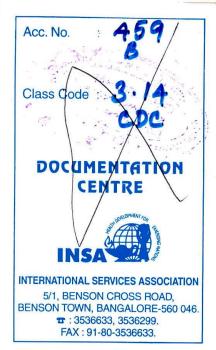
HIV/AIDS INFORMATION SERVICES

PROFILES OF SUCCESSFUL SERVICES PLUS ADVICE FOR STARTING YOUR OWN

OCTOBER 1994

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CDC NATIONAL AIDS CLEARINGHOUSE



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Introduction

For organizations working in the field of HIV/AIDS, keeping up with the volume of AIDS information, and finding effective ways to get that information to their communities, poses a great challenge. Many AIDS information services have sprung up in the last decade in response to this challenge.

This report, prepared by the Centers for Disease Control and Prevention National AIDS Clearinghouse (CDC NAC), has a dual purpose: to describe how a small group of AIDS information services is meeting this challenge, and to help people working in the HIV/AIDS field to establish and maintain effective information services. The suggestions provided have been drawn primarily from the experience of the 11 projects that are profiled in this report, and supplemented by the knowledge of CDC NAC staff.

Profiles of AIDS Information Services

Eleven projects are profiled in this report. Our objective was not to conduct a comprehensive survey of HIV/AIDS information service providers, but to profile a few that are effective in delivering a range of services. We have chosen these 11 projects because of the diversity of their operating structures, audiences, and dissemination mechanisms. We have included:

- Libraries in various settings;
- A telephone hotline service;
- A correspondence club;
- An electronic bulletin board service;
- An information clearinghouse; and
- A student-run information dissemination service.

The diversity of these settings as well as the varied experiences of the people (both paid staff and volunteers) who successfully operate these services clearly illustrate the point that traditional library settings are not the only ones that can provide effective HIV/AIDS information services to both lay and professional audiences.

Each profile describes the functions of a project and the population it serves, how the project was founded, and what its missions are. Staff of each project relate how they secure their funding and how their programs are staffed. In addition, they describe what their information collections contain, how their collections are organized, what strategies they use to disseminate information to their communities, and how they network with other AIDS service providers.

We hope that learning about how these groups have met the challenges of AIDS information collection and dissemination will help others who are engaged in the same type of work.

Organization of the Report

This report is divided into three sections:

The Overview section summarizes the differences among the projects and provides advice on launching and maintaining an information service. "Action Steps" at the beginning of each section chapter provide practical tips on how to get the various components of an AIDS information service underway. Throughout the

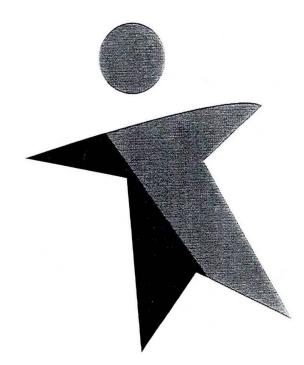
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section, references are made to profiles of specific projects to illustrate the ideas presented.

The Profiles of AIDS Information Services section includes a description of each project based on information obtained in a telephone interview. Whenever possible, direct quotes of project staff have been included. A list of project addresses and phone numbers, as well as the acronyms and abbreviations used throughout the text to refer to them, is provided on page 67.

The Appendices include examples of forms, publications, classification schemes, etc., used by the projects profiled in this report. Also included in the appendices are a glossary of library-related terms and an extensive resource guide to publications and organizations that provide background information helpful in carrying out the functions of an information service.

OVERVIEW



Organizational Structure of AIDS Information Providers

Action Steps

Develop a plan to systematize your approach to information collection and dissemination. Many organizations providing information about AIDS find themselves serving as unofficial information clearinghouses with information systems that have evolved according to need, but are not especially efficient. In these cases, you need to analyze how your organization handles information and develop a plan that will systematize that approach and enable you to provide those services more efficiently. If you are going to create a new service, you should begin by creating a plan for that service. This report, other CDC NAC materials, and materials from other organizations, can help you plan an efficient HIV/AIDS information service (see Appendix 10: Resource Guide). You can also call the CDC NAC technical assistance staff at 1-800-458-5231 for further help.

Consider affiliating your service with an existing institution, such as a public or academic library, a community-based organization, or a foundation, to reduce costs and get access to services and facilities that would otherwise be out of your reach.

 Consider establishing an electronic AIDS bulletin board service as an independent, low-cost method of disseminating AIDS information.

Involve other community groups in the design and implementation of your project. Many AIDS information dissemination projects are created by task forces concerned about access to information in their communities. Task forces can be used to design an information service, raise funds for the service, network with other community-based organizations (CBOs), and serve as a source of volunteer skills and labor.

The 11 projects profiled in this report were founded either by their "parent" agencies, or organized by community task forces or individuals as their communities' need for information on HIV infection and AIDS escalated throughout the last half of the 1980's. Specifically, three organizational types were identified: organizations created by parent agencies; organizations that sought affiliation with another agency; and organizations functioning as independent information dissemination projects.

Projects Created by Parent Agencies

Two of the 11 projects profiled were conceived and created by agencies already serving communities affected by AIDS. Creation of these projects was driven by the demand for information on AIDS expressed by the constituencies of a state health department

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and by a national health association. The parent organizations found it efficient and effective to formalize their HIV/AIDS information dissemination efforts by creating separate departments for this purpose.

For example, the California AIDS Clearinghouse (CAC) was created by the Office of AIDS, California Department of Health Services, to serve the educational and informational needs of state-funded contractors who provide education and prevention programs. HANDI, The Hemophilia and AIDS/HIV Network for the Dissemination of Information, is another example of an information dissemination project that was established by an existing organization that found itself serving as an information clearinghouse on HIV/AIDS due to the needs of its constituents. The National Hemophilia Foundation (NHF) decided to streamline its information dissemination efforts by creating a separate department devoted entirely to the collection and dissemination of information on AIDS. HANDI serves the needs of NHF's patrons as well as the educational and informational needs of the Foundation's staff.

Projects That Sought Affiliation with an Existing Organization

In other cases, information dissemination projects were conceived and designed by community task forces, planning committees, or individuals who then identified an existing organization with which to affiliate. The only difference between this category of projects and the one described above is that the projects in this group took the initiative to locate an agency with which to affiliate.

An example of an affiliated project created by a task force is the Monroe Community College (MCC) AIDS Resource Center, which was founded by the Rochester Task Force on AIDS, a coalition of AIDS service organizations, as part of its 5-year plan to provide informational support for AIDS education in the Rochester, New York, area. The task force designed the information project and secured county funding for it and then solicited support from MCC, which agreed to provide space and technical support to the Center. The Seattle Treatment Education Project (STEP) was also established by a community task force of HIV-positive individuals who then affiliated their project with the Northwest AIDS Foundation, which provides STEP with office space and administrative support.

Affiliation with an existing agency, whether initiated by the existing organization or by the new project, is an effective cost-reducing strategy for AIDS information dissemination projects. As described above, larger organizations provide office space and administrative support, thus reducing overhead costs of the HIV/AIDS information project. See the profiles of MCC, STEP, TeenAIDS Student Coalition (TeenAIDS), and West Hollywood Library HIV Information Center (W. Hollywood) for examples of such projects.

Especially advantageous are arrangements with existing libraries that can yield substantial cost savings by providing the AIDS information dissemination projects with administrative and technical support in acquiring materials, organizing them, and circulating them (see MCC, W. Hollywood).

Independent Information Dissemination Projects

AIDS information dissemination projects also function as independent agencies, created by task forces or individuals concerned about access to AIDS information in their communities. The Seattle AIDS Information Bulletin Board Service (SAIBBS) was established as an independent project in 1989 by an individual who was concerned about the limited amount of information about HIV/AIDS available in the Seattle community; his goal was to make this information anonymously and readily available.

Another example of an independent information dissemination project is the AIDS Information Network (AIN) Library, a Philadelphia-based project. In the mid 1980's, a task force conducted a formal needs assessment to identify the community's AIDSrelated information needs. Interviews were conducted with people living with HIV and AIDS, AIDS service agency staffs, and other community-based organizations to gather data on their needs for AIDS information. The coalition then worked with a group of librarians to design the AIDS Information Network Library and organized a candlelight walk of concerned Philadelphians, which raised \$6,000 of seed money to establish the nation's first lending library dedicated specifically to information on HIV/AIDS. The library began delivering services to the community in 1987.

What Are the Missions of AIDS Information Providers and Who Do They Serve?

Action Steps

- Decide whether to be a comprehensive or specialized information service. Some AIDS information services strive to provide access to information about all aspects of the AIDS epidemic. Other services choose to specialize in one area of the epidemic, for example, prevention, treatment, or legal issues. Determine which aspects of AIDS your information service is planning to cover, and identify referral sources for those areas it will not cover.
- Identify the population your program will serve. Some information projects serve the general public, with no particular focus on special populations. Other projects focus their services on particular groups, for example, people with hemophilia, teenagers, or health care providers.
- Identify the geographic scope of your service. Some projects provide services to their local communities, while others have a national scope. Some began as local information services and grew into national projects by virtue of the need for the information they disseminate and the quality of their service. See page 26 for ideas on using electronic bulletin board services and newsletters to expand your service beyond your immediate geographic area.
- Write a mission statement. Your mission statement should clearly articulate the goals of your information project. It should outline who your project will serve and what services will be provided. Having a written mission statement not only helps you focus your efforts but also provides you with a concise document that you can give to potential funders, volunteers, and patrons. Contact other AIDS information projects to see copies of their mission statements.

Missions

One important goal of the AIDS information dissemination projects described in this report is to reduce the spread of HIV infection by providing free public access to educational and risk reduction information. Another goal is to empower people whose lives are affected by HIV/AIDS by giving them timely access to information in convenient and non-threatening environments. These goals are basic to many of the organizations profiled in this report. (See project mission statements in the Profiles of AIDS Information Services section.) While the majority of the projects offer comprehensive information on HIV/AIDS, some specialize in education and prevention information (see CAC, TeenAIDS), while others emphasize HIV/AIDS treatment issues. All of the projects provide referrals to other organizations that offer information and services outside of their scope.

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Populations Served

The information dissemination projects in this study serve anywhere from 420 to 40,000 patrons per year. All of the projects provide public access to their information collections. Even in cases where membership is used to define the patron base, dues are low and adjusted or waived according to ability to pay, for example, the Friends Project (Friends). In cases where the project is contracted to serve specific populations, access by the general public is provided through electronic bulletin board services (see CAC) or policies that encourage open use (see HANDI). Patrons include persons with AIDS (PWAs), health care providers, caregivers, educators, at-risk community members, law firms, pharmaceutical companies, treatment facilities, students, social workers, and teenagers.

How Do AIDS Information Providers Measure the Effectiveness of Their Services?

Action Steps

- Survey your patrons. Surveys can be a great way to get information about the demographic makeup of your users as well as to learn more about their needs and how they like the services you provide. Distribute these surveys at your information center or through your newsletter or other publications. Surveys can also be handed out at workshops and trainings offered by your service.
- Talk to your patrons to find out how they use your service, whether they are aware of all the services you provide, and how they think your services could be improved.
- Ask a marketing firm to donate services by performing a market analysis of the community you serve or are planning to serve.

Needs assessment and evaluation are common components of AIDS information services. All of the organizations studied in this project report paying careful attention to the nature of their patrons' requests, and using this information to add or modify services as needed. Most of the agencies carry out these functions through patron surveys. Surveys are typically distributed onsite with every use of the information service or at regular intervals through the organization's newsletters and other publications. The surveys are generally designed to elicit demographic information about patrons, to find out what kind of information patrons need and how they will use it, and determine whether patrons are able to obtain the information sought. Surveys also allow the patrons to make suggestions about services they would like to see offered.

In-depth Assessment and Evaluation

Some AIDS information dissemination projects conduct more elaborate needs assessment and evaluation activities in an effort to better understand the community they serve and to measure the effectiveness of their services. These include in-depth intake and assessment questionnaires, meetings with patrons, and market analyses. The Friends Project collects extensive personal and demographic information about its membership through an intake and assessment form that is mailed out to new members as part of the enrollment process. The project uses this information to match its members with appropriate pen pals and care providers, as well as to keep project staff up-to-date on who the members are and what their needs are.

