25 Years of Caring

Elizabeth Taylor Dedications New HIV Clinic at UCLA AIDS Institute

Dame Elizabeth’s longtime friend Dr. Arnold Klein orchestrates campaign to create an endowment, in her name, for the Institute’s CARE Center

Cover Story:
The Next Generation of AIDS Educators
The Institute trains its first class of teen AIDS Ambassadors  

UCLA AIDS Institute Around the World:
AIDS in Africa: Existing Challenges, Innovative Solutions  

UCLA AIDS Institute Across the Country:
Fire-Eaters and Fund-Raising in Chicago  

UCLA AIDS Institute in the Community:
Focusing on the Future: Latinos and HIV  

Enfocándose en el Futuro: Latinos y el VIH
A Message from the Associate Director

What Becomes a Legend Most?

In Dame Elizabeth Taylor’s case, the answer is: two decades of unwavering commitment to advocating on behalf of AIDS research, AIDS care, and people living with AIDS.

In the wider world, Elizabeth Taylor is recognized as one of the last of a vanishing species—the larger-than-life Hollywood star. She rode the crest of Moviedom’s golden age, and although she played half a dozen of the most memorable characters in film history—including Maggie the Cat and Martha the Harridan—her own personality was always larger than that of any woman she ever embodied on the screen, including Cleopatra, the immortal temptress of the Nile. The same can be said of her personal life, which has contained more drama than any screenplay she ever brought to life.

In our world, Elizabeth Taylor is recognized as the Joan of Arc of AIDS activism. It has been twenty years since Dame Elizabeth took the hand of the dying Rock Hudson—on camera, before the whole world—and, through that single, simple, humane and heroic gesture, brought the agony of AIDS into the light. She has kept the world’s attention focused on the HIV pandemic ever since, by turning the public’s insatiable curiosity about her into an immensely effective vehicle for her essential message—which is that the epidemic will not end until there is a cure.

In our world, Elizabeth Taylor is recognized as the Joan of Arc of AIDS activism. It has been twenty years since Dame Elizabeth took the hand of the dying Rock Hudson—on camera, before the whole world—and, through that single, simple, humane and heroic gesture, brought the agony of AIDS into the light. She has kept the world’s attention focused on the HIV pandemic ever since, by turning the public’s insatiable curiosity about her into an immensely effective vehicle for her essential message—which is that the epidemic will not end until there is a cure.

In our world, Elizabeth Taylor is recognized as the Joan of Arc of AIDS activism. It has been twenty years since Dame Elizabeth took the hand of the dying Rock Hudson—on camera, before the whole world—and, through that single, simple, humane and heroic gesture, brought the agony of AIDS into the light. She has kept the world’s attention focused on the HIV pandemic ever since, by turning the public’s insatiable curiosity about her into an immensely effective vehicle for her essential message—which is that the epidemic will not end until there is a cure.

Dame Elizabeth Taylor attended a ribbon-cutting ceremony at UCLA’s Clinical AIDS Research and Education (CARE) Center on November 4, 2005. The purpose of that short ceremony was two-fold: to inaugurate the new, off-campus quarters of the CARE Center, the UCLA AIDS Institute’s HIV clinic, and to announce that Dame Elizabeth has lent her name—and, as she pointedly observed, “her heart”—to a campaign to raise an endowment that will enable the CARE Center to continue its crucial work. Elizabeth Taylor the Hollywood legend arrived as legends legendarily do—with a retinue, and bathed in a the sort of light that follows great stars everywhere, and is achieved all on its own, without so much as a key light or follow spot. And yes, she was wearing a diamond as big as the Ritz on her ring finger—and diamond bracelets of her own design, from the House of Taylor, from wrist to elbow. She didn’t need all that ice to dazzle the assembled crowd, which included the Chancellor of UCLA, Albert Carnesale, and his wife, Robin; the director of the UCLA AIDS Institute, Dr. Irvin S.Y. Chen; the directors of the CARE Center, Drs. Ronald Mitsuyasu and Judith Currier; and a number of Elizabeth’s oldest friends, among them Tom Petty and Carrie Fisher ... but it didn’t hurt.

Elizabeth Taylor the legendary AIDS activist used the occasion to do what she always does: she artfully refracted the light that was shining on her—onto the cause that is closest to her heart. In a very real sense, Dame Elizabeth said, the CARE Center at UCLA is the bridge between amfAR—which she helped found 20 years ago, and which has, to date, raised more than $233 million for research—and the Elizabeth Taylor AIDS Foundation, which has provided more than $10 million to improve the lives of people living with AIDS. The CARE Center at UCLA, she noted, “is the place where the scientific breakthroughs that amfAR makes possible are translated into better treatments for people living with HIV/AIDS. And what we all want, after all, is for everyone infected with the virus to live longer—and live better.” (See page 7 for the full text of Dame Elizabeth’s remarks.)

The motive force behind the Taylor Endowment is Dr. Arnold Klein, an innovative dermatologist who helped to found amfAR in 1985 and enlisted Dame Elizabeth to serve as that pioneering organization’s spokesperson. It was Klein who proposed creating an endowment to ensure the future of the CARE Center, and it was Klein who recognized that this fund-raising effort could also serve as a means of honoring Dame Elizabeth’s own efforts to assist people living with HIV/AIDS. (For further details on Dr. Klein’s crucial role in launching and guiding this all-important initiative, see page 4.)

We have come a very long way, in the quarter-century since the very first cases of what we now know as AIDS were described by UCLA physicians, in treating people infected with HIV—and the CARE Center is rightly proud of the fact that its staff is still seeing patients who came to the clinic in the earliest days of the epidemic. But our objective, at the UCLA AIDS Institute, is to remain as focused on finding a cure as Dame Elizabeth is—so that one day we can describe the very last cases of AIDS.

You can help us achieve that common objective by making a donation to the Elizabeth Taylor Endowment for the CARE Center at the UCLA AIDS Institute. See page 31 for information on how to do so.
## INSIDER

**VOLUME 3, NUMBER 1**

A PUBLICATION OF

UCLA AIDS INSTITUTE

### STAFF

- Edwin Bayrd
  - Associate Director
- Michael Logan
  - Art Director
- Carole Jablon
  - Associate Communications Director
- Sherri Lewis
  - Educational Outreach Coordinator
- Boza Ivanovic
  - Staff Photographer
- Jina Lee
  - Office Manager

### Contents

### A Message from the Associate Director

#### What Becomes a Legend Most?

In Dame Elizabeth Taylor's case, the answer is: two decades of unwavering commitment to advocating on behalf of AIDS research, AIDS care, and people living with AIDS.

### 25 Years of Caring

#### New Endowment Honors Elizabeth Taylor’s Legacy of AIDS Advocacy

Dr. Arnold Klein heads campaign to create a fund to support the UCLA AIDS Institute's Clinical AIDS Research and Education Center.

### Cover Story

#### The Next Generation of AIDS Educators

The Institute trains its first class of teen AIDS Ambassadors.

### World AIDS Day 1.5

#### Knowledge Is Power

The UCLA AIDS Institute's "Knowledge Is Power" initiative takes root on campus, galvanizes students groups, and inspires rallies, testing programs, and education efforts.

### UCLA AIDS Institute Around the World

#### AIDS in Africa: Existing Challenges, Innovative Solutions

The Institute convenes a symposium to consider how best to integrate HIV prevention and care in AIDS-ravaged Africa.

