass the virus to their babies during childbirth or through their breast milk — are cruelly simple. In Kenya, roughly 20% of the pregnant women are estimated to be HIV-positive. In the district served by Dr. Covington’s study, this translates into some 1,700 deliveries a year that involve some risk of mother-to-infant transmission of infection.

Only 10% of the infants born to these women are infected during delivery, but by the time these babies have been nursed for two years, as is the accepted cultural practice, fully half of them have acquired HIV.

The Elizabeth Glaser Pediatric AIDS Foundation has mounted a multimillion-dollar worldwide effort to identify seropositive pregnant women and provide them with the anti-HIV drug nevirapine when they go into labor. (The drug is also produced as a liquid, which can be given to infants in the first days and weeks after they are delivered.) When this drug is used in this way, it cuts the vertical transmission rate in half.

Unfortunately, nevirapine can only be offered to women who deliver their babies in healthcare settings, and even under optimal conditions some of these babies...
are infected at birth. Moreover, a small number of the women who receive nevirapine can develop resistance to the drug—which means that it will be less effective in preventing vertical transmission during future pregnancies, and in preventing AIDS in the mother.

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And then there is the problem of infection through breast-feeding. One potential solution to that problem is to put nursing mothers on a highly-suppressive, multidrug anti-HIV regimen — which will dramatically reduce the amount of virus in the breast milk, and thereby reduce the likelihood that a nursing mother will inadvertently transmit the virus to her baby when it suckles. Another option is to substitute formula for breast milk, but neither of these solutions is an option in a place like eastern Kenya, where few families earn enough money in a year to pay for a year’s supply of formula, or have routine access to clean water, never mind access the vastly more expensive drugs used to suppress viral replication in the developed world.

Dr. Covington’s solution is significantly less expensive, can be utilized — with relatively little instruction — by virtually any HIV-negative adult woman, and has the added advantage, in eastern Kenya, of piggybacking on an old tradition of communal nurturing. That solution is a kifua bomba: a durable, low-tech breast pump that was developed right here in California, not to benefit nursing mothers but to maximize the profits of agribusiness. Lactating migrant women were provided with these pumps, and instructed to collect their own milk as they picked strawberries in the Central Valley — a strategy that kept more of the work force in the fields more hours during the harvest season.

In Dr. Covington’s hands, this simple pump — which is operated by a foot pedal and costs a mere $15, $5 less than the price of a single month’s supply of formula — has been put to a more altruistic purpose. It is given to women who have been selected to wet-nurse in preparation for the arrival of babies that pregnant, HIV-positive women are expecting. The selected participants are instructed to use the breast pump four to six times a day, for five minutes at a time, to simulate the sucking activity of an infant. Within a matter of weeks, virtually all of these women are producing milk. After testing the nutritional value of this milk, Dr. Covington’s new step will be to conduct a trial with families who are living with HIV, and have an elder relative feed the newborn from birth.

In the current study, the volunteers range in age from 35 — young enough to bear children of their own — to almost seventy, well into menopause. Dr. Covington and her team have had considerable success in inducing these older Kenyan women to lactate. She refers to this phenomenon as an “evolutionary loophole” — an atavistic holdover from neolithic times, when a tribe’s survival might well depend on its collective capacity to nurture its youngest members during times of illness or famine.

More often than not, these infants are suckled by their own grandmothers. Some of these grandmothers are in their thirties — still young enough to bear children of their own. Others are approaching seventy, well into menopause. Dr. Covington refers to this phenomenon as an “evolutionary loophole” — an atavistic holdover from neolithic times, when a tribe’s survival might well depend on its collective capacity to nurture its very youngest members during times of illness or famine.

In a way, these older women are ideal wet-nurses: still capable of producing milk, but old enough that they are unlikely to be exposed to HIV infection. Even so, Dr. Covington and her colleagues test every prospective wet-nurse, irrespective of age, for the virus — and they plan to test these women’s husbands as well. A stipulation of participation in the study is that the surrogate nurturers and their regular sexual partners must be HIV-negative at the outset, and must pledge to remain negative, lest the advantage gained through wet-nursing at-risk babies be lost.

How effective will Dr. Covington’s kifua bomba prove to be in reducing AIDS deaths among mtoto mchangas in Kenya? It will take time — and a much larger trial of this innovative approach to preventing vertical transmission of HIV — to know for sure. What Dr. Covington can say, at this point, is that the milk that her Kenyan grandmothers are producing seems to be every bit as nourishing as milk produced by younger Kenyan women — and by American women. And then there is the evidence of her own eyes: Kenyan babies who have been wet-nursed by their grandmothers appear to be in very good health. While this surrogate approach is not the complete answer to how to prevent vertical transmission of HIV, every infant saved adds to Kenya’s next generation of citizens — the generation that will have to rebuild a culture that has been ravaged by the effects of this deadly virus.
Opposite top: Dr. Chandice Covington meeting a village elder
This page, top: Focus group of Kenyan mothers and grandmothers
Above: Healthy, HIV-negative Kenyan brothers
Right: President Mwai Kibaki featured on an AIDS prevention billboard, Nairobi, Kenya January 2004
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For more information on making a gift, to arrange for a tour or schedule a screening of our new 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.
Ground was broken in July for a facility that will house many 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.