The California AIDS Clearinghouse needs assessment and evaluation process begins with the assignment of each member of the clearinghouse's AIDS Advisory Panel to a local education and prevention contractor. The panel members develop an ongoing working relationship with these contractors and solicit written feedback about their use of CAC materials and services. After reviewing the feedback, CAC staff and panel members meet with the contractors. The purpose of the meeting is to develop materials that will serve the particular needs of the contractor's community, and for the contractor to learn about the educational purpose of existing materials. CAC finds this evaluative approach very useful, not only in directing the

production of targeted materials, but also in developing and maintaining effective communication with its patrons.

The AIDS Information Network Library is currently contracting with a local marketing firm to assess the Philadelphia community's awareness and use of AIN. This independent analysis will give AIN a picture of how the community perceives and uses project services. what discourages use, and ways in which community members think services could be improved.

For more information on needs assessment and evaluation activities, see Appendix 1: Needs Assessment and Evaluation Surveys.

How AIDS Information Providers Are Funded

Action Steps -Determine whether your project can exist and thrive relying on only one source of funding, or whether you will have to pursue more than one source. Use funding resource centers and databases to identify potential sources of funding. Many cities have nonprofit resource centers that assist organizations in identifying local funding opportunities. Check with your local public library to find these resources. Many AIDS information projects use the Foundation Center, which has libraries and cooperating centers all over the country. The Grantsmanship Center is another organization that can be helpful in identifying funding (see Appendix 10). The CDC National AIDS Clearinghouse maintains a database of funding opportunities for AIDS-related services and programs. When you access this database through NAC ONLINE, you can conduct a search to identify organizations that fund AIDS dissemination projects. Recruit professional fundraisers to serve on volunteer fundraising committees. Fundraising committees can prepare grant applications, organize fundraising events, and solicit private contributions Pursue donations of money and in-kind donations. Many AIDS information services receive donations of books, journals, subscriptions, shelving, computer hardware and software, office space, and printing and computer consulting services. Ask for donations by publishing a "wish list" of needed items in your newsletter and investigate corporate donation programs in your community. The AIDS information dissemination projects Single or Diversified Funding Base in this study receive their funding from contracts, grants, and donations. None of the One-third of the projects included in this study projects assess fees for their services or rely upon a single source for their operating currently employ fundraisers. However, funds. Depending upon a single source of several use the expertise of professional funding minimizes the amount of effort a fundraisers by asking them to serve on project has to spend on identifying and fundraising committees as volunteers. Some pursuing funding sources. Nonetheless,

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organizations with only one source of funding

do spend time renewing their grants and

projects have only a single funder, while

others use many sources to obtain needed

support.

justifying ongoing support of their services to their funders. Relying upon a single source of funds has the disadvantage of making a project vulnerable to the threat of losing 100 percent of its budget due to the actions of one funder. Single source funding also tends to be stagnant; costs and service needs may increase but budgets may not.

The other two-thirds of the projects have a diversified funding base that is drawn from federal, state, and local sources, as well as from donations and fundraising events. These projects rely upon multiple sources of funds to maximize the size of their budgets and minimize the impact of loss of funds from any one source. Developing a diversified funding base requires time, and grant-writing and reporting skills, in addition to a significant investment of resources in identifying and pursuing potential new funds. In some cases, the cost of these efforts is reduced through the use of professional fundraisers who volunteer their expertise and services on fundraising committees

Contracts, Grants, and Donations as Sources of Funds

In some cases, state and federal agencies contract with an information dissemination project to deliver services over a multi-year period. These contracts are competitive, which means the organization must submit proposals for refunding at the end of every funding period. Competition for these contracts provides incentives for the organization receiving the funds to operate as efficiently as possible, or risk losing funding to a more viable service provider. Two of the projects in this study, the California AIDS Clearinghouse and HANDI, depend upon contracts as their sole source of funding.

Some of the projects in this study depend on contracts with county and municipal agencies that have committed to providing money to support AIDS information dissemination in their communities (see MCC, W. Hollywood). Funding for these projects is reviewed each year and is contingent upon the health of county and municipal budgets. If allocations for a project remain steady over time, while costs of providing information services increase, the project's buying power shrinks. As a result, a project which may have originally drawn its funding from a local county source may have to begin seeking additional sources of funding to supplement its budget (see MCC).

Two-thirds of the projects included in this study secure funding through grants not only from county and municipal government, but also from foundations, corporate donation programs and individuals. Funds from such non-government sources tend to be one-time gifts that allow the project to achieve a specified goal, for example, subscribe to a new set of journals or automate a card catalog. Projects identify potential grants and donations by looking through the AIDS literature, monitoring The Foundation Center directories and publications, searching the CDC National AIDS Clearinghouse Funding Database, and checking with local nonprofit resource centers Even word of mouth plays a significant, if not always systematic, role in the search for funding. For more information on ways to identify funding opportunities, see Appendix 10.

Many of the projects included in this study organize fundraising events and ask for donations of money and contributions of materials from their communities. Projects regularly publish requests for donations in their newsletters. The AIDS Information Network Library organized a candlelight vigil that raised \$6,000. TeenAIDS heid a chili cook-off and a "wheel-a-thon" to raise money for its project. In addition, many of the projects receive contributions of materials, such as used copies of periodicals, books, and computer software and hardware, from community members and businesses and exchange their newsletters with other organizations. The AIDS Survival Project (ASP) Treatment Library publishes a "wish list" of books and equipment in its monthly newsletter. (See Appendix 6: Newsletters and Other Publications.) The Seattle AIDS Information Bulletin Board Service solicits contributions of computer hardware and software, which it then loans to its patrons for the period of time they use the information dissemination service.

How AIDS Information Providers Are Staffed

Action Steps

- Use volunteers to help with your HIV/AIDS information project. Health care providers, librarians, graphic artists, editors, and computer experts can be a great source of expertise and labor. They can organize and staff special events as well as serve as a regular source of labor in the day-to-day maintenance of your service.
- Draw upon AIDS service organizations and other community-based groups for volunteer skills and labor.
- Develop a partnership with an existing library and use their acquisitions, cataloging, and circulation systems to supplement your staff. Many AIDS information services are affiliated with public, academic, and special libraries whose staff handle considerable amounts of their workload.

Two-thirds of the projects in this study operate with two or fewer staff members. These are ASP, Friends, MCC, SAIBBS, STEP, TeenAIDS, W. Hollywood, and the AIDS Information Center of the U.S. Department of Veterans Affairs (VA). Onethird of the projects have no paid staff and are managed entirely by volunteers (see Friends, SAIBBS, TeenAIDS). The remaining third have staffs of 6-10 people (see AIN, CAC, HANDI).

Staff Backgrounds

Librarianship is the most commonly cited profession among the staff of AIDS information dissemination projects. Over half of the projects in this study employ at least one librarian. Almost all of the organizations operating with only one staff person employ a librarian. However, many of the organizations are staffed by people whose backgrounds are not in the field of information management, for example, a graphic designer, a legislative aide, a pastor, a psychologist, or students. Although a background in librarianship is an advantage to an AIDS information specialist, it certainly is not a requirement for developing skills in the management and dissemination of AIDS information.

Volunteers

Volunteers represent an invaluable source of expertise and labor to AIDS information dissemination projects. The projects use the expertise of their communities' health care providers, fundraisers, librarians, computer experts, and others by recruiting these professionals to serve on committees created to address such issues as fundraising, information classification systems, needs assessment, research priorities, and marketing. Volunteers can also provide technical support by working for the information dissemination projects as filers, system operators, catalogers, photocopiers, etc.

Supplementing Project Staff

Information dissemination projects that are affiliated with established libraries are able to supplement their staff with the services and expertise of the "parent" library. Two projects in this study, the West Hollywood Library HIV Information Center and the Monroe Community College AIDS Resource Center, are able to operate with only one part time staff person because their projects are supported by staff from their parent libraries who assist them in acquiring, organizing, and circulating their materials.

What Is Included in an AIDS Information Collection?

Action Steps Identify the aspects of AIDS you want to cover in your collection, for example, treatment or prevention. Fill your collection with the types and formats of materials that serve your user's needs and fit the subjects you cover (see Missions section on page 8). Some examples of material formats include: journals, newsletters, books (directories, medical textbooks, dictionaries, encyclopedic resources, fiction, self-help materials, and autobiographical literature), pamphlets, videotapes and audiocassettes, electronic bulletin boards, and databases. Identify places, such as libraries and other AIDS service organizations, to refer patrons to for materials not included in your collection. Use the collections of other nearby libraries to supplement your materials. Subscribe to as many AIDS periodicals as your budget will allow, but make sure they fit your users' needs and are relevant to the areas of AIDS your service aims to cover.

 Become adept in using electronic bulletin boards and online databases to supplement your print collection.

AIDS information collections may contain a diversity of resources including journals and newsletters, books and reference resources, electronic bulletin boards and computerized databases, referral information, brochures and pamphlets, audio and video materials, and other non-print resources. In general, the types and formats of materials you include in your collection are driven by the subjects you plan to cover and the audience you intend to serve.

Periodical Literature

Because AIDS information is produced so rapidly, journals, newsletters, and other

periodicals are the most vital part of an AIDS information collection. Many periodicals are devoted and/or relevant to AIDS information. Information services with relatively large budgets for acquiring materials (see AIN, HANDI) may subscribe to over 200 medical, psychosocial, social science and legal journals; newsletters produced by community-based organizations; newspapers; and government periodicals. Organizations with smaller budgets select titles most relevant to the needs of their patrons and supplement their own collections by using the periodicals in other libraries in their community. For example, the AIDS Survival Project depends upon Emory University's medical journals, and only subscribes to the community-based AIDS literature that is not held in Emory's collection. (See Appendix 2: Periodical Titles.)

Books

Because books are expensive and normally do not reflect the quickly changing nature of HIV/AIDS information, they make up a smaller part of a typical AIDS information collection. Exceptions to this are found in libraries whose collections emphasize fiction and other materials representing the artistic response to AIDS (see AIN, MCC, W. Hollywood). Most AIDS information services do include reference books such as medical texts, dictionaries, and directories of AIDS service organizations and other social service organizations. (See Appendix 3: Book and Audiovisual Titles.)

Electronic Bulletin Boards and Databases

Electronic bulletin boards and databases are commonly used by the projects in this study to access information. Most projects rely upon one to three such electronic systems to serve their information needs. The most commonly cited systems are the CDC National AIDS Clearinghouse's NAC ONLINE, the National Library of Medicine's MEDLINE and AIDSLINE, AEGIS, HNS HIVNET, and CAIN. (See Appendix 4: A Selected Guide to HIV/AIDS Bulletin Board Systems.) However, some projects regularly search more than 25 electronic bulletin boards and databases to identify and acquire information for their collections. Some projects (see CAC, SAIBBS, W Hollywood) offer online access to their users, while others have staff perform searches for patrons.

Referral Information

All the projects profiled in this report supplement their own collections with referrals for their patrons to other collections or services. They collect this referral information by perusing the AIDS literature, using community resource directories, and accessing the CDC National AIDS Clearinghouse's Resources and Services Database (see Appendix 11: The CDC National AIDS Clearinghouse).

Pamphlets and Brochures

Most AIDS information collections include pamphlets and brochures produced by various AIDS service organizations (ASOs). These resources are used for ready reference and distribution. They tend to be written for the consumer and reflect the knowledge and experience gathered by ASOs nationwide.

Other Materials

Many AIDS collections strive to include materials in nonprint formats such as videotapes, audiocassettes, posters and other illustrative materials, CD-ROM, laser discs, and even balloons. Some of these materials are especially useful for people with low reading skills, students, and other populations with special needs.