#### Keynote Address

Millions of Human Lives, Hanging in the Balance

“What is going to happen to my children when I die?”

### UCLA AIDS Institute Around the World

#### Making Progress in Making Microbicides

AIDS Institute researchers continue to lead the way in efforts to develop agents that will be safe and effective.

### UCLA AIDS Institute Around the Country

#### Fire-Eaters and Fund-Raising in Chicago

Terri Weinstein's all-volunteer army raises more than $100,000 for AIDS vaccine research at UCLA.

### UCLA AIDS Institute in the Community

#### Focusing on the Future: Latinos and HIV

Enfocandose en el Futuro: Latinos y el VIH

The Institute convenes a community forum to highlight the successes, and respond to the challenges, of providing effective prevention and treatment programs for California's large Hispanic population.

© 2006 Regents of the University of California
Dr. Arnold Klein heads campaign to create a fund to support the UCLA AIDS Institute’s Clinical AIDS Research and Education Center

Ronald Mitsuyasu and Judith Currier, the directors of the CARE Center at the UCLA AIDS Institute, have long dreamed of opening an off-campus clinic where they and their colleagues could do what they have been doing since the earliest days of the HIV epidemic, which is provide patients with the best possible care — and do so free of concerns about how to cover the cost of that care.

The first step in realizing this dream involved moving to a new, off-campus site, one that is more comfortable, more convenient, and more private than its predecessor. The second step involves raising a $5-million endowment, to ensure that Drs. Mitsuyasu and Currier and their dedicated staff can focus on delivering exceptional care to their many patients, without worrying about covering their overhead costs.

Now, thanks to the extraordinary efforts of their longtime friend and colleague Dr. Arnold Klein, they are on their way to realizing the second part of that dream. Dr. Klein, an internationally respected dermatologist and co-founder of amfAR, the American Foundation for AIDS Research, has launched a campaign to raise that $5-million endowment for the CARE Center.

Klein, whose affiliation with UCLA spans several decades, is the prime mover behind the endowment. It was he who put together the endowment’s honorary committee, which is a Who’s Who of famous names in philanthropy, the arts, and industry — a list that includes Wallis Annenberg, Carole Bayer Sager and her husband, Bob Daly, Carrie Fisher, David Geffen, Ambassador James Hormel and his partner, Tim Wu, Sir Elton John, Quincy Jones, Bruce Karatz, Teresa Heinz Kerry, Sherry Lansing and William Friedkin, Shirley MacLaine, Barry Manilow, Holly Pallance, and Mrs. Lew Wasserman. And, perhaps more importantly, Klein has persuaded his old friend Elizabeth Taylor to lend her name to what will henceforth be called the Elizabeth Taylor Endowment Fund for the UCLA Clinical AIDS Research and Education Center.

Arnold Klein and Dame Elizabeth were good friends long before they helped to bring amfAR into existence, twenty years ago, in the living room of Klein’s Hancock Park home. Taylor agreed to serve as the national chair and official spokesperson for the then-new organization, and she played a very public — and very important — role in calling the nation’s attention to the threat posed by what was, in 1985, a baffling and frightening new virus.

As is his style, Dr. Klein has once again given Elizabeth Taylor the starring role: the endowment that Klein is putting together on behalf of the UCLA CARE Center will bear her name, not his. And, as he did twenty years ago with amfAR, Klein is orchestrating the effort from behind the scenes. He insists he wants no credit; he merely wants to get the job done, and the money raised.

The objective of the $5 million campaign — which was officially launched on November 4, 2005, when Elizabeth Taylor attended a ribbon-cutting ceremony at the new, off-campus quarters of the CARE Center (see photographs, opposite and on pages 6–7) — is to ensure the financial stability of the Center in perpetuity. As Dame Elizabeth noted on that occasion, the patients at the CARE Center receive the best care available anywhere. “But most of all,” Taylor declared, “the people who work at the CARE Center really do care — about their patients, about overcoming the fear, stigma, and ignorance that is associated with this terrible virus, and about helping us find a cure for AIDS.”

The purpose of the Endowment is to allow the staff of the CARE Center to focus on what they do best — which is developing more potent, less toxic treatments for HIV infection even as they provide optimal care to those living with the virus. The UCLA AIDS Institute still has a way to go to reach our goal of $5 million, but we have made an impressive start through the generosity of members of the honorary committee. For information on how you can contribute to the Endowment, see page 31 of this issue of Insider.
It has been almost 25 years since the first cases of what we now know as AIDS were described in the medical literature—in a report written by a team of physicians right here at UCLA. Elizabeth Taylor has been advocating for better treatments for AIDS patients since the earliest days of the epidemic, so there is something especially fitting about her decision to lend her name to a campaign to raise an endowment for our HIV clinic, the Clinical AIDS Research and Education (CARE) Center at the UCLA AIDS Institute, which has been seeing AIDS patients since 1981. The campaign to create the Elizabeth Taylor Endowment for the CARE Center—which is described in more detail on the page opposite—began with a ribbon-cutting ceremony at the Center’s new, off-campus facility on November 4th. In the picture below, Dame Elizabeth is flanked by the directors of the CARE Center, Ronald Mitsuyasu and Judith Currier. Irvin S.Y. Chen, the director of the AIDS Institute, and Margrit Carlson, a member of the CARE Center staff, stand behind Dr. Currier.

Overleaf: Two of Dame Elizabeth’s good friends, rocker Tom Petty and actress-author Carrie Fisher, attended the ribbon-cutting ceremony at the CARE Center.

PHOTOGRAPHY BY BOZA IVANOVIC
Elizabeth Taylor’s legacy of AIDS advocacy — and her continuing commitment to helping those infected with HIV live longer, and live better — in her own words:

“In the 20 years since I helped found amfAR, it has raised more than $233 million to support more than 2,000 researchers, many of them right here at UCLA. I particularly remember that in 1999 amfAR made grants to three members of the faculty of the UCLA AIDS Institute — because at the time that was a record number of research grants allocated to a single institution.

In the 14 years that the Elizabeth Taylor AIDS Foundation has been in existence, with no overhead — I take care of that — it has provided more than $10 million to improve the lives of people living with HIV/AIDS. In a very real sense, the CARE Center at UCLA is the bridge between amfAR and my foundation — it is the place where the scientific breakthroughs that amfAR makes possible are translated into better treatments for people living with HIV/AIDS. And what we all want, after all, is for everyone infected with this virus to live longer — and live better.

The full name of this clinic is the UCLA Clinical AIDS Research and Education (CARE) Center, and that exactly describes what happens here. The patients at the CARE Center receive the best treatment available anywhere — which is why the CARE Center has one of the best survival rates of any HIV clinic in the country. And the dedicated staff of the clinic conducts education programs — for other doctors and nurses, to keep them abreast of new developments in HIV therapy; and for patients themselves, to help them take the best possible care of themselves. But most of all, the people who work at the CARE Center really do care — about their patients, about overcoming the fear, stigma, and ignorance that is associated with this terrible virus; and about helping us find a cure for AIDS. For all of these reasons I am proud to lend my name to their campaign to establish an endowment that will allow the CARE Center to continue its crucial work, because this will not end until there is a cure.”