How Information Collections Are Organized

Action Steps For Print-Based Information Services: Select or develop a system to organize your information for quick and easy access and retrieval. Many AIDS information services have developed their own systems to accommodate the particular needs of their community and collection. (See Appendix 5: Classification and Indexing Thesauri.) Select storage systems, such as vertical files, that lend themselves to housing rapidly expanding collections. Create ready reference displays for fact sheets and brochures on "hot topics." Many walk-in AIDS information services set up pamphlet racks or other special areas where patrons can readily find these materials. Develop tools such as indexes, catalogs, or bibliographies to help you keep track of the materials in your collection and to help your patrons find information easily and quickly. For Electronic Libraries: Talk to operators of other bulletin board systems for advice on selecting hardware and software. Appendix 10 lists articles and other resources that review software for electronic bulletin board systems. Consider becoming an AEGIS affiliate. By doing this you will joining an electronic network linking AIDS-related bulletin boards and networks in many U.S. and Canadian cities and in other parts of the world (see Appendix 9: AEGIS). Develop user manuals to teach your patrons how to access information electronically. Contact CompuMentor, a nonprofit organization that teams up volunteer mentors with nonprofits who are stumped by computer problems (see Appendix 10).

 Download files into your electronic system from other AIDS bulletin board systems (BBSs). Most BBSs encourage distribution of their files. (See Appendix 4: A Selected Guide to HIV/AIDS Bulletin Board Systems.) This survey revealed two general models of AIDS information storage and organization: the print-based information service, which is composed primarily of printed materials and offers walk-in or phone-in access to a collection, and the electronic information service, which stores information in electronic format and offers online access to the collection.

The Print-Based Information Service

(see AIN, ASP, HANDI, MCC, W. Hollywood)

AIDS information services whose collections are composed primarily of print-based materials (books, journals and articles) use shelving, binders, and vertical files to store these materials. Normally, books and audiovisual materials stand alone on shelves, and periodicals are stored in vertical files, or shelved in loose-leaf binders. Because loose-leaf materials (such as articles, pamphlets, brochures, and reports) make up a significant part of these collections, projects often maintain multiple vertical files, which allow for easy updating of these materials (see AIN, Friends, HANDI, MCC).

Books and loose-leaf materials are organized by subject using standard library classification systems or systems developed in-house.

Because they are part of larger libraries that catalog their materials for them, the Monroe Community College AIDS Resource Library and the West Hollywood Library AIDS Information Center use Library of Congress and Dewey Decimal classification systems, respectively, to organize their books by subject. Another commonly used classification system is the National Library of Medicine's Medical Subject Headings (MeSH). On the other hand, the AIDS Information Network Library, the AIDS Survival Project, and HANDI catalog their own materials using in-house classification systems developed specifically to organize and index AIDS information. These AIDS-specific classification systems offer more in-depth and comprehensive coverage of AIDS information, and also use terminology familiar to the library's patrons; this makes it easier for them to find what they are looking for. (See Appendix 5: Classification Systems and Indexing Thesauri.)

Catalogs and Finding Aids. Several AIDS information dissemination projects keep track of and help their patrons find information in their collections by producing catalogs, indices, and research guides. The AIDS Information Network Library maintains a traditional card catalog that offers access to the collection by title, author, and subject; AIN is in the process of developing an online catalog that will be accessible by computers with modems. HANDI, Monroe Community College, and West Hollywood Library currently maintain electronic catalogs of their materials that allow users to identify materials by title, author, subject, format, year of publication, etc. Materials in both the Monroe Community College and West Hollywood Library collections are included in their parent library's electronic catalog. The AIDS Information Network Library and The Monroe Community College AIDS Resource Library produce subject-specific research guides to their collections to assist their patrons in finding information. (See Appendix 8: Bibliographies and Guides to Materials.)

There are many good database programs designed specifically for maintaining library collections and producing useful catalogs and finding aides. Contact your local public library or a library association (see page 29) for suggestions on which database programs and other software to use. Other AIDS information services may also be able to recommend programs they have found useful.

Ready Reference Displays. The AIDS Survival Project and The AIDS Information Network Library maintain "ready reference" displays of information on "hot topics." These displays offer patrons easy access to ready-togo information on topics of frequent interest. Common ready reference topics include information on testing, transmission, and the latest treatments for opportunistic infections. These displays are especially useful for new patrons who are not yet comfortable with the library setting.

The Electronic Information Service (see CAC, SAIBBS)

Some AIDS information projects store their information in databases that are available to patrons online through electronic bulletin board systems. These systems typically consist of conference areas, which support both public and private interactions, and database files, which contain information the system user can search and/or download. Patrons can search these databases using any word that is relevant to the search or using an organized system called a controlled vocabulary.

Electronic-based information services are typically managed by system operators who assist patrons with searching and other technical aspects of finding information. The information contained in these bulletin board systems is acquired in three ways: it is downloaded from other electronic bulletin board systems; received in electronic format from the producer; or scanned from printbased materials into electronic format. The most commonly cited sources for electronic information are the AIDS Education General Information System (AEGIS); the CDC National AIDS Clearinghouse's NAC ONLINE; and the National Library of Medicine's MEDLINE and AIDSLINE. However, information is also gleaned from many other electronic sources including local bulletin board systems and the Internet (see Appendix 4).

SAIBBS relies upon AEGIS for over 30 percent of its incoming information. AEGIS is a nonprofit network of electronic bulletin board systems specializing in AIDS information collection and dissemination. The hub of AEGIS is a system maintained by Sister Mary Elizabeth in San Juan Capistrano, California. The AEGIS hub regularly searches for and downloads information from electronic sources all over the country including NAC ONLINE, NLM's AIDSLINE, and other AIDS-specific databases. This information is uploaded from the hub to all AEGIS affiliates on a regular basis. To become an AEGIS affiliate, organizations must commit themselves to the principles of free and anonymous access to information (See Appendix 9: AEGIS.)

One of the benefits of maintaining an electronic service is the ease of accessibility it offers to patrons who know how to use electronic information systems. An electronic service can be accessed from anywhere, including the comfort and privacy of the patrons' homes where they can search, identify, download, and print information 24 hours a day. Electronic access is not limited by geographic restrictions and makes it possible for people in rural or otherwise isolated settings to use the service with a level of anonymity that cannot be achieved with a walk-in collection of print materials.

How Information Gets into a Collection

	Action Steps			
•	Subscribe to and scan the AIDS-specific periodic	cal literature.		
-	Access the Internet to read and download the <i>A</i> the few AIDS-specific review sources available electronic bulletin boards on a regular basis to reacommunity-based literature, and other resources	e to AIDS information workers. Acce ad and download government publication	ess	
•	Develop relationships with collection developme a large number of catalogs to identify new mater	ent staff in local libraries. Librarians sc rials and can tell you about new items.	an	
	Get on appropriate mailing lists to receive announ	cements and catalogs of new publication	1 S.	
•	 Use lists prepared by other AIDS information projects of their books, journals, newsletters and audiovisual materials to help develop your collection. Sample lists are included in Appendix 2 and Appendix 3. 			
Use a bookjobber. Bookjobbers are companies that provide a link between publishers and purchasers. They allow you to order many of the books you need from one source even though they may come from many different publishers. Bookjobbers keep a close eye on the publishing industry and can alert you to AIDS-related publications as they become available.				
	Participate in committees and community task for	rces to learn about new materials.		
Request a free computer search from the Educational Materials Database of the CDO National AIDS Clearinghouse. This searches will give you descriptions of relevant books journal articles, brochures, and videotapes, including information about ordering copies or each item. (See Appendix 11.)				
as the ma date AIDS	 prmation providers cite the following in challenges to maintaining up-to- S information collections: the high volume of new information a AIDS; 	The absence of standard review resources for selecting materials; The short time within which information becomes obsolete;		

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- The redundancy of coverage of the same information; and
- The lack of "digested" information as opposed to raw data.

These factors make identifying and acquiring new information feel like haphazard processes that benefit as much from word of mouth and each day's incoming mail as from formal strategies. Despite the absence of a systematic approach, AIDS information services have developed strategies for maintaining current and comprehensive collections. For example, the California AIDS Clearinghouse deals with the problem of redundancy of coverage by posting all publications received for a month, and then removing duplicates and leaving only the original source.

Sources frequently mentioned that are useful for maintaining current and comprehensive collections include the AIDS periodical literature, electronic bulletin boards and databases, library review literature, word of mouth, incoming mail, and producer catalogs.

AIDS Periodical Literature

AIDS information collections depend upon their subscriptions to periodical literature to keep information flowing into their collections. These publications include both the full text of some materials and references to other relevant materials, which the project can then acquire from other libraries or electronic sources of information. Many of the projects in this report photocopy articles from the periodical literature and then file them in their vertical file collections. Because the cost of periodical literature can be high, many AIDS information services minimize this cost by exchanging their own newsletters with other newsletter producers; photocopying material from other library collections (see ASP); participating in

interlibrary loan arrangements with local health library consortia (see HANDI, MCC, W. Hollywood); downloading the full text of periodicals available on AIDS bulletin board systems (see CAC, Friends, SAIBBS); securing grants to acquire periodical literature (see MCC); and soliciting donations of subscriptions from producers and supportive community members (see ASP).

Electronic Bulletin Boards and Online Databases

Many AIDS information providers rely upon electronic bulletin boards and online databases to maintain awareness of new information as it is published and disseminated. These systems generally provide the full text of government documents, some periodicals, clinical trial study releases, and other timely information. Although many projects depend upon 1-3 sources of electronically stored information, some of them (see CAC, SAIBBS) routinely search over 25 bulletin boards systems, and acquire the majority or all of their information from these sources (see Appendix 4).

Review Literature

Staff of the projects surveyed report that there are few AIDS-specific resources to help them evaluate materials they may be considering for their collections. The two most commonly cited sources are the AIDS Book Review Journal produced by the University of Illinois and distributed on the Internet (@uicvm.uic.edu), and the AIDS Information Newsletter produced by the Office of Veterans Affairs' AIDS Information Center (see Appendix 6). Libraries that include fiction, biographical accounts, and publications representing the artistic response to AIDS use the standard library review literature, such as Publishers Weekly and American Libraries, to identify books, videotapes, audiocassettes, and

other materials as they are published. The Monroe Community College AIDS Resource Library and West Hollywood Library have arrangements with staff of their parent libraries to pass on AIDS-specific information as they come across it in the standard library review literature.

Other Strategies

Word of mouth is cited by all of the AIDS information services profiled in this report as a significant source of information about new materials. Information received from being on mailing lists is another common source. The AIDS Information Network Library and HANDI maintain relationships with bookjobbers, (businesses that mediate between publishers and purchasers) who alert them to AIDS-specific materials as they are produced. Catalogs of educational materials are another frequently cited source for identifying audiovisual materials, other nonprint resources, and educational materials such as brochures and pamphlets.

How Information Is Disseminated

Action Steps Determine the strategies that will be most effective in disseminating the information you collect to your community. Recruit trained staff-hired or volunteer-to operate the phones if you plan to provide information over the phone, either as part of a larger project or as your primary information dissemination mechanism. The CDC National AIDS Hotline (NAH) can provide technical assistance in establishing a hotline (919-361-8430). The CDC Hotline Training Bulletins provide information (prepared by CDC) to help train telephone staff to answer questions on important AIDS-related topics. The bulletin is available from CDC NAC and can be downloaded from NAC ONLINE. Find staff who can assist patrons in locating information if you plan to operate a walk-in information service. You should also establish policies on borrowing materials and decide how to track them. Consider producing a newsletter to disseminate new information to a wide audience. Newsletters typically include organizational news, treatment updates, information about local or national events, political news, listings of resources and personal stories. Take a look at the sample newsletters included in Appendix 6 for content and design ideas. The Resource Guide in Appendix 10 lists publications and resources that can help you. Establish an electronic bulletin board service (BBS) as another effective information dissemination avenue. Operation of a BBS requires an investment in hardware such as a computer and several telephone lines, and the availability of one or more computer-savvy persons who can function as system operators (Sysops).

 Offer in-service trainings and workshops to the community at large and to other community organizations.

AIDS information projects have developed many strategies to deliver information to their communities. The two most common information dissemination strategies are maintaining a walk-in/phone-in information service and publishing a newsletter. Other mechanisms include electronic bulletin board

systems, HIV/AIDS seminars and public forums, telephone hotlines, bulk mailing services, speakers bureaus, training and workshops, and the provision of assistance to other organizations in developing materials.

The Walk-in/Phone-in Information Service

The most common way AIDS information is disseminated is through a collection of materials that is accessible to the public on a walk-in or phone-in basis. The collections of many of the projects in this report are located in comfortable, safe environments in which patrons can gather AIDS-related information (see AIN, ASP, CAC, MCC, Hollywood, HANDI). Some of these projects offer coffee, tea, and chocolate, as well as couches and armchairs, gardens, and study carrels to encourage patrons to feel welcome and at ease.

Walk-in services allow patrons to borrow and make photocopies of materials. They also provide staff to help patrons find and understand information.

All of the print-based services in this study offer phone-in reference services. Patrons call in information requests, which are then researched, and responses are sent by mail, fax, or e-mail. Phone-based reference services enable projects to serve patrons whose health, geographical location, or other circumstances make walk-in use of the library difficult. The AIDS Information Network Library, the Seattle Treatment Education Project, and HANDI serve 50 percent, 100 percent, and 100 percent of their patrons, respectively, through phone-based services.

Newsletters

Another commonly-used dissemination vehicle is a newsletter or other publication produced by the project (see AIN, CAC, HANDI, Friends, STEP, VA). Newsletters vary in length and frequency of publication, averaging 12-30 pages; most are produced on a monthly or quarterly basis. The newsletters publish original material as well as information reproduced from other sources. HANDI, CAC, and the VA AIDS Information Center produce multiple publications targeting different audiences.

Newsletters are a very popular dissemination vehicle, and are often identified by users as the most valuable service of a project. Publication of a newsletter allows projects to reach beyond a local area. AIN and STEP had originally organized their projects to serve a local/regional area, but their newsletters were so popular that they are now distributed nationwide (see Appendix 6).

Electronic Bulletin Boards

The third most common strategy of information dissemination is the electronic bulletin board (see AIN, CAC, Friends, VA, SAIBBS). Nearly half of the projects profiled provide some electronic access to their information. Electronic access is the primary method of information dissemination for CAC, SAIBBS, and the VA AIDS Information Center. Advantages of this strategy include 24hour anonymous access by users, access via keyword searching, speed of information acquisition, breadth of coverage, and storage for materials and information that is limited only by the availability of computer storage space and not by physical space.

As access to technology becomes increasingly available, this mode of information dissemination promises to expand. One project, CAC, has received an enthusiastic response to its strategy of placing terminals in publicly accessible locations including a hospital, a public library, and a community pharmacy.

Seminars, Public Forums, and Workshops

Two of the projects offer HIV/AIDS educational seminars to the members of their communities. STEP offers a 6-week course on all aspects of AIDS, taught by local experts. The AIDS Survival Project provides a weekend seminar also taught by community experts and designed to give attendees a comprehensive understanding of HIV/AIDS issues. In both cases, course enrollment has been high, ranging from 60-100 persons per class.

Public forums featuring local and national AIDS experts are another information dissemination strategy. AIN, the AIDS Survival Project, and STEP offer regular lectures and presentations to their communities. The AIDS Survival Project has an arrangement with a local cable TV program that records and airs the project's educational forums. The TV network donates copies of these taped forums to the library collection. (See Appendix 7: Announcements of Seminars and Public Forums.)

AIN and TeenAIDS maintain speakers bureaus as another strategy to get information into their communities. The projects train speakers to give informational presentations and conduct training in a variety of settings, including classrooms, other ASOs, businesses, conferences, rallies, and even birthday parties. Topics frequently covered include HIV/AIDS training for parents, peer education training, adolescent HIV counseling and testing, and safer sex.

Telephone Hotlines

While many projects offer information over the phone as one component of their service, others focus primarily on disseminating information through a telephone hotline. The Seattle Treatment Education Project operates a hotline staffed by volunteers to provide treatment information to callers.

Materials Development Assistance

CAC and TeenAIDS offer assistance in developing materials as a strategy to educate and inform their communities on HIV/AIDS issues. This service is provided by the project to assist other CBOs and ASOs in the development of useful educational materials for the communities which they serve. In the case of TeenAIDS, the project advises organizations on the types of materials that are effective in reaching teens. CAC works with all of its contractors to assist them in identifying community characteristics, and in designing targeted materials that will take these characteristics into account.

How AIDS Information Centers Network

Action Steps

- Forge relationships with local ASOs by co-sponsoring events and sharing resources.
- Make networking or outreach responsibilities a staff member's job.
- Join an AIDS-related electronic bulletin board.
- Join professional associations to maintain staff skills.
- Attend conferences to learn and to network.
- Serve on community task forces and committees to help coordinate services in your area and to help make your community aware of your program.
- Log on to an AIDS-related electronic bulletin board. AIDS BBSs provide forums to help you communicate with other organizations and individuals doing the same work.

Networking with other AIDS information providers is an important part of managing an effective AIDS information dissemination project. In the course of their work, AIDS service organizations amass expertise on the subject of HIV/AIDS as well as on the subject of information management. This expertise represents a valuable resource available to the AIDS service community. Sharing knowledge allows AIDS service organizations to maximize their resources. While networking can be challenging due to the high rate of staff turnover and the general atmosphere of crisis in which most ASOs operate, all of the AIDS information dissemination projects in this study make a serious effort to develop and maintain relationships with other AIDS service organizations and information providers.

To do this, project staff use electronic bulletin boards, attend regional and national meetings and conferences, and maintain memberships in professional associations.

Local Networking

Most of the projects find that it is beneficial to work closely with other local AIDS service agencies. In most cases, networking is informal and ongoing. Many of the projects serve as referral points for other agencies who send their clients to them for informational support. Strategies for developing and maintaining good working relationships with other ASOs include:

 Inviting other organizations to cosponsor public forums and events;

- Providing in-service training for other ASOs;
- Helping other organizations develop educational materials;
- Donating duplicate materials to other collections; and
- Serving on regional task forces and planning committees.

The AIDS Information Network (AIN) Library makes responsibility for networking a formal part of one of its information specialist's job description. AIN also meets monthly with the local AIDS hotline to coordinate the work of the two groups. Three of the projects, HANDI, the Monroe Community College AIDS Resource Center, and the West Hollywood Library AIDS Information Center, participate in formal interlibrary loan networks that facilitate exchange of resources with other resource centers in their region. Staff of STEP work closely with the local health and education community through a local planning committee, which includes health care clinics, colleges, and the local university, and with many community-based organizations. The planning committee enables the organizations to coordinate their work and avoid duplicating services. Staff of the AIDS Survival Project maintain close ties to the community by serving on a state task force on AIDS, a citizens advisory board, and other local AIDSrelated committees.

Electronic Bulletin Boards

Many of the projects use electronic bulletin boards to maintain contact with other AIDS information providers. These bulletin board services (BBSs) allow organizations to participate in topic-specific public forums with participants from all over the country who share their expertise, educational materials, experiences and resources with each other. BBSs also offer e-mail, which enables participants to interact with each other on a one-on-one basis in order to exchange confidential information. In this study, NAC ONLINE and AEGIS were the most frequently cited BBSs used for networking (see Appendix 4 and Appendix 9).

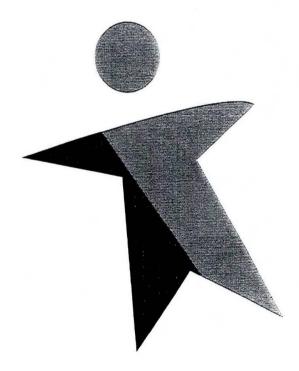
Meetings and Conferences

Staff from many of the projects surveyed attend local, regional, and national meetings as a way of developing and maintaining staff expertise. Such meetings help staff see how others are coping with common problems. The projects in this survey have found the National AIDS Update Conference, the Skills Building Conference, the "Until There is a Cure" meeting, as well as other meetings, to be useful in learning about technology, legislative strategies, hotlines, and HIV/AIDS treatments. Although budget limitations often make it difficult for staff to attend conferences, many of the organizations reported attending meetings sponsored by pharmaceutical companies which typically pay all associated costs.

Professional Associations

Staff and volunteers of the projects belong to a variety of professional associations through which they continue their own education and professional development. The Special Libraries Association, the Public Library Association, the Medical Library Association, the American Library Association, and the American Public Health Association produce useful literature, sponsor relevant conferences, and offer opportunities to participate on national, regional, and local committees that often turn out to be valuable networking opportunities.

PROFILES OF HIV/AIDS INFORMATION SERVICES



AIDS Information Center, U.S. Department of Veterans Affairs (VA) San Francisco, California

Person Interviewed: Michael Howe, Librarian

Date of Interview: March 1994

Project Highlights:

- Library located within a federal agency
- All information stored and transmitted to users in electronic format
- Produces a current awareness service

Background and Mission

The AIDS Information Center was established in 1989 to meet the rapidly expanding information needs of those involved in VA HIV/AIDS patient care, education, and research. The AIDS Information Center's mission is to ensure that VA personnel have timely access to information required for these activities. The center provides specialized information services related to HIV/AIDS to the following organizations and individuals: the VA Central Office, AIDS Service and Office of Academic Affairs, AIDS Education Task Force and Working Group; the AIDS program directors of the VA Regional Medical Education Center; and all VA medical centers, including HIV/AIDS educators, counselors, and other health care practitioners, as well as all library service staff. The center's information services are transmitted to 171 VA medical centers around the country. Information from the center is also made available on virtually every AIDS-related bulletin board service.

Funding

Funding for The AIDS Information Center is provided by the Department of Veterans Affairs, Office of Academic Affairs, as part of the VA's National HIV/AIDS Education Initiatives.

Staffing

The AIDS Information Center is staffed by one professional librarian who previously worked as the AIDS information specialist at the University of Kentucky's office of the East Central AIDS Education and Training Center for 2 years before moving to San Francisco to run the center for the VA.

Scope of Services

The AIDS Information Center produces a biweekly newsletter, the AIDS Information Newsletter, which is transmitted to all VA Medical Center facilities. The newsletter includes articles on AIDS-related medical

issues, reviews of AIDS-related materials, announcements about educational activities, news releases, updates from the centers for Disease Control and Prevention, bulletins, resource lists, articles on the perspectives of clinicians, and other information. In addition to disseminating the newsletter to VA facilities, the center posts it to many AIDS bulletin boards, including the CDC National AIDS Clearinghouse's NAC ONLINE, AIDS LegalNet, AEGIS (AIDS Education General Information Service) HNS HIVNET, and the sci.med.aids listserve on the Internet. (See Appendix 4: A Selected Guide to HIV/AIDS Bulletin Board Systems and Appendix 6: Newsletters and Other Publications.)

The AIDS Information Center produces a current awareness news service, the AIDS News Service, which is transmitted biweekly to eight VA mail groups around the country. The News Service includes journal abstracts, news reports, and other information taken from the NAC ONLINE AIDS Daily Summary (see Appendix 6). The center provides reference and referral services to VA library network librarians and health care professionals. Reference services include online information retrieval from a variety of biomedical databases and HIV/AIDS information services.

The AIDS Information Center evaluates and reviews resources pertinent to HIV and AIDS and makes recommendations concerning relevant materials for patient care programs. The center publishes these evaluations and reviews in the AIDS Information Newsletter.

The AIDS Information Center also prepares annotated bibliographies, resource lists, and other educational materials for VA programs and activities.

The AIDS Information Center Collection

The AIDS Information Center is housed in an office of the San Francisco VA Medical Library, thus enabling staff to easily use the library's collection of reference materials, books, government documents and videos, as well as the library's comprehensive collection of medical periodicals. The librarian supplements these materials by accessing online sources of information including CAIN, AEGIS, HNS HIVNET, The National AIDS Clearinghouse's NAC ONLINE, OASH Bulletin Board, FDA (Food and Drug Administration) Bulletin Board, and the Internet.

All of the center's materials are stored and transmitted electronically. If the identified information is a news item that is considered to be of urgent concern to VA facilities, that information is transmitted immediately. Otherwise it is maintained in a directory. For example, the medical abstracts from NAC ONLINE'S AIDS Daily Summary are downloaded to the center's "NEWS.94" directory; selected abstracts are then transmitted to the center's "AIDS News Service" on a biweekly basis. Information that may be used in a future newsletter is stored in a separate file.

Getting Materials into the Collection

The librarian acquires information for his electronic collection by "reading everything." Each month he peruses 75–100 journals at the VA Medical Library and also reads them on electronic bulletin boards. He has found the *AIDS Book Review Journal*, available on the Internet, (@uicvm.uic.edu) particularly useful. All information is downloaded and stored in electronic format until it is needed.