— Dame Elizabeth Taylor
The Institute trains its first class of teen AIDS Ambassadors

One is a Farsi-speaking Lakers fan, a devout Muslim who eschews alcohol, tobacco, and premarital sex. One is a 4'10" pixie with enormous, sky-blue eyes—a recent arrival from Russia who speaks perfect English, but with an emphatic accent. One sleeps on her grandmother’s couch on the nights, and there are many of them, when her mother is doing drugs. Another, when asked for biographical information, volunteered this: “I borrow all of my mother’s sweaters—because I’ve got a fetish for cardigans. And when I’m wearing them I listen to ska, and reggae, and rock.”

They are, in short, a cross-section of American youth, and a representative sampling of today’s Angelino teenagers. They are Persian and Russian, African-American and Hispanic. They come from Beverly Hills and Crenshaw— the alpha and omega of Los Angeles high schools: one, as private as public can be; the other, so beset by administrative problems that it lost its accreditation last year. Disparate as their backgrounds are, they have one thing in common: their altruism, which is what led them to volunteer to participate in a weekend-long training session that has [text continues on page 13]
Training of the teen AIDS Ambassadors began on UCLA’s outdoor obstacle course, which teaches teamwork, tests physical skills, and fosters friendship.
prepared them to conduct AIDS education programs in their own high schools and in schools throughout the city. This program, which is jointly sponsored by the UCLA AIDS Institute and the Magic Johnson Foundation, began with at the university’s Challenge Course—an outdoor obstacle course that teaches participants self-confidence, cooperation, and problem-solving...and, in the process, teaches the advantages of teamwork and effective communication.

The objective of the classroom sessions that were an integral part of the training of the Institute’s first class of teen AIDS Ambassadors was to prepare them to answer any question about HIV/AIDS. Sometimes, of course, the appropriate response is, “I don’t know the answer to that question, but I know the person to ask,” or even, “I don’t feel comfortable answering that question, but let me refer you to someone who can provide you with the answer”—as Sherri Lewis (standing, opposite), who facilitated the training sessions, made clear.

The most effective AIDS education is peer to peer, which is why the Institute has undertaken to train high school students to disseminate prevention messages to other students. And it is why we involved UCLA’s undergraduate AIDS Ambassadors, among them Audrey Desiderato (near left), in the training sessions. Art, in the form of posters, flyers, and photographs, is a potent medium for conveying HIV/AIDS education messages, which is why Ms. Lewis invited Sophie Shalenberg of UCLA’s World Arts and Cultures Department to show samples of activist art, and discuss their uses, with the trainees (overleaf).
The camaraderie established on the obstacle course and in the classroom spilled over into the college dining room (opposite), where the students from Beverly Hills and Crenshaw, chaperoned by UCLA AIDS Ambassadors, took meals together, traded good-natured jibes and cell-phone numbers across the table, and established bonds that persist to this day. They arrived at UCLA by distinctly dissimilar paths, but they left the campus committed to following a common path, where AIDS education and prevention are concerned.

The UCLA AIDS Institute and the Magic Johnson Foundation—in the person of Shane Jenkins, who is the foundation's director of HIV initiatives—developed this pilot program to provide life-saving information to young people at a time when they are beginning to settle into their sexual identities and adopt patterns of behavior that will last into adulthood. This is a time of life when teenagers are especially vulnerable to peer pressure, and the information these trainees acquired at UCLA will serve them well in negotiating those dangerous social shoals.

At UCLA, our undergraduate AIDS Ambassador program drew six outstanding individuals in 2004—and 32 in 2005. (Two members of the Class of 2004, Stephanie Boarden and Long Nguyen, are seen at left in the picture at top right. Audrey Desiderato and Erica Mackey, members of the Class of 2005, are on the right. All four assisted in the training of the students from Beverly Hills and Crenshaw.) Our hope is that our new teen AIDS Ambassadors program will establish itself just as firmly—and spread to other schools and other cities.

At lower right, the Class of 2005 UCLA AIDS Institute/Magic Johnson Foundation AIDS Ambassadors, holding their graduation certificates. Top row, left to right: Portya Hill, Marina Drannikova, Katrina Chambers, Natasha Ninofranco, and Elizabeth Alvarez. Bottom row: Daryll Williams and Mohammad Shahshahan.
World AIDS Day 1.5

Knowledge Is Power

PHOTOGRAPHY BY BOZA IVANOVIC

Knowledge Is
Whoever coined the adage that success begets success might well have had the AIDS Institute's “Knowledge Is Power” campaign in mind. Launched on World AIDS Day 2004 as a means of promoting universal, voluntary, anonymous, free HIV testing, this initiative has evolved into a year-round, broad-based education and prevention program that reaches around the world. On campus, “Knowledge Is Power” is the byword of a student-led effort to provide free HIV testing on a monthly basis—in an effort to satisfy a demand that always exceeds the supply of test kits. In the community, “Knowledge Is Power” is the rubric under which the Institute, in partnership with the Magic Johnson Foundation, has begun training teenagers to provide peer-to-peer AIDS education in local schools (see pages 8–17).

In the wider world, the red “I Know” wristbands that are the visible manifestation of the “Knowledge Is Power” initiative are being distributed by the Department of Public Health in West Virginia, by the National HIV/AIDS Commission on the Caribbean island of Barbados, and by dozens of AIDS service organizations across the country. (For information on how to order any quantity of these wristbands—which are available in five languages and two sizes, one for adults and one for children and small-boned women—go to our website, www.uclaaidsinstitute.org and click on “Knowledge Is Power.”)

Undergraduates at UCLA have become so engaged in efforts to expand and extend the “Knowledge Is Power” campaign that they have created a unique means of expressing
their commitment. They call it World AIDS Day 1.5—because it falls exactly halfway between one World AIDS Day and another.

The suggestion that World AIDS Day 1.5 should highlight Brazil’s exemplary national HIV/AIDS program was first made by Adam Stern, a UCLA AIDS Ambassador who studies capoeira, the distinctly Brazilian martial art form that melds dance, gymnastics, and self-defense maneuvers. Stern, who fronts a popular UCLA band, The Grizzly Peak, proved to be a one-man band where World AIDS Day 1.5 was concerned: he put the program together, promoted the day’s activities with unflagging zeal, and emceed the noontime rally in Bruin Plaza, the heart of the campus. It was Stern who persuaded his capoeira teacher and several of his fellow students to put on a high-energy—and highly entertaining—demonstration during the rally (near left) and got Brazilian musicians (top left) to provide accompaniment for the high-flying capoeiristas.

And, finally, it was Stern who invited two UCLA AIDS Institute researchers, Dr. Yvonne Bryson (lower left, at microphone) and her colleague Karin Nielsen (standing between Bryson and Stern) to describe their efforts to prevent mother-to-child transmission of HIV infection in Brazil. Appropriately enough, Dr. Nielsen—who, despite the very Scandinavian name, is Brazilian—delivered her remarks in both English and her native Portuguese. In keeping with the theme of the day, the AIDS Institute distributed red wristbands debossed with the slogan “EU SEI”—which is Portuguese for “I Know.” The wristbands, which were also distributed at an important international symposium that the Institute convened in Rio de Janeiro last July (see pages 30 – 31), are a reminder that knowledge about how HIV is transmitted translates, in any language, into power over the virus.
AIDS in Africa: Existing Challenges, Innovative Solutions

In sub-Saharan Africa, children under the age of five are dying of AIDS-related causes at a rate of one child a minute, every hour of every day, every day of the year. In the worst-hit regions of Africa, nearly 40% of adults are infected with HIV, and the epidemic shows no signs of leveling off.

What can be done? What can be done to contain—and, ultimately, extinguish—the viral firestorm that is sweeping across sub-Saharan Africa? In the past twenty years AIDS has claimed tens of millions of African lives, left millions of orphans in its wake, depopulated villages, destroyed the social infrastructure of communities, and destabilized economies across the continent.

It is already too late for us to avoid a humanitarian catastrophe of unprecedented scope, but it is not too late to make a difference. The UCLA AIDS Institute is committed to making a difference, through productive partnerships with governments and non-governmental agencies, and through imaginative approaches to AIDS prevention, intervention, and care.

Sometimes the difference is a modest one—like Dr. Chandice Covington’s pilot program to provide HIV-negative wet nurses for the uninfected offspring of HIV-positive Kenyan women, a program that was described in the February 2004 issue of Insider. And sometimes the difference is a major one—like Dr. Eric Bing’s program to enlist the entire Angolan army to promote HIV education and prevention in that war-torn country.

“Integrating HIV Prevention and Care in Africa: Existing Challenges and Innovative Solutions,” a symposium convened by the AIDS Institute, showcased partnerships and programs that differed considerably in scale but shared the common goal of arresting the insidious spread of HIV infection in Africa. The Institute recognizes that this goal can only be achieved through the coordinated efforts of all those who have a stake in the campaign to contain the HIV pandemic. For this reason the Institute made a particular point of inviting activists, socially-engaged artists, and representatives of corporations that do business in Africa to participate in this day-long symposium. The speakers included, from left to right below, Jennifer F. Klot, Senior Adviser on HIV/AIDS, Gender and Security at the Social Science Research Council; Dr. Perry Jansen, the director of Partners in Hope, one of the only dedicated HIV clinics in Malawi; and Professor David Gere, whose MAKE ART/STOP AIDS project encourages indigenous artists to incorporate AIDS education and prevention messages into their art forms. One of those artists, the Ghanaian drummer Iddi Saaka (opposite), led the delegates into the symposium.

“Integrating HIV Prevention and Care in Africa” began with a luncheon reception on the second-floor terrace of Fowler Library (overleaf, top)—and ended there, some eight
hours later, with a buffet supper. During those eight hours the symposium was chaired, successively, by four members of the AIDS Institute faculty, each of whom assembled a panel of experts to consider a particular aspect of the special problems inherent in delivering effective HIV prevention and care in sub-Saharan Africa.

Before the formal program began, Dr. Irvin S.Y. Chen (below), the director of the UCLA AIDS Institute, welcomed the delegates to the symposium and introduced Vice Provost John Hamilton, whose personal commitment to containing the epidemic in Africa involves working with, and raising money for, Dr. Perry Jansen’s HIV clinic in Malawi. Hamilton, speaking on behalf of Chancellor Albert Carnesale, announced that Michael Steinberg (lower left), the former CEO of Macy’s West and the honorary chair of the symposium, had facilitated the creation of the Michael and Sue Steinberg Endowed Professorship in Global AIDS Research within the Division of Infectious Diseases in the Department of Medicine. This endowed chair, together with a grant from the Diana, Princess of Wales Memorial Fund and the Franklin Mint Foundation (Lynda and Stuart Resnick) has facilitated the initiation of the UCLA Program in Global Health under the direction of Dr. Thomas J. Coates, Associate Director for International and Health Policy Studies at the UCLA AIDS Institute. A group of African drummers, led by Ghanaian Iddi Saaka and accompanied by Saaka’s two-year-old daughter (lower right), provided incidental music during the opening reception, and established an upbeat tone for all that was to follow.

The symposium itself began with a highly personal, highly charged keynote address delivered by the Honorable Stephen Lewis, the United Nations Special Envoy for HIV/AIDS in Africa. (The text of that address, in slightly abridged form, appears on pages 28 - 29.) Dr. Gail Wyatt led a discussion of ways that African cultural beliefs can be used to strengthen prevention and care, and Dr. Eric Bing, joined by Dr. Louis Munyakazi of Rwanda, drew on their personal experiences to describe how prevention and care can best be delivered in conflict and post-conflict settings. They were followed by Dr. Coates and Mr. Steinberg, who presided over a discussion too often omitted from such forums—the role that multinational corporations and major foundations can play in curbing the spread of HIV infection.
Socially engaged artists can play a crucial part in disseminating information about how HIV is transmitted, and in counteracting the stigma associated with HIV infection—but only if they are given an opportunity to turn their talents to those purposes. Thanks to Dr. David Gere, activist artists were full partners in “Integrating HIV Prevention and Care in Africa.” Carol Brown, the curator of the Durban Art Gallery, and her colleague Dr. Robert Sember offered numerous examples of the ways in which the visual arts have been used to engage and educate South Africans about AIDS—examples that any museum anywhere could use as templates for socially responsible programs of its own. Peter Carpenter (right) and his dance troupe performed excerpts from “Bareback into the Sunset,” a dance-drama that traces the changing demographics of the epidemic. The program ended with a second keynote, this one delivered by Laurie Garrett (left), a senior fellow for global health at the Committee on Foreign Relations, whose masterly summation of what AIDS has done to Africa included the chilling news that in Uganda orphanages are now fostering two-year-olds to ten-year-olds... because there are no adults left to look after children of any age.
Keynote Address

Millions of Human Lives, Hanging in the Balance

“What is going to happen to my children when I die?”

I am, frankly, filled with admiration for the breadth of this conference and the expertise assembled here, particularly in terms of the panels. This is a knowledgeable audience: many of you are immersed in the work, in dealing with the pandemic, and in dealing with the insufferable carnage that is the consequence of the pandemic. Therefore, I will confine myself to offering some very general—and very personal—observations, based on my travels in sub-Saharan Africa as the United Nations Special Envoy for HIV/AIDS in Africa.

This morning I read a report of a press conference given yesterday by Peter Piot, the Executive Director of UNAIDS, who made two quite fascinating and important observations. The first was that a female-controlled vaginal microbicide to prevent HIV infection is possibly just three or four years away. Now, I was extraordinarily taken aback by that, because Zeta Rosenberg, who is with the International Partnership on Microbicides and who is herself an accomplished scientist and is working with other accomplished scientists on microbicide trials, has always used the range of five to seven years. But let’s face it, Peter Piot is the Executive Director of the organization that is at the heart of the pandemic, and when Peter says three or four years, I’m inclined to take it seriously. And I’m particularly inclined to take it seriously because, to my mind, this is potentially the most important breakthrough we could see in the next several years. It speaks directly to the heartbreaking gender inequality seen on the African continent, the terrifyingly disproportionate levels of HIV infection among women—and it speaks to the inability of the continent to respond to the reality of women’s vulnerability.

I am appalled at the predatory male sexual behavior that has resulted in such a dreadful situation for women on the African continent. Whether it is very young women marrying older men; whether it is the reality of women being unable to say no to sexual overtures or to say “Wear a condom” or to negotiate safe sex; whether it is the absence of a legislative and jurisprudential infrastructure to deal with sexual violence and marital rape—the result is this incredible vulnerability, which is lacerating one sex in Africa.

One thing that has not changed in Africa, in my years of visiting on a regular basis in my U.N. role, is the situation of women. I have not seen anything like it in my adult life, and when I am asked what, above all else, one should do in response to the virus, I say: Defend the rights of women.