Networking

The AIDS Information Center shares its informational resources with the entire AIDS information community by disseminating its newsletter on a wide variety of electronic bulletin boards for free. In terms of attendance at conferences, the librarian stated that "VA conferences are, for the most part, the most useful as the center is one of the primary elements of the VA's national training initiatives and, therefore, needs to be aware of the information needs of those involved in the care of persons with HIV infection as well as those who are involved in education/training of VA health care professionals. For example, in August 1993, I attended the Boston conference for VA physicians. The presentations made by VA clinical staff during the conference

provided an overview of the treatment in VA facilities and the questions asked during the conference were helpful in determining the information needs of this group of health care providers. I also attended the VA's training program for counselors and, again, this provided first-hand experience on the needs of those who provide counseling to VA patients with HIV infection."

The librarian participates in national telephone conference calls with the VA Office of Academic Affairs and the VA Regional Medical Education Center directors who provide training to VA staff. He also participates in VA quarterly teleconferences, which provide information on issues related to HIV/AIDS.

AIDS Information Network (AIN) Library Philadelphia, Pennsylvania

Person Interviewed: Jean Hofacket, Director of Information Services

Date of Interview: March 1994

Project Highlights:

- First lending library dedicated specifically to HIV/AIDS information
- Maintains extensive demographic information on patrons
- Uses in-house classification including over 700 subject areas
- Actively seeks low-literacy materials

Background and Mission

The AIDS Information Network (AIN) was founded in the mid-1980's by a coalition of community-based organizations in response to an extensive needs assessment of their community that identified access to information as a priority in the Philadelphia AIDS community. The coalition conducted the needs assessment through individual interviews with persons with AIDS (PWAs), AIDS service agency staff and other communitybased organizations. The coalition then worked with a group of librarians to design the library and organize a candlelight walk of concerned Philadelphians, which raised some \$6,000 for seed money to establish the nation's first lending library dedicated specifically to information on HIV/AIDS. The library began delivering services to the community in 1987.

AIN's mission is to provide people infected with HIV with current and comprehensive information and support, thus enabling them to make informed decisions about their health and psychological well-being. People living with HIV are encouraged to share this information with caregivers, family members, partners, and friends so that these individuals can give the best help and advice possible. AIN also aims to educate all communities about ways to prevent HIV infection, and give them information about how they can help in the fight against AIDS.

The AIDS Information Network Library serves the informational needs of its other educational projects and the general public. Another AIN program, the Critical Path AIDS Project, publishes a newsletter, advocates for those who are HIV positive, and maintains a 24-hour hotline and an electronic bulletin board service. The newsletter, *Critical Path*, is published quarterly and offers a digest of current information on treatments, drugs and clinical trials (see Appendix 6). It is available in print or on AIN's electronic bulletin board.

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AIN also coordinates an education and prevention program, Safe Guards, which operates outreach programs for sexual minority communities, and holds safer sex and risk reduction workshops and public meetings.

Funding

AIN's budget for 1993 was \$860,000, \$350,000 of which was used to maintain and develop the library. Funding sources include federal Ryan White grants, foundation and corporate donations, donations from individuals, and library-sponsored fundraising events. AIN plans to hire a development officer who will be responsible for fundraising. In the meantime, fundraising is the responsibility of the AIN project directors; they receive assistance from professional fundraisers who volunteer to serve on an AIN fundraising committee. AIN relies upon the Federal Register and directories from the Foundation Center (see Appendix 10: Resource Guide), as well as on the published AIDS literature and word of mouth to gather information on potential sources of funds.

Staffing

AIN's library has eight paid staff members: an executive director, a director of information services (a librarian), 2 information/reference specialists (one of whom is a librarian), a director of educational programming, an administrative assistant, a director of technical services (a librarian), a technical services assistant (paraprofessional), and a development officer (position to be filled). The library also benefits from the assistance of 50 volunteers.

Scope of Services

To achieve the library's mission, AIN offers access to a comprehensive collection of

information on all aspects of the epidemic. In 1993, the library managed 99,512 information transactions. Fifty percent of library patrons are HIV positive or ASO/CBO staff and health care providers working directly with HIV infected individuals or with prevention/ education programs. Thirty two percent of library patrons are African American, 15 percent are Latino, 2 percent are Asian, and 51 percent are European American. Gender use is evenly split.

The AIDS Library is the heart of all AIN services and functions as a free public library in the city of Philadelphia. The library offers public access to its comprehensive AIDS collection where materials are available for loan and photocopying, and information specialists assist patrons in finding and using resources. As part of this assistance, information specialists produce pathfinders, which are listings of materials by subject that help patrons use the library. (See Appendix 8: Bibliographies and Guides to Materials.)

The library offers comprehensive referral information to local, national and international services and resources. Staff respond to telephone, fax, and e-mail requests for information; the library serves twice as many patrons by phone, fax, or electronic bulletin board as it does in its facility.

Within the library, AIN maintains the John Kelly Living Center, a subset of the collection tailored to the needs of people living with AIDS. Within this safe, comfortable setting, people infected with HIV have easy access to information on all aspects of HIV treatment and management.

Needs Assessment and Evaluation of Services

The AIDS Library of Philadelphia conducts needs assessments and evaluates its services on an ongoing basis through information gathered from user surveys given to every library patron. (See Appendix 1: Needs Assessment and Evaluation Surveys.) AIN is currently contracting with a local marketing specialist to assess the library's reputation with local ASOs. AIN expects to use the results of this survey to modify its current information dissemination services as needed.

The AIN Collection

The library collection includes 1,850 books; 200 journals, newsletters, and newspapers; more than 200 videotapes and audiotapes; government publications; and online resources and CD-ROM products (see Appendix 2 and Appendix 3). Books, videos, audiotapes, journals and newsletters are displayed on standard library shelving and are available for loan or photocopying. Over 100,000 articles and brochures are stored in a vertical file and may be photocopied. Duplicate copies of pamphlets and brochures are displayed and distributed from ready reference racks that allow patrons quick access to "hot" topics.

The library staff have found that, because there is an overwhelming amount of HIV/AIDS-related information and much of it is technical in nature, the resources must be organized to make them easy to use, or users will become discouraged. The AIDS Library has developed its own classification system, the AIDS Information Network Information Files Subject Headings (AINSH), which includes over 700 subject areas about AIDS-related topics. This in-house classification system was created because the staff felt that no existing system-the National Library of Medicine's (NLM's) Medical Subject Headings (MeSH), Library of Congress, or Dewey Decimal systemsadequately covered the subject of AIDS. As the scope of the collection grew, the classification scheme expanded from its original 13 subject headings to its current 700 classification and indexing terms. Library staff are now reviewing the AINSH system using the volunteered expertise of medical librarians across the country. Staff use a card catalog to keep track of and find materials, and are in the process of developing an online catalog that will be accessible via modem from outside the library.

Getting Materials into the Collection

The Director of Information Services for the Library spends approximately 12 hours per week identifying new materials for the library collection. She uses the standard library review literature, AIDS journals and newsletters, catalogs from producers and publishers, standing orders with bookjobbers (one in particular that specializes in Spanish materials), announcements that come in the mail, and word of mouth to find materials.

A major challenge in this area is the lack of a mechanism for centralized review of the available literature. Unlike other areas of special librarianship, the AIDS subject area has no standard review sources, which means the librarian has to hunt through all the library literature, all the AIDS literature, all the literature on sexually-transmitted diseases (STDs), and so forth. The diversity of sources, both mainstream and alternative, make the process very difficult and time consuming. The librarian has responded to this challenge by organizing her own system. As she becomes aware of new materials, she files them according to 12 broad subject areas. She then refers to these files when the library needs, and can afford, to acquire new materials.

Another challenge is identifying information that is accessible to illiterate library patrons or those with low reading levels. The library actively searches for information in a nonprint format or materials written at a level that can be used by this population.

Networking

AIN maintains formal and informal relationships with local CBOs to coordinate

services and solicit input on the community's AIDS information needs. For example, AIN meets monthly with the Philadelphia AIDS Hotline to share information and coordinate services. AIN also offers in-service training to Philadelphia ASOs to educate them on how to make the best use of the library.

The information/reference specialists' job description includes developing and maintaining community connections. However, library staff report that this effort is sometimes impeded by the high rate of turnover in AIDS service organizations and the fact that everyone is overworked.

AIDS Survival Project (ASP) Treatment Library Atlanta, Georgia

Person Interviewed: Dawn Averett-Doherty, Treatment Resource Specialist

Date of Interview: April 1994

Project Highlights:

- Largest, most comprehensive HIV/AIDS treatment library in the Southeast
- Collection organized by subject in 300 looseleaf notebooks
- Publishes "wish lists" of materials needed in project newsletter
- Staff regularly uses extensive medical resources at local university library

Background and Mission

The AIDS Survival Project (ASP) was founded as a membership organization of HIV-positive individuals and concerned friends in 1987. The AIDS Survival Project Treatment Library was founded in 1991 in response to the membership's increasing need for treatment information. The Project is an organization of "diverse people living with HIV, united to promote self-empowerment and enhance quality of life for HIV-affected individuals through advocacy, education, peer support, and treatment activism."

In addition to maintaining the Treatment Library, ASP publishes a free monthly newsletter, the *Survival News*, which presents the latest ASP program information, updates on advocacy efforts, and news from the Treatment Library. The newsletter is written solely by volunteers and offers news, information, and peer support from the perspective of those living with HIV/AIDS.

ASP also offers "Operation: Survive," an intensive seminar on HIV that covers information on HIV treatments, legal issues, insurance, safer sex, and stress management. This 2-day seminar typically enrolls 50-60 people. ASP sponsors public lectures by nationally acclaimed physicians and AIDS researchers throughout the year that are regularly attended by 50-115 community members. The project has arranged with a local cable TV station to tape and broadcast these forums on a regular basis. (See Appendix 7: Announcements of Seminars and Public Forums.) The Project also offers peer counseling for support and referral information.

Funding

The Project's budget of \$250,000 is composed of a federal Ryan White grant, Atlanta Community Fund grants, and money generated by fundraising events held throughout the year. Fundraising is the responsibility of the project's executive director, who identifies information about new sources of funding from a local nonprofit resource center, the Metropolitan Atlanta Community Fund, and by word of mouth. The Treatment Library itself has no formal budget; it acquires most of its materials through solicited donations, although it does receive some project money for subscriptions.

Staffing

The AIDS Survival Project operates with a staff of four full-time employees; an executive director, an associate director (program director), a treatment resource specialist, and a volunteer coordinator/office manager. The project also has about 65 active volunteers who function as peer counselors and committee members and help with the logistics of running the programs.

The AIDS Survival Project Treatment Library is staffed by one full-time person, the treatment resource specialist, and six volunteers who each contribute an average of 4 hours per week.

Scope of Services

The AIDS Survival Project Treatment Library is the largest and most comprehensive HIV/AIDS treatment library in the Southeast. The library is located in a small brick house in downtown Atlanta. It is a very safe, welcoming environment complete with couches and a garden.

In addition to providing informational support to other AIDS Survival Project programs, the Treatment Library provides free public access to its collection of up-to-date information on the treatment of HIV/AIDS, including alternative therapies, and referrals to sources of information on other aspects of HIV/AIDS.

The library serves approximately 3,000 people each year. Roughly, 25 percent of library patrons are people newly diagnosed with HIV and 75 percent are people living with AIDS, health care providers, health educators, and others affected by HIV/AIDS. The library emphasizes onsite use of its resources, but will mail information to patrons who are unable to visit the library. Patrons are free to borrow books and videos. All other materials are available for free photocopying at the library. Although the library has no formal check-out system, loaning materials has worked well, with few materials lost.

Needs Assessment and Evaluation

The Treatment Library performs needs assessment and evaluation of services on an ongoing and informal basis through constant communication with library patrons, and formally through surveys, administered to library patrons to collect demographic information about patrons, as well as data about the kinds of information sought.

The ASP Treatment Library Collection

The library collection consists of over 150 books (reference, textbooks, and self-help); videotapes and audiotapes, including tapes of AIDS Survival Project forums; an extensive reference collection of newsletters from other community-based organizations (CBOs); articles; organizational and pharmaceutical press releases; and brochures and pamphlets from other CBOs. The collection emphasizes treatment information, both mainstream and alternative, and it also includes information on legal issues, housing and other related issues. (See Appendix 2: Periodical Titles and Appendix 3: Book and Audiovisual Titles.)