Now, the second thing that Peter Piot said speaks even more directly to the substance of this conference. He said that prevention seems to have been dropped from the AIDS agenda. He points out, quite validly, that with five million new infections a year, it’s going to be stunningly difficult for the world to provide treatment for that many HIV-infected individuals, and therefore prevention must be given renewed emphasis. The failure to promote prevention stems, in part, from ignorance about Africa and Africans. In my experience, Africa is a hugely sophisticated continent, and if the Western world honored, instead of repeatedly betraying, the promises that have been made, time and again, to Africa, the epidemic there could be subdued.

The people of Africa understand the inseparability of prevention and treatment. The people of Africa understand that the two are inextricable. They understand that it is nonsense when a non-governmental agency comes to a community and says “We’ll give you drugs but we can’t give you food,” or “We’ll give you condoms but we can’t treat your sick child,” or “We’ll tell you your HIV status but we don’t have any drugs to treat positive people.” The problem is, quite simply, insufficient dollars. Starved for funds, donor groups engage in an endless, debilitating competition for what dollars are available, and they end up compartmentalizing the kinds of interventions each of them pursue. For the recipients on the ground, of course, these divisions are frankly and fundamentally artificial, and I’ve been pained by the tension that is growing between those who are committed to treatment and those who are committed to prevention. Surely it is evident to everyone that treatment and prevention work beautifully, and inevitably, together.

Yesterday the South African Minister of Health defended ads, placed in that country’s newspapers by the Dr. Raff Health Foundation, which claim that vitamins and micronutrients are better than antiretrovirals at combating HIV. These scurrilous advertisements represent a frontal attack on AZT and nevirapine and they constitute a gross distortion of the facts. As a result, the ads have prompted a very unusual occurrence: a collective press release issued by WHO, Unicef, and UNAIDS, debunking the content of the advertisements and insisting that they are doing great damage.

What is deeply disturbing is that the South African Minister of Health has defended these ads, just as she has defended the use of garlic and sweet potato as alternatives...
to antiretroviral therapy. Now, no one denies that micro-nutrients and vitamins can make the immune system stronger, but to assail antiretroviral treatment interventions is self-defeating. It is important to confront these things publicly. Wrong-headed statements, whether they are made by Western or African leaders, do damage to the integration of treatment and prevention. Advocacy on this issue is an integral part of everything we do, because there are human lives, millions of them, hanging in the balance.

Fully 20% of Southern African agricultural workers will die of AIDS-related causes by the year 2020. Consider that number and you begin to understand the thesis, put forward by Alex DeWall and Alan Whiteside, called “new variant” famine—which says that the impact of AIDS on every single aspect of the socioeconomic system produces implications that none of us imagined in advance. In Africa this is now a visual phenomenon. You can go to many villages now and see the very young and the very old—and no one in their twenties, thirties, or forties.

When I was in Zambia recently, I was asked to inspect a particular income-generating project developed by a really spunky group of women living with AIDS. We went way out into the hinterland, to this little village, and made our way down several trails until we got to the project. And there they were, these women in brightly-colored tribal costume, standing under a banner that proclaimed the name of their project—which was a large cabbage patch. And after they had told me in no uncertain terms what they thought about the men who had infected them, I said to them: “I take it I take it is the income-generating project.” And they said, “Oh, yes, Ambassador Lewis. We planted the cabbages, which we use to supplement our diet.” And I said, “I gather you have some cabbages left over?” They assured me that they did, and I asked if they took them to market to sell. They did indeed. “And what do you do with the profit?” I asked. They looked at me quite matter-of-factly and replied, “Why, Ambassador Lewis, we buy our coffin with the profit.”

And I thought to myself, the world has gone mad. How is it possible, in the year 2005, that one can encounter that kind of grotesque violation of the human condition? What has happened to our moral anchor? Where have things gone off the rails? How does the extended family, where it still exists, respond? How does the community, when it is so impoverished that one or two extra mouths can push a surrogate family or a foster family over the edge, cope? And, perhaps most importantly, how do we support the newly emerging heroes of Africa—grandmothers, like these, who looking after millions of orphaned kids.

It seems to me that all of the natural rhythms of life have been damaged. These extraordinarily brave women bury their children and then they raise the children those children left behind. And then there is the phenomenon of child-headed households, where there are no adults left. What distinguishes AIDS orphans from other orphans is that these children become orphans not when their parents die, but while their parents are dying. They look after their parents, and then they stand in the hut and watch their parents die. How do you deal with the intensity of trauma of that kind?

The key to all of what is happening now in Africa lies in supporting the governments in their agenda—not our agenda, not the agenda of the major bilaterals, and certainly not the agenda of international financial institutions like the World Bank. What can rescue Africa is the Global Fund for AIDS, Tuberculosis and Malaria, because it is responding to proposals that come from the grass roots, proposals that necessarily integrate prevention, treatment and care because the people of the country understand how the apparatus should work. The proposals that are the most democratic, the most egalitarian, and the most visionary are eventually approved, in whole or in part. And that’s the best way to work.

I would like to end in this fashion, by saying that I am 67 years old, I’ve kicked around in politics for a number of years, I’ve worked as a diplomat at the United Nations—and I’m not some sweet innocent. I thought I understood the way the world works. I don’t. It is inexplicable to me that we are allowing this to happen. Every time I go back to Africa, whatever the country, I meet those groups of women with their children in tow, and they always come up to me and they say, “Mr. Lewis, what is going to happen to my children when I die?” And I have no answer. For those of you who are here today, willing to collaborate as only this group can collaborate with people in Africa, with research institutes in Africa, with universities in Africa, I beg you to engage as fully as possible. You cannot imagine what an impact such work can make.

“I thought I understood the way the world works. I don’t. It is inexplicable to me that we are allowing this to happen to Africa.” —Hon. Stephen Lewis, United Nations Special Envoy for HIV/AIDS in Africa
The UCLA AIDS Institute and the Brazilian STD/AIDS Program convened a one-day symposium in Rio de Janeiro in July of 2005, in conjunction with the 3rd International AIDS Society Conference on HIV Pathogenesis and Treatment. In his opening remarks, Dr. Ian McGowan, the organizer of the symposium, noted that microbicide development is entering an exciting phase, with a number of potentially promising compounds now in Phase 2-3 clinical trials. This progress is especially significant given how little funding the field has received: an aggregate of only $120 million in 2004, compared with roughly $650 million for vaccine research, which has yet to yield an effective product.

Even the most optimistic projections suggest that we are a decade or more away from having a sterilizing HIV vaccine. Microbicide research, by contrast, may yield one or more marketable products within the next five years, although Dr. McGowan reminded attendees that bringing these products to market will require a huge logistical undertaking and studies involving tens of thousands of women, most of them in sub-Saharan Africa.

Dr. Cristina de Albuquerque Possas, who is the director of research for the Brazilian STD/AIDS Program and who co-chaired the first half of the symposium with Dr. McGowan, provided attendees with an overview of her country’s response to the AIDS epidemic—a sensible, science-based, compassionate, comprehensive approach to prevention and treatment that is a model for developing and developed countries alike. The Brazil AIDS/STD program is keen to begin working in collaboration with U.S.-based groups such as the UCLA AIDS Institute and the International Partnership for Microbicides. Because Brazil already provides universal access to HIV testing and treatment, much of the infrastructure for microbicde research and development already exists.

According to Dr. Robin Shattuck, microbicide research is focused on identifying the most effective targets—on the virion itself, and in the human body. To date, this work has largely been done with NNRTIs and the nucleotide analog tenofovir, because of their long half-lives and relative stability, but a number of small molecules now in development—chief among them CCR5 entry inhibitors and fusion inhibitors like T-20—also appear to hold real promise. The very newest data suggest that there is a synergistic effect when these compounds are used in combination, an effect that mimics that seen when antiretroviral agents are given together.

It is already apparent that some of these agents work better in certain areas than in others, and it is equally clear that some of the tested agents, the NNRTIs in particular, demonstrate significant memory effects. All of this is encouraging, but as Dr. Shattuck noted, candidate microbicides need to do more that show efficacy. If they are going to be effective in containing the worldwide epidemic, that need to be inexpensive (4 cents or less per application), stable, heat-resistant, and available in enormous quantities.

What we are looking for, Dr. Craig Hendrix told the assembly, is the right drug in the right concentration in the right place at the right time. Our objective, he said, is to “outdistance and outlast the virus.” This sounds simple enough, and may be fairly readily achieved in the vagina, but it is likely to prove daunting when
one considers what kind of distribution and duration, concentration and clearance would be needed to protect the rectum and lower colon during anal intercourse. Dr. Hendrix’s current research is centered on ways to provide the coverage that will be needed, for as long as it will be needed. Given how long simulated ejaculate remains in the lower gut—and how far up the transverse colon it migrates—it appears that effective agents will have to blanket more of this area, and do so for far longer, than was initially thought.

Whatever forms microbicides eventually take, they will need to be safe and efficacious when used rectally, as Dr. Peter Anton underscored in his presentation at the conference. The rectum is 200 times more vulnerable to HIV infection than the vagina, a physiological fact that makes unprotected anal intercourse exponentially more risky than vaginal sex. And anal sex is far more widely and routinely practiced than is commonly recognized. Dr. Anton presented preliminary data from a study being conducted by his UCLA colleague Dr. Pamina Gorbach, who has to date enrolled more than 1,100 young adults (ages 18 to 26) in a survey of contemporary sexual practices. Fully 41% of these young heterosexuals report that they have at some point engaged in anal intercourse, and 29% report having done so with one or more of their last three sexual partners.

Using mathematical modeling, it is clear that even a modestly effective microbicide could have a significant impact on the course of the global epidemic, as Dr. Anton demonstrated: a compound that is only 50% effective, and is used only 50% of the time, will still result in a 17% reduction in the rate of new infections. This may seem like a modest decline, but it is enough to shift the growth rate of the pandemic to less than 1.0, the mark of an epidemic in decline.

At this juncture there are still many more questions than answers, Dr. Anton admits. We need to know what to measure, and where to make those measurements. We need to characterize baseline mucosal indices, in order to know what characteristics a rectal microbicide will have to possess in order to confer protection on all those who engage in anal intercourse. These questions need to be answered soon, because Dr. Anton and his colleagues at UCLA hope to initiate Phase 1 rectal microbicide studies in the next two years.

There are a number of obstacles to overcome—in understanding what happens when HIV comes in contact with mucosal surfaces, in developing compounds that can thwart entry and infection, and in formulating those compounds in ways that will encourage their widespread and routine use. But none of these hurdles is insurmountable, and as Dr. McGowan said at the outset of the AIDS Institute’s symposium, we are entering an exciting phase in the collective effort to create these life-saving agents.

---

**Honoring Elizabeth Taylor’s Extraordinary Legacy of Advocacy on Behalf of AIDS Research and AIDS Care**

*How you can make a donation—of any size—to the Elizabeth Taylor Endowment for the CARE Center at the UCLA AIDS Institute*

“Elizabeth Taylor represents the complete movie phenomenon, what movies are as an art and an industry—and what they have meant to those of us who have watched them in the dark.”


Everyone remembers Elizabeth Taylor in “Cleopatra.” What they remember is the exaggerated eye makeup—which every shopgirl and suburban matron in the country immediately adopted; the pharonic headdress; the robes that seemed to be made of pleated gold; the triumphal entry into Rome. What they tend to forget is that the most famous femme fatale in all history was brought to Rome as a captive... because Elizabeth Taylor so captivated movie audiences that the triumph was hers alone.

Few remember what Elizabeth Taylor wore in 1985, on the day she testified before a Congressional committee on the need for vastly increased federal funding for AIDS research—but history will remember her as much for her legacy of AIDS advocacy as for any of the roles she ever played.

You can join Dame Elizabeth in the fight against HIV/AIDS—and honor her unparalleled legacy of advocacy—by making a donation to the Elizabeth Taylor Endowment for the CARE Center at the UCLA AIDS Institute. To make a donation of any size, contact Aly Shoji, the AIDS Institute’s Director of Development, at 310-267-1826 or at ashoji@support.ucla.edu.
UCLA AIDS Institute Around the Country

Fire-Eaters and Fund-Raising in Chicago

Terri Weinstein’s all-volunteer army raises more than $100,000 for AIDS vaccine research at UCLA.

Why Chicago? Why is the UCLA AIDS Institute’s largest annual fund-raising event held half a continent east of the Institute’s main laboratory facilities, in a city with no formal connection to the Institute or to any of its key researchers? The answer has a certain shaggy-dog quality to it, but the story is worth telling because, among other things, it serves as a reminder that the UCLA AIDS Institute did not come into existence overnight. The evening passed in a happy, heady blur: the bright din of conversation fell whenever a stilt-walker materialized or a pair of swing dancers, decked out like Amazonian parrots, took to the floor... and rose again when the impromptu entertainment ceased for a moment and gala-goers returned to a smorgasbord manned by a dozen of Chicago’s best-known caterers (above). Guests arrived to a tattoo played on a dozen upended garbage cans (top), were beguiled during the course of the evening by amateur fortune-tellers (top right) and professional clowns (overleaf), played toss-the-hoop-over-the-dress-maker’s-dummy and other Alice in Wonderland games (page 34, top), and held their breath as a contortionist executed a series of anatomically impossible feats while suspected from a velvet rope high above their heads (page 34, left margin).
Institute is a genuinely global organization, and its work may potentially affect people who are living virtually anywhere. People in sub-Saharan Africa (see pages 22–29). People in Brazil (see pages 18–21). People in Beverly Hills and in South Central Los Angeles (see pages 8–17). And, ultimately, people in Chicago.

Like all human interactions, this one involved an element of serendipity and a large dollop of Being in the Right Place at the Right Time. None of us at the UCLA AIDS Institute knew Lyle Smith when he signed up to participate in another organization’s AIDS vaccine ride four years ago, so of course we weren’t aware of how keenly disappointed Smith was when that ride was cancelled. We knew nothing about Smith’s decision to channel his thwarted altruism into a modest fund-raising event to benefit AIDS vaccine research... until he chose us as the beneficiary. That’s the serendipity part. The
Being in the Right Place at the Right Time part is that Dr. Judith Currier, a co-director of our CARE Center (see pages 4–7), just happened to be passing through Chicago on the day of Smith’s benefit, and she agreed to make a brief, informal presentation about the work that she and others are doing to develop UCLA’s first home-grown AIDS vaccine.