The collection is organized by subject. Newsletters and similar materials are stored in 300 looseleaf notebooks, which are shelved along one wall of the library. The notebooks are divided into nine subject areas, which are clearly labeled on the top of the bookshelf. There are two indexes to the collection: a general index to every item, and a classified index to each subject section. (See Appendix 5: Classification Systems and Indexing Thesauri.)

The library also has a "treatment tree," (or rack) where it displays the most up-to-date treatment information, including the latest issues of treatment publications and flyers responding to the most commonly asked treatment questions. This information is ready to go and especially useful for first time patrons and people who are intimidated by the bulk of information available in the notebooks.

The library maintains a community resource referral directory of information on health care providers, insurance policies, housing organizations, and food banks. The library also keeps a directory of commercial services in a separate location so as not to appear to endorse any particular for-profit service.

Getting Materials into the Collection

The Treatment Library has no budget to acquire materials. All books and videos are donated, newsletters are received through exchange agreements, and pamphlets and brochures are acquired from other communitybased organizations. Information is identified by perusing the AIDS newsletters and the promotional materials that arrive in the mail. The Library publishes "wish lists" of items it would like to obtain in the project newsletter, Survivor News, (see Appendix 6) and is generally able to acquire these materials through donations from its readers. Staff regularly visit the medical library at Emory University to photocopy articles from the medical periodicals not included in its own collection. In addition, the treatment resource specialist serves on a number of advisory committees (see below) that keep her abreast of new information and its sources. Word-ofmouth among the large group of ASP volunteers is an important method of identifying new information.

The library's lack of a computer impedes its ability to identify and access new materials efficiently. ASP has applied for a grant to buy a computer and software, which will allow staff to access AIDS online services such as those offered by the National Library of Medicine and the Centers for Disease Control and Prevention.

Networking

Staff of the AIDS Survival Project maintain close ties to the Atlanta community by taking advantage of the libraries at the Centers for Disease Control and Prevention and Emory University, and by serving on the Georgia State Task Force on AIDS, the Scientific Advisory Committee of the AIDS Research Committee for Atlanta, the AIDS Clinical Trial Advisory Group, and a treatment committee in Atlanta. AIDS Survival Project networks with other AIDS service organizations (ASOs) by serving as a referral point for their members and by inviting other organizations to cosponsor the AIDS Survival Series.

Although lack of funding limits traveling, staff attend conferences and meetings whenever possible. The treatment resource specialist found the "Until There is a Cure" conference sponsored by AIDS Manasota of Florida to be "absolutely excellent because it is very much by and for HIV-positive people. Fifty percent of conference participants were HIV positive."

The need to maintain visibility in the community poses a constant challenge to library staff. The library works to maintain a high profile by publishing articles in local newspapers, distributing brochures and flyers, speaking at local organizations, and working within the HIV-positive community.

California AIDS Clearinghouse (CAC) Los Angeles, California

Person Interviewed: Russ Toth, Program Director

Date of Interview: April 1994

Project Highlights:

- A state-funded project
- Offers extensive assistance in materials development
- Provides terminals in public settings to help users access information

Background and Mission

The California AIDS Clearinghouse (CAC) was established in 1988 by the state of California to serve the educational and informational needs of state-funded education and prevention programs. The mission of the California AIDS Clearinghouse is to provide appropriate and sensitive services to education and prevention programs and to testing sites funded by the Office of AIDS, California Department of Health Services. In addition, the Clearinghouse has the responsibility to promote understanding and communication and involve all members of the community in improving the quality of HIV/AIDS educational materials.

In 1993, the California AIDS Clearinghouse became a project of the Gay and Lesbian Community Service Center in Los Angeles, which had been operating the Computerized AIDS Information Network (CAIN) since 1984. CAIN now serves as one of the outreach programs of the California AIDS Clearinghouse. CAIN offers electronic mail, an interactive electronic bulletin board forum, and databases of educational materials, upcoming events, organizations, and articles.

Funding

The California AIDS Clearinghouse receives all of its funding from the Office of AIDS, California Department of Health Services. In 1993, the first year of a 3-year contract, the Clearinghouse had an operating budget of \$800,000. The Director of CAC is responsible for writing grant applications.

Staffing

The California AIDS Clearinghouse has eight staff members: a director, an assistant director, a health educator, a materials coordinator, two information specialists, a director of services, and an administrative assistant. CAC also has an AIDS Advisory Council which is composed of community members who are invited to serve 26-month terms. The Council advises

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CAC staff on policy and resources, reviews CAC materials, edits one of CAC's publications, and coordinates community needs assessment.

Scope of Services

CAC serves 147 state-funded, contractor-run, education and prevention programs that distribute information in communities throughout California. An average of 100 contractors each month receive assistance from CAC. The communities served by these contractors represent the diversity of the population of California. CAC reaches more than 6,000 people each month through its electronic bulletin board, CAIN. CAC provides comprehensive access to information on all aspects of HIV infection and AIDS with an emphasis on health education and prevention materials.

The clearinghouse also produces HIV/AIDS prevention and education materials to be used by the AIDS education and prevention programs funded by the state of California. CAC works closely with these programs to identify the needs of their communities and to produce materials that are specifically targeted to meet them. CAC provides free bulk distribution of a range of educational materials including brochures, posters and other customized materials.

CAC produces the *HIV Educator*, a quarterly journal on health education topics, and the *Technical Bulletin*, a one-page publication printed every 6 weeks, as well as special research papers that are produced on an asneeded basis (see Appendix 6).

CAC maintains a resource center of videos, books, and manuals, which circulate among education and prevention programs and are available to the general public to use or photocopy at the library.

Electronic access to the resource library is provided through CAIN, which is available to all state contractors and accessible, for a small fee, to the public through DELPHI, a commercially available online network.

Needs Assessment and Evaluation

CAC conducts regular assessments of its contractors' information needs in order to develop better materials for them. Each AIDS Advisory Council member is assigned a group of local education and prevention contractors with whom they develop ongoing relationships. Council members solicit feedback about CAC materials and services from the contractors. CAC tries to find connections between this feedback and contractor use of CAC materials.

Clearinghouse staff also facilitate roundtable meetings in which the contractor and CAC staff review the contractor's community, examine the community's record of use of materials, and identify topics not covered by the materials. The object of this meeting is to produce new materials for the particular needs of the contractor, and for the contractor to learn about the purpose of existing materials. This approach to needs assessment has been very useful, not only in directing the production of new materials, but also in developing and maintaining effective communication between the clearinghouse and its clients.

The CAC Collection

The CAC Resource Center maintains a walk-in library of videos, periodicals, and books, which circulate among the education and prevention programs and are available for onsite use by the Los Angeles community. The California AIDS Clearinghouse stores the bulk of its collection in an electronic library available through the Computerized AIDS Information Network (CAIN). The electronic library is divided into 4 databases: a research file of primarily education and prevention articles on behavior from mainstream and community-based literature; a directory file of organizations and events; a materials file of educational brochures and pamphlets; and a forum file that includes a variety of resources and information not contained in the other files. These files are indexed with a specialized classification system based upon the the National Library of Medicine's MeSH system. CAC has modified MeSH to include language that is more familiar and accessible to the non-professional searcher.

Getting Materials into the Collection

CAIN is the clearinghouse's main resource to acquire materials. Information about new materials is received daily both electronically through online searches and in print format through the mail. CAIN staff review AIDS journals and newsletters, publishers' catalogs, and materials produced by state contractors. This material is scanned into an electronic format and added to the electronic library collection. CAIN actively identifies and acquires information by doing regular searches on over 25 databases each month. This information is downloaded into one of CAIN's subject files. The online services searched include the CDC National AIDS Clearinghouse's NAC ONLINE, NLM's MEDLINE, Associated Press News, and many community bulletin board systems.

One of the challenges CAC encounters in acquiring new materials is redundancy in coverage of the same information. Data reported by a primary source is often published and discussed in many other publications, often causing confusion. CAC has dealt with this problem by posting all the publications for a month, and then removing duplicates and leaving only the original source.

Networking

CAC works closely with the local community to share its resources. It strives to bring the information to the user by placing access terminals in public settings, such as the West Hollywood Public Library HIV Information Center (see page 64) a Los Angeles pharmacy. and a local hospital. Patrons using these terminals can access CAC's electronic library on line. CAC supports the local HIV/AIDS community by donating duplicate copies of its materials to the West Hollywood Public Library. Staff are formally affiliated with the American Public Health Association and informally affiliated with other organizations: this gives them opportunities to further develop their professional skills by attending seminars and conferences sponsored by these groups.

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The Friends Project Chowchilla, California

Person Interviewed: Jay Eastman, Project Coordinator

Date of Interview: March 1994

Project Highlights:

- Correspondence club for persons with HIV infection and AIDS
- Medical research service

Background and Mission

The Friends Project was started by an individual in 1991 as an independent correspondence club for people with AIDS and concerned others. In response to the needs of its community, the Friends Project has expanded the scope of its services to include research and publications. The Friends Project's mission is to "...help resolve the feelings of social isolation that have so profound an effect on people with AIDS." In addition to matching its clients with pen pals, Friends provides access to comprehensive information on HIV/AIDS.

Funding

The Friends Project operates on an annual budget of approximately \$3,400. Forty percent of the project's funding is generated by membership dues, which range from \$6-12 per year according to ability to pay. Dues are waived for those who cannot afford them. Forty-eight percent of the Project's funding is generated from private donations and 12 percent from grants.

Staffing

The Friends Project operates with an all volunteer staff. These include the project's coordinator, who was a pastor before starting the project; two consulting health care providers, a clinical psychologist and a physician; a membership manager; and an administrative assistant. Each of the volunteers works between 5 and 10 hours a week, with the exception of the coordinator who averages 12-hour days, and works 7 days a week.

Scope of Services

The Friends Project has 430 members, many of whom are gay men. Forty-six percent of the members are HIV positive. The remainder includes friends and family of HIV-positive persons, health care providers and others with nursing and social work backgrounds.

The project organizes a correspondence club that puts PWAs in contact with each other or other supportive peers. The project produces an 8-12 page newsletter, The Survivor, which comes out 10 times a year, and various brochures on AIDS-related subjects, which are distributed for the cost of a self-addressed envelope (see Appendix 6). The project provides a medical research service that enables members to supplement information from their primary care providers with information from Friends Project consulting health care providers. Staff take calls from members 4 hours a day and provide referral information for legal, medical, and housing issues.

The project also maintains MEDIC, a database of information about treatment of HIV infection and AIDS. The database is available on HNS HIVNET.

Needs Assessment and Evaluation

The Friends Project does a thorough needs assessment of its membership through an enrollment form sent out to each new member. The form requests information about the member's psychological, medical, and income status. This information is used to make suitable pen pal connections for each new member and to tailor services and programs to the needs of the membership. The Friends Project distributes an annual evaluation form through its newsletter that asks members for feedback about project services. Staff has found that the membership is responsive if the questionnaire is short and user-friendly. This evaluative tool has been useful in directing the project's attention toward the services most valuable to the membership (see Appendix 1).

The Friends Project's Collection

The project maintains a research collection that is used by staff to respond to members' questions. The collection consists of medical texts recommended by the consulting health care providers, 8-12 newsletters acquired through exchange agreements with other ASOs, a listing of AIDS-related government publications as they are posted on the CDC National AIDS Clearinghouse's NAC ONLINE, and a collection of articles, pamphlets, and brochures that come in the mail as a result of the project's inclusion on many mailing lists. The Friends Project has access to many more resources than it has on site through its use of NAC ONLINE, HNS HIVNET, and the National Library of Medicine's (NLM's) database, AIDSLINEthree free electronic sources of AIDS information.

Staff organize information on shelves and in a file cabinet stored in a linen closet. Information is arranged according to an in-house classification system that divides the material into 26 topic folders. The listing of the topics is cross referenced to allow for comprehensive access to information (see Appendix 5). For example, the "Survival" file reminds the searcher to check the "Lifestyles" file as well.

The project also maintains an electronic library of medical information in its MEDIC database, which it updates and distributes regularly on a number of electronic bulletin boards.