And, as it happens, Terri Weinstein, an interior designer who lost a close friend to AIDS in the 1980s, was in the audience. Terri was already engaged in efforts to raise money for AIDS research. The previous December, for example, she had responded to the Chicago Architecture Foundation’s request that she design a Christmas tree that could be auctioned to raise money for charity by creating what she called an AIDS tree. She threw a series of pre-Christmas parties in her home on the North Shore and invited all of her designer friends to come to the gatherings and make ornaments for the tree. “Nobody was happier that Christmas than I was,” Terri recalls. “I had all of my friends around me, and we were using our talents and creativity to help raise money for AIDS research. Every time I had a party, the people who came said they wanted to come back, so I kept giving parties and they kept coming back and we kept making ornaments.”

In the end, Terri and her friends made more than 500 ornaments for the AIDS tree. They included miniature “AIDS quilts” and an ornament, made out of tiny test tubes filled with pearls and sequins, that the group dubbed “the magic cure.” Terri felt good about what she was doing, but she also felt she could do more. And then she heard Dr. Currier speak, at Lyle Smith’s fund-raiser. “What she said was so profound and yet so simple,” Terri recollects. “I was so inspired by her presentation that I immediately sought Lyle out and volunteered to host the next fund-raiser.” That was serendipity and Being in the Right Place at the Right Time.

The first fund-raiser for UCLA that Terri chaired was held the following spring, in her beautifully restored Prairie School home in Highland Park, and raised more than $35,000 for the Institute. Like its predecessor, this event depended entirely on volunteer labor, and on donated goods and services — which meant that every penny donated to the event went straight to vaccine research at the UCLA AIDS Institute.

That part hasn’t changed in the intervening years, but much of the rest has. Terri has a particularly fertile imagination, and her mantra — at least where galas are concerned — is that more is more. More delicacies to try, more experiences to savor — and, of course, more tickets sold and more money raised.

It was Terri who transmuted these annual events into a three-ring existential circus.
for bemused adults. She banished formal clothes; she engaged a troupe of fire-eaters; and she created singular sensations unlike anything Chicago had ever seen: Cirque 2004 and Cirque 2005. We long ago lost track of the number of times we have heard a Cirque celebrant say, “I’ve never had so much fun at a fund-raising event!” Terri’s events are indisputably fun, but they are purposeful fun: to date they have raised more than a quarter of a million dollars for vaccine research at the UCLA AIDS Institute. Dr. Kathie Grovit Ferbas, who has been collaborating with Dr. Currier on developing a HIV vaccine at UCLA, was the guest speaker at Terri’s most recent fund-raiser — and she is also a beneficiary of that event.

The vaccine that Drs. Ferbas and Currier are developing is what is called a therapeutic vaccine, meaning that it will be used to boost the immune systems of people already infected with HIV. (AIDS Institute investigators are also working on so-called sterilizing vaccines, which will be used to prevent HIV infection, and Cirque funds have helped to underwrite that research as well.) What Drs. Ferbas and Currier have discovered is that when HIV that has been genetically manipulated to render it harmless is heated, parts of the outer shell of the virus open up, and these parts present a greater number of targets for antibody response. The hope is that AIDS patients who are infused with this genetically disabled, heat-treated form of HIV will be able to mount a more effective immune response to the virus. If that does happen, it may be possible to use the Ferbas-Currier vaccine as an adjunct to standard anti-retroviral therapy, or even as a substitute for the multidrug regimens that are currently used to treat HIV infection.

Terri Weinstein, who was the inexhaustible, inimitable, irresistible force behind what Lyle Smith calls “Chicago’s annual bash-AIDS bashes,” stepped down after last year’s event... and turned responsibility for this year’s bash over to Stacia Hill and Janelle Prueter. She bequeathed them an extraordinary legacy: the most successful private fund-raising event in the history of the UCLA AIDS Institute. We look forward to working with Stacia and Janelle on Cirque 2006, and we salute Terri for her years of exemplary dedication and her uncompromising vision — which supports the work of Drs. Ferbas and Currier to this day.

How You Can Help

For additional information about Chicago’s next “bash-AIDS bash”—and to find out how you can help Stacia Hill, Janelle Prueter, and their all-volunteer army make Cirque 2006 every bit as successful as its predecessors—contact Jina Lee at 310-794-5335.
Focusing on the Future: Latinos and HIV

The Institute convenes a community forum to highlight the successes, and respond to the challenges, of providing effective prevention and treatment programs for California’s large Hispanic population.

For all of its “Focus on the Future” events, the AIDS Institute has provided simultaneous translation into Spanish, via cord-free headsets, for attendees who preferred to listen to the presentations in their native language. This policy is more than a courtesy: Southern California has a huge and ethnically diverse Hispanic population, and many of these individuals, particularly new arrivals, have only a limited understanding of English. This demographic fact of life has hampered efforts to educate this fast-growing subpopulation about the importance of being tested for possible HIV infection, and about the availability of free treatment for those who are infected. The last thing any of us at the Institute want is to impede the flow of information to at-risk individuals, and from the first we have made our “Focus on the Future” community-outreach programs as “user-friendly” as possible by indicating, in all announcements for upcoming events, that we were offering “Interpretación simultanea al español.”

We didn’t do that for our most recent program—because that program, which focused on efforts to provide culturally-specific prevention and treatment programs for Latinos and Latinas living in Greater Los Angeles, was conducted in Spanish... with simultaneous translation into English, for the non-Spanish-speakers in the audience. This edition of our “Focus” series was unique in other ways as well. For one thing, it included the screening of a Spanish-language video entitled “Mujeres Como Tú” (“Women Like You”). This video, which was produced by Russell Alexander-Orozco with funding from Pfizer, profiles the courage of half a dozen Hispanic women who are living with HIV—and, in the process, serves as both a cautionary tale to women at risk of infection and as a comfort to other Latinas who are living with the virus.

Another unique feature of this program was that the second half of the evening was given over to a panel discussion, “Managing HIV/AIDS Treatment and Services for the Latino Population,” which brought together a Who’s Who of Angelino activists, advocates, and administrators, among them Felix Carpio, the medical director of Altamed; Alva Moreno, director of the East Los Angeles Women’s Center; Mario Perez, from the L.A. County Office of AIDS Programs and Policy; and Oscar de la O, the head of Bienestar, the city’s largest and best-known AIDS service organization for Hispanics. The panel was moderated by Omar Banos, the editor of Impacto Latino, the Spanish-language publication of AIDS Project Los Angeles.

The UCLA AIDS Institute is indebted to one of its own, Dr. Octavio Vallejo, for conceiving, orchestrating, and presiding over this gathering. Regular readers of Insider will recognize Dr. Vallejo’s name—because we covered the story of his own battle with HIV, and his active involvement in AIDS education programs both here and in his native Mexico, in the February 2004 issue of our publication. Readers who missed that engrossing and inspiring photo essay can find it on our website, www.uclaaidsinstitute.org, under PUBLICATIONS, in the Insider archive.

Given how all-embracing this particular “Focus on the Future” program was, it seemed entirely appropriate that the audience included a dozen of la communidad’s most soignée and eye-catching transgendered women—including Señorita Bienestar herself, in a towering latticework rhinestone tiara (page 38). Because many transsexuals sell the only thing they have to sell—themselves—in order to finance their transformation, the incidence of HIV infection in this group approaches 25%. They are, in a sense, thrice discriminated against: for being Hispanics in an Anglo culture; for being gay without being part of the gay mainstream; and for being HIV-positive. Given how fraught their individual journeys must have been, it is comforting to note that they have found a safe haven, at last, within the community of seropositive gay Latinos, where the commonality of HIV infection subdues and subsumes all differences.
Enfocándose en el Futuro: Latinos y el VIH

El Instituto convocó un foro comunitario para resaltar los éxitos y también analizar la respuesta a los retos de como proporcionar programas efectivos de prevención y tratamiento para la población de habla hispana mas grande en el estado de California.