Getting Material into the Collection

According to staff, the project is "able to generate information on medical topics with

our own materials and personnel. However, we're atypical-having a physician on call, a carefully-chosen shelf of recent reference books, an accumulation of recent medical journals, good computer software for searching what's becoming a good medical data collection on disk, and other such resources." The project identifies information online using NAC ONLINE, "which allows for quick, no-cost access to almost everything that might be needed. NAC ONLINE lends itself to distribution with its downloading capabilities and policies. HNS HIVNET has a smashing section of downloadable periodicals and articles. It's a good source for tidbits for the newsletter." Still more information has been identified with the help of the local reference librarian. "It's a good move if you can meet the reference person at the local library, and enlist his or her support. They have some nifty resources all their own "

The project also receives many donations of textbooks and subscriptions from volunteers, members, and other people interested in supporting its efforts. Project Coordinator Jay Eastman explains how the project's collection has grown through contact with other organizations: "At first all our information on alternative therapies came from newsletters like *ATN* and NAC ONLINE's AIDS Daily Summaries and similar sources. Then I was able to start a dialog with Project Inform, and then we started getting fact sheets and articles from the Carl Vogel Foundation."

Networking

The Friends Project depends upon electronic bulletin boards to maintain working relationships with other AIDS service organizations. Through NAC ONLINE and HNS HIVNET, the Project is able to ask and respond to questions and distribute its resources at a national level.

The Hemophilia and AIDS/HIV Network for the Dissemination of Information (HANDI) New York, New York

Person Interviewed: Elaine Wells, Project Director

Date of Interview: April 1994

Project Highlights:

- Targets HIV/AIDS information needs of people with hemophilia
- Publishes four newsletters
- Developed in-house classification system for collection
- Maintains electronic catalog of materials

Background and Mission

HANDI, a project of the National Hemophilia Foundation (NHF), was founded by a cooperative agreement between the Bureau of Maternal and Child Health of the Health Resources and Services Administration (HRSA), and NHF in 1989 in response to the hemophilia community's increasing need for information about HIV/AIDS. HANDI's mission is to provide health education and risk reduction information about HIV/AIDS and hemophilia to people with hemophilia, health care providers, and the general public.

Funding

HANDI receives all its funding from HRSA's Bureau of Maternal and Child Health. In 1993, its budget was \$567,000. Each year HANDI must reapply for the funds; the application process is coordinated by the National Hemophilia Foundation.

Staffing

HANDI has a staff of six full-time positions and one half-time position. These staff members include the director, an information services coordinator, a library services coordinator, a publications coordinator who works half time, an information specialist, a secretary, and an administrative assistant.

Scope of Services

HANDI provides information on all aspects of HIV, including HIV treatment issues, psychosocial aspects of living with HIV and hemophilia, legal and insurance issues, and referrals to local hemophilia organizations, and treatment centers and other CBOs. The project's target audience is the 20,000 people in the United States with hemophilia (70% of whom are HIV positive) and their families, the 300 hemophilia treatment centers where people with hemophilia receive comprehensive care,

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the 59 NHF chapters and other hemophilia organizations nationwide, health care providers, and the general public.

The project responded to approximately 8,000 requests for information in 1993. HANDI provides free information to the public. although it is considering instituting fees for commercial organizations, such as pharmaceutical companies and law firms.

Staff provide ready reference, research, and referral services to their patrons who access HANDI by calling a toll-free telephone number. Information specialists research, collect, and mail out articles, brochures, referrals, and other information to patrons.

HANDI produces four publications: the HIV Treatment Information Exchange, a quarterly summary and index to information published in other community-based newsletters that is mailed out to 6,600 subscribers; the Hemophilia Information Exchange, a monthly summary and index of materials published in blood industry publications that is mailed to 100 subscribers; the HANDI Quarterly, a free, topic-specific newsletter mailed to 3,700 readers; and the HANDI Information Center Update, a free monthly news brief sent to 800 readers (see Appendix 6).

Needs Assessment and Evaluation

HANDI was created in direct response to the hemophilia community's expressed need for information. The project conducts ongoing needs assessment by noting which topics are being requested by patrons and by recording feedback received from the numerous NHF committees on which HANDI's director serves. The evaluation are focused on particular products. For example, a recent survey of newsletter readers was distributed

via the publication. The 4 percent response rate, high for a mail survey, indicated strong support of the newsletter. This information has been useful in justifying the continued investment of resources in the publication (see Appendix 1).

HANDI's Collection

HANDI has office space at the National Hemophilia Foundation. Their materials collection is housed in one room on shelves and in vertical files.

The HANDI collection consists of books, periodicals, videos, brochures and pamphlets and government publications. (See Appendix 2 and Appendix 3.) Because it is not a lending library, the books are mostly reference works and are used to support the research efforts of the information specialists.

The mainstay of the library collection is the vertical file of photocopied articles from journals and newsletters, CBO-produced pamphlets and brochures, government documents, press releases, and information from pharmaceutical companies. Information specialists use this collection to respond to queries. When more information is needed than is held in the collection, the library services coordinator searches databases to identify additional sources. The National Library of Medicine's MEDLINE is the main source, but staff also use other databases, which they access through the DIALOG Online Information Services.

The books and vertical file collection are organized by subject according to a classification system devised for the HANDI collection. This classification system is constantly evolving in response to the changing nature of the epidemic (see Appendix 5).



Videos are shelved separately in order of acquisition, with an alphabetized title listing as a finding aid. Mainstream journals are shelved in alphabetical order. CBO newsletters are filed in another vertical file in alphabetical order. HANDI maintains an electronic catalog of its materials. Each item is recorded and indexed using the classification system by which things are physically arranged.

Getting Materials into the Collection

HANDI acquires a great deal of information from the journals, newsletters, and other publications to which it subscribes. Staff also conduct subject searches on NLM's MEDLINE and other databases to identify new materials, which are then acquired through interlibrary loan. Publisher's catalogs, word of mouth, and news stories are also major sources for new information.

Acquiring useful information is a challenge because staff members must refer to so many sources, yet are still not sure that all pertinent resources have been identified. The rate at which new information is produced and current information becomes obsolete creates a need to check all sources all the time. HANDI's response to this challenge is to focus a great deal of energy on literature searches and the use of online sources, and to check regularly with other AIDS information specialists about resources.

Networking

HANDI networks nationally through the CDC National AIDS Clearinghouse's NAC ONLINE, through which staff contribute and receive advice and information from other AIDS information dissemination projects. The librarian is a member of both the Special Libraries Association and the Medical Library Association, which help her stay abreast of information systems and issues relevant to the AIDS information arena. The library participates in a local consortia of medical libraries that provide interlibrary loans to its members. HANDI staff have found conferences and meetings to be very useful, both as a source of new techniques and information, as well as an opportunity for staff to see how others are handling similar work.

Monroe Community College (MCC) AIDS Resource Center Rochester, New York

Person Interviewed: Paul Tantillo, Librarian

Date of Interview: March 1994

Project Highlights:

- AIDS library within a community college
- Project benefits from assistance of community college librarians
- Subject file arrangement based on language of patron requests

Background and Mission

The Monroe Community College AIDS Resource Center in Rochester, New York, is a public access library which began operation in 1988 under the auspices of Monroe Community College (MCC). The center was founded by the Rochester Task Force on AIDS, a coalition of AIDS service organizations, as part of its five year plan to provide informational support for AIDS education in the Rochester area. Monroe Community College agreed to support the center by providing space and technical support. The AIDS Resource Center's mission is to provide HIV/AIDS information resources to all county residents with a special emphasis on educators.

Funding

The AIDS Resource Center is funded by Monroe County, which allocates \$12,000 annually to cover the costs of purchasing materials and a half-time librarian's salary. The library is able to operate on such limited funds due to its relationship with the Monroe Community College Library, which provides the center with space and support in acquiring, cataloging, and circulating materials. The AIDS Resource Center librarian recently began writing grant applications to pursue private monies in order to supplement county funds. One of these proposals has generated \$400 in 1994 to acquire community-based literature. The librarian uses the CDC National AIDS Clearinghouse's Funding Database on NAC ONLINE and a locally-produced listing of AIDS funding sources to identify new sources of funding.

Staffing

The Resource Center is maintained by one half-time professional librarian who receives occasional assistance from part time students in work/study programs at Monroe Community College. Again, the center is able to operate with such a small staff because of the contributions of MCC librarians who help with acquiring materials, and handle all the work associated with cataloging and circulation of materials.

Scope of Services

The AIDS Resource Center functions as a free library open to the public on a walk-in basis. The center serves the 350,000 citizens of Monroe County and the 12,000 members of the Monroe Community College community. Its patrons are primarily educators, health care providers, and students. In 1993, services were provided to approximately 420 patrons.

The AIDS Resource Center is housed in a separate room of the Monroe Community College library. Although space is limited, there is seating for six, including an easy chair, study carrel, and computer work station.

Many materials are available for loan, and others can be photocopied at the center. The library provides ready reference and in-depth research services to educators, AIDS service providers, and community members over the telephone. Users of this service pick up their materials at the library or receive them by fax or mail.

The AIDS Resource Center librarian functions as an AIDS educator by speaking at Monroe Community College and Rochester community events.

Needs Assessment and Evaluation

The AIDS Resource Center conducts needs assessment and evaluation studies through patron surveys distributed by the librarian to the majority of library patrons. The survey form: 1) categorizes the patron; 2) records the time the patron spent in the library; 3) identifies the need for assistance by the librarian; 4) categorizes the topic of research; 5) asks patrons if they found what they needed; and 6) solicits suggestions about how the center could be more useful. Although comments tend to be positive, the surveys have also been a good source of constructive criticism. The surveys are most useful in generating quarterly and annual statistics that help justify the library's existence (see Appendix 1).

The AIDS Resource Center Collection

The collection emphasizes psychosocial rather than clinical subjects. It includes pastoral materials, biographical accounts of people living with AIDS, and materials that are targeted to specific communities, such as women, children, and minorities.

The AIDS Resource Center has a circulating collection of 367 books, 31 journals, and 81 videotapes. These are cataloged with Library of Congress (LC) subject headings used by MCC and included in the MCC online public access catalog, which is accessible statewide. (See Appendix 2 and Appendix 3.) Although the librarian is not satisfied that the LC classification system is adequate because it does not categorize AIDS materials in a way that makes them easy to find by the center's patrons, the advantage of having the Monroe Community College Library catalog the AIDS Resource Center's books and videos outweighs the disadvantages of the LC system. The books and videos are displayed on shelves. Periodicals are arranged in alphabetical order in binders on a separate set of shelves.

The collection also contains articles and brochures that are arranged by subject in a vertical file and are available for patrons to

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photocopy. The vertical file, which was originally organized using LC subject headings, is now arranged using an in-house classification system. This system includes 90 subject headings that are based on the language of patron requests. The goal is to arrange the collection so that patrons not familiar with the library or its cataloging system can find materials with ease. A listing of the subjects is available for the patrons. In order to make the vertical file easier to use, it is divided into a current file that includes the most up-to-date information and an archival file that contains information that has been withdrawn from the current file (see Appendix 5).

The librarian also produces pathfinders subject-specific research guides—to facilitate research and to encourage patrons to use HIV/AIDS resources in the AIDS Resource Center and other relevant resources in the Monroe Community College library collection (see Appendix 8). The center's online resources, which are restricted for use by the librarian, are NAC ONLINE, NLM's AIDSLINE database, and the Internet.

Getting Materials into the Collection

The center's librarian identifies and selects new materials by reading the library review literature received from the MCC librarian; scanning AIDS-specific periodicals; searching the CDC National AIDS Clearinghouse databases (see Appendix 11); looking at references in articles on AIDS; and perusing publishers' catalogs. The Center has also used OCLC's First Search service to identify new materials. Interlibrary loan services through Monroe Community College allow the AIDS Resource Center to easily acquire materials from other libraries. A limited budget is the most challenging aspect of acquiring information for the AIDS Resource Center. Another challenge is the lack of comprehensive review sources. A third is finding information as opposed to data or facts. "Library patrons crave digested information, as opposed to data; this is often very difficult to find," says the center's librarian, Paul Tantillo. "Educators have a sense that there's something perfect out there, some standard work, and don't believe that it doesn't exist."

Networking

The librarian maintains close ties with local and regional AIDS communities by attending monthly meetings of the Rochester Task Force on AIDS; he is a member of the Task Force's Education Subcommittee. He also obtains materials and other types of assistance on a regular basis from ASOs. AIDS Rochester, Planned Parenthood, the New York State Library for the Blind, the Sexuality Information and Education Council of the U.S. (SIECUS), and HANDI are the AIDS Resource Center's most regular contacts. The Center maintains ongoing relationships with other AIDS information disseminators nationally through its use of the CDC National AIDS Clearinghouse's NAC ONLINE.

According to the AIDS Resource Center librarian, a constant challenge faced by the center is maintaining visibility in the community. "Making sure people know we're here" is an important issue; this is complicated by the fact that the library is small. The librarian explains, "I am in the paradoxical position of knowing that more patrons will mean less service for each patron....I feel responsible for meeting the needs of the present patrons adequately; therefore, I haven't made it a goal to triple usage because I know that I would be tripling the frustration level of the present patrons." With this in mind, he focuses on keeping educators aware of the AIDS Resource Center by writing periodic articles about the library's services for the local paper, maintaining a listing in local gay publications, and distributing the library's holdings list at community events.

Seattle AIDS Information Bulletin Board Service (SAIBBS) Seattle, Washington

Person Interviewed: Steve Brown, Project Director

Date of Interview: April 1994

Project Highlights:

- A member of the AIDS Education General Information System (AEGIS), an electronic bulletin board network
- Provides online support group monitored by a volunteer
- Will lend hardware/software to users if needed

Background and Mission

The Seattle AIDS Information Bulletin Board Service was established in 1989 by an individual who felt that there was not enough access to HIV/AIDS information in the Seattle community, and who wanted to find a way to provide access anonymously and at no cost to the user. The founder, whose background was in graphic design, began learning about electronic bulletin board systems. He quickly discovered that he could make information available by developing such a system, leading to his creation of the Seattle AIDS Information Bulletin Board System (SAIBBS). SAIBBS is a member of the AIDS Education and General Information System, AEGIS, a national network of bulletin board systems dedicated to the principles of free and anonymous access to current information. (See Appendix 9: AEGIS).

The mission of SAIBBS is to ensure free dissemination of AIDS information and to

make that information available to anonymous users in their own homes. SAIBBS provides access to information on all aspects of AIDS including medical, psychosocial, sociopolitical and treatment issues (see Appendix 4).

Funding

The bulletin board operates on an annual budget of approximately \$2,100. The seed money for the system came from a personal donation by the founder. Current funding comes from donations from users, Seattle area organizations, and SAIBBS fundraisers held in local establishments on a regular basis. SAIBBS also receives considerable support from individuals and organizations in the form of donated hardware and software.

Staffing

The bulletin board is operated by one unpaid staff person who works about 40 hours per week and is assisted by nine volunteers who work from home, moderating forums and maintaining the system.

Scope of Services

The SAIBBS, which is targeted to persons with HIV/AIDS, serves between 200-1,500 users a month. Although the majority of users are from the western Washington region, the system is available to anyone, and calls are received from all over the nation and the world. Because use is anonymous, little is known about the demographics of SAIBBS users.

SAIBBS provides 24-hour access to its electronic library of HIV/AIDS information. The library's electronic format allows for a vast information collection, which is easily searched by subject. Many users take advantage of the 24 hour access, searching the board late at night. As part of its services, SAIBBS offers an online electronic support group which has been monitored by a Seattle AIDS Support Group volunteer. The system also offers public forums where users can interact with each other openly, and provides e-mail which allows users to interact privately.

SAIBBS offers technical support including the provision of hardware and software to users who are unable to acquire it themselves. Recipients sign an agreement to return the equipment when they no longer need it. SAIBBS staff provide customized research on specific issues that are not adequately covered by the information in the electronic library.

Needs Assessment and Evaluation

SAIBBS invites feedback from its users by encouraging them to send the system operators e-mail detailing their needs, problems they have with the system, and ways in which they would like to see the system modified. SAIBBS uses this feedback to make adjustments in the categorization of files, and to add new services and other mechanisms to make it easier for users to access and manipulate the system. For example, SAIBBS added a late night support group in response to requests from users for a support forum at an hour of the night when many users typically experience feelings of anxiety.

The SAIBBS Collection

SAIBBS provides access to hundreds of files that include downloadable text of newsletters, government reports, articles and abstracts from the National Library of Medicine databases, the AIDS Daily Summary from NAC ONLINE and clinical trial directories. All files are keyword searchable, which means users can use any subject term in which they are interested to search for relevant materials.

Getting Materials into the Collection

SAIBBS acquires all of its information electronically, by searching and downloading from other electronic bulletin board systems. About one-third of the information is received from AEGIS, which uploads all its new files at 1:00 a.m. each night. Other information is gathered by the project director, who regularly peruses and downloads information from a national selection of medical, library, hospital, and government bulletin board systems.

Networking

SAIBBS is networked nationally with all AEGIS affiliates and other bulletin board systems and internationally through its affiliation with the Global Education Network on AIDS (GENA).

Seattle Treatment Education Project (STEP) Seattle, Washington

Persons Interviewed: Michael Auch, Administrator, and Ron Bills, Member of Board of Directors

Date of Interview: April 1994

Project Highlights:

- Provides telephone hotline service
- Coordinates Scientific Review Committee to provide treatment information
- Sponsors courses and community educational forums

Background and Mission

The Seattle Treatment Education Project was founded in 1988 by a group of HIV-positive men who sought to promote HIV/AIDS research and disseminate treatment information to residents of the Seattle area. They were inspired by the work of Project Inform in San Francisco, and sought a means to make Project Inform's treatment information more readily available to the Seattle community and to supplement that information with resources of their own. The project's mission is to provide information about a wide spectrum of HIV treatment options, and to empower HIV-infected people to take charge of their health at the earliest possible stage.

Funding

STEP's annual budget of \$125,000 is composed of money from Ryan White federal funds, grants from the Northwest AIDS Foundation, corporate donations, and its own fundraising events. One of the reasons STEP is able to operate on a small budget is because of its relationship with the Northwest AIDS Foundation, which provides the project with office space, phones, and administrative help.

Staffing

STEP is operated by highly committed volunteers who serve on the project's 10person board of directors and its Scientific Review Committee. Volunteers also operate the hotline and coordinate the Community Educational Forums (see below). STEP hired its first staff member in 1991. The program now has two paid staff members, an administrator whose background is organizational psychology, and a treatment specialist who is a registered nurse.

Scope of Services

STEP offers HIV/AIDS treatment information and referrals to other organizations that provide other kinds of HIV/AIDS services. The project serves 7,500-8,000 people annually through its educational forums and hotline.

STEP's Treatment Hotline operates Mondays, Wednesdays, and Fridays, from 1:00-5:00 p.m. It is staffed by volunteers who are trained to answer HIV-related questions, mail out fact sheets and other customized research materials, and provide comprehensive referral information to other community-based organizations. The hotline responds to over 350 requests for information each month.

STEP coordinates a 15–20 member Scientific Review Committee made up of Seattle-area health care providers and community members that produces information for the Treatment Project and maintains a productive relationship between the provider and consumer communities.

The project produces fact sheets offering in-depth information on topics such as AZT, PCP prophylaxis, and other treatment therapies of interest to those infected with HIV. STEP also produces a newsletter, *STEP Perspective*, which is distributed to over 10,000 organizations and individuals. The 20-30 page publication is authored by STEP's Scientific Review Committee and is published three times a year. (see Appendix 6).

STEP sponsors "The Health Management Series," a six-week course designed to empower individuals with HIV to manage their treatment. Classes include "Taking Control of Your Health," "Antivirals," "Alternative Therapies," "Advanced Nutrition," "Manifestations of HIV," and "Opportunistic Infections." STEP offers the series four times a year and enrolls 60 students per quarter in its classes. STEP also sponsors regular community educational forums two or three times a year (see Appendix 7).

Needs Assessment and Evaluation

The project evaluates its services and assesses the needs of its community through reader surveys distributed as flyers in its newsletter. The results of these surveys have informed the project staff of the value of the newsletter and encouraged them to expand the project's local focus to provide services nationwide. STEP also collects information by tracking and categorizing hotline requests, and uses this information to generate new fact sheets and suggest research topics to the Scientific Review Committee.

The STEP Collection

STEP's information collection contains research-based materials for staff use in answering hotline questions and preparing articles for the newsletter. STEP subscribes to a variety of community-based newsletters and medical journals that are shelved along with the project's own fact sheets and newsletter, in alphabetical order in the hotline office where staff can easily access the information.

Getting Materials into the Collection

Staff acquire information by scanning the periodical literature for treatment information. STEP also generates its own information through its Scientific Review Committee, which meets regularly to discuss new and ongoing treatment issues, review research, and write articles. STEP is particularly interested in identifying alternative treatment information, which is less accessible to the community, and uses the community-based literature, Project Inform publications, and its own Scientific Review Committee to identify and develop this information.

Networking

STEP works closely with the Seattle health and education community through a local planning committee that includes health care clinics, the University of Washington and other colleges, and many community based organizations. The planning committee enables the organizations to coordinate their work and avoid duplicating services. STEP's Scientific Review Committee functions as a community forum because it allows the project to maintain contact with and solicit feedback from the health care and consumer communities.

TeenAIDS Student Coalition Washington, D.C.

Person Interviewed: Josh Rosenthal, Project Coordinator

Date of Interview: April 1994

Project Highlights:

- Student-run information dissemination program
- Helps groups develop AIDS prevention materials for teens
- Maintains a teen speakers bureau

Background and Mission

The TeenAIDS Student Coalition is a project of the Washington Area Consortium on HIV Infection in Youth (WACHIY), a membership organization that serves as an advocate for Washington area teens and adolescent HIV/AIDS prevention service providers. The Coalition was founded in the spring of 1993. Its mission is to educate and empower Washington, D.C. metropolitan area teen HIV/AIDS educators. By providing ongoing support, information and resources to local peer AIDS educators, the project plays an advocacy role for young people who are battling HIV and AIDS in their communities. The project seeks to provide this support directly to youths by supplementing systems for adults. TeenAIDS emphasis is on creating and providing prevention and education materials.

Funding

TeenAIDS operates on an annual budget of \$5,000. This money is generated from a Ryan White Youth Service award, private donations, grants, and their own local fundraising events, such as a "wheel-a-thon" and chili cook-off. TeenAIDS is able to operate on a small budget in part because it receives free office space and support from WACHIY.

Staffing

TeenAIDS is staffed by approximately 20 volunteers, 4 of whom contribute an average of 10 hours a week. They are advised by a WACHIY staff member.

Scope of Services

In its first year of service, TeenAIDS served over 7,500 students in the D.C. metropolitan area. TeenAIDS provides a bulk mailing

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service, conducting monthly mailings of up to 500 brochures and pamphlets to support educational programs organized by student organizations. TeenAIDS provides educational workshops to groups that are working in the fields of HIV/AIDS training for parents, peer education training, and adolescent HIV counseling and testing.

TeenAIDS provides consultation services to organizations that are producing HIV/AIDS prevention and education materials for teens and student populations. The group also maintains a speakers bureau, which provides teen speakers for events in the Washington, D.C., metropolitan area. TeenAIDS also runs a hotline for teens which is staffed weekdays, from 3:00 - 9:00 p.m.

TeenAIDS provides comprehensive referral information on all aspects of HIV/AIDS. The project contributes to WACHIY's quarterly newsletter, which is mailed out to all WACHIY members (see Appendix 6).

Needs Assessment and Evaluation

Ongoing discussion with diverse groups of students and adults helps keep TeenAIDS staff aware of new and relevant HIV/AIDS issues as they arise. The project sends out a user survey with its mailings; results of the survey have indicated a high level of satisfaction with the services it provides.

The TeenAIDS Collection of Materials

The project's information collection consists mainly of brochures and pamphlets produced by other community-based organizations. Comic books, balloons, videos, and newsletters are also included. Staff organize materials on the shelf by subject (abstinence, other STD's, PWA's, etc.) "We find out what is needed by going through our materials and seeing what areas we don't have covered or don't have covered well. This is easy because