Para todos sus eventos “Focus on the Future”, el AIDs Institute ha proporcionado traducción simultanea al español vía audiofonos inalámbricos, para los asistentes que prefieren escuchar las presentaciones en su lenguaje nativo. Esta política es mas que una cortesia: El Suroeste de California posee una gran población de habla hispana muy diversa en sus orígenes y muchos de estos individuos, particularmente, los recientes llegados tienen un entendimiento limitado del inglés. Este hecho demográfico de la vida, ha obstaculizado los esfuerzos de educación dirigidos a esta subpoblación de crecimiento rápido acerca de la importancia de practicarse la prueba de anticuerpos al VIH, y acerca de la disponibilidad de tratamiento gratuito para aquellos infectados de bajos recursos. Lo ultimo que quisieramos nosotros en el Instituto es impedir el flujo de información para los individuos que estan a riesgo de la infección, por ello desde el primer evento “Focus on the Future” estos programas de alcanza comunitario han sido lo mas “accesibles y sencillos para el usuario” humanamente posible, por medio de la indicación en su promoción de que se ofrece: “Interpretacion simultanea al español.”

Eso no lo hicimos en el programa mas reciente porque ese programa, se enfocó en los esfuerzos de proporcionar intervenciones culturalmente especificas en prevención y tratamientos del VIH para latinos y latinas que viven en el area metropolitana de Los Angeles. Este programa se condujo totalmente en español... con traducción simultanea al inglés, para los asistente que hablaban unicamente ingles en la audiencia. Esta edición de nuestra serie “Focus” fue excepcional en muchas maneras. Una de ellas es que se desarrolló en colaboración con ALIANZA el Latino caucus del VIH/SIDA en el Condado de Los Angeles, e incluyó también la premier de nuestro video en Ingles y español titulado “Mujeres Como Tú” (“Women Like You”). Este video, fue producido por Russell Alexander-Orozco con fondos de Pfizer, y presenta a media docena de mujeres de habla hispana muy valerosas que viven o han sido impactadas por el VIH — y en este proceso narrativo el video advierte a otras mujeres de los riesgos de la infección y al mismo tiempo brinda un mensaje de esperanza y alivio para las mujeres que ya viven con el virus.

Otra característica excepcional de este program fue su segunda mitad la cual se dedicó una discusion de panelistas acerca de el “El suministro de servicios de servicios médicos y preventivos del VIH/SIDA para la población Latina” la cual reunió a la crema y nata de los activistas, administradores y personas que abogan en esta tema, entre ellos Felix Carpio, director medico de Altamed; Alva Moreno, director del East Los Angeles Women’s Center; Mario Perez, director interino de L.A. County Office of AIDS Programs and Policy; y Oscar de la O, director ejecutivo de Bienestar, la organizacion de servicios de VIH mas grande y mejor conocida en el Suroeste de California sirviendo a la poblacion de habla hispana, asi como Roland Palencia, director administrativo de California Endowment y Patricia Osorio, co-chair de ALIANZA. El panel fue brillantemente moderado por Omar Banos, editor de Impacto Latino, la publicación en español de AIDs Project Los Angeles.

El UCLA AIDS Institute le debe este evento a uno de sus miembros, Dr. Octavio Vallejo, en su concepción, instrumentación, y presidio. Los lectores asiduos de Insider reconoceran el nombre del Dr. Vallejo — porque cubrimos la historia de su batalla personal contra el SIDA, y su activo involucramiento en programas de educación sobre SIDA aqui y en su nativo México, en el numero de Febrero 2004 de nuestra publicación. Los lectores que no hayan visto ese ensayo fotográfico cautivante e inspirativo lo pueden encontrar en nuestro portal electronico, www.uclaaidstitute.org. bajo PUBLICATIONS, en el archivo Insider.

Dada la inclusividad total que este programa “Focus on the Future” tuvo, fue totalmente apropiado que en la audiencia se encontraran una docena de representantes de la la comunidad’s mas sonada y atractiva de las mujeres transgénero- incluyendo Señorita Bienestar en persona, luciendo una elevada brillante y exquisita corona (pagina 38). Dado que muchas trans-sexuales venden lo unico que pueden vender — asi mi mismas — para financiar su transformación, la incidencia de infección del VIH en este grupo es cerca del 25%. Ellas en cierta manera son discriminadas en tres maneras, por ser latinas en una cultura anglo; por ser diferentes y no pertenecer a la corriente mas aceptada que es la comunidad gay; y por ser VIH-positivas. Dado lo pesada que ha de ver sida la la jornada de cada una de ellas en forma individual, es confortante notar que ellas han encontrado un oasis de seguridad al menos en el interior de la comunidad seropositiva de latinos gay, donde el común denominador que es la infección del VIH reduce y vence todas las diferencias.
The UCLA AIDS Institute and You
Donor Honor Roll
July 1, 2005 – December 31, 2005

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.ucliaidsinstitute.org.

$500,000 AND UP

The James B. Pendleton Charitable Trust

$200,000 TO $499,999

Wallis Annenberg
The Annenberg Foundation
McCarthy Family Foundation

$100,000 TO $199,999
For Global Progress

$60,000 TO $99,999
Ann Parsons Memorial Foundation
Community Health Charities of California Macy’s West Fund

$25,000 TO $59,999
David C. Bohnett & Tom Gregory
Charity Treks, Inc.
KB Home
Macy’s Passport 2005
Greg Ritmire
United Way, Inc./Bruce Karatz Fund
Video Industry AIDS Action Committee Inc.

$6,000 TO $24,999
David E. Fillet, M.D. & Rick Gentry, M.D.
James C. Hormel Revocable Living Trust
Harvey Kauffman
Social and Scientific Systems
Ignacio Valdes M.D.

$500 TO $5,999
Jeffrey Averill
Boehringer Ingelheim Pharmaceuticals Inc.
Community Foundation of the Napa Valley Hamilton Family Fund
Fidelity Charitable Gift Fund
Christopher M. Quilter Fund
Alan Gelman & Atul Gupta
Rosemary Glikman
Peter Hayashida & Michael Olman
IBM International Foundation
International Partnership for Microbicides, Inc.
Jeff Jenest
Harold D. Lilly
Dr. Ronald Mitsuyasu
MUSICAids
John Palomo
Scott Arthur Yerkey Design, Inc.
Brock Settlemier
Michael E. Ward

UP TO $499
Aetna Foundation Inc. Corporate Public Involvement
Anonymous
Anonymous
Anonymous
Clifford J. Easton
Patricia L. Easton
Alan Ehrlich
David L. Fanger
Jim Goese
Frances B. Hansen
Carol Schlanger Helvey
Leslie A. Joseph
Theo Keller
Microsoft Corporation
Mom’s Pharmacy
Keith Y. Nakada
Dona Nichols
R. and J. Lucas Living Trust
Roxene B. Rockwell
Russell Siner
United Way of Ventura County
Craig Perman Weisman Ph.D.
Irene Weinrot
Ralph Ziegler

For more information on making a gift, to arrange for a tour or schedule a screening of our award-winning video, please contact AY SHOJI, UCLA AIDS Institute Development Director, at (310) 267-1826 or ashoji@support.ucla.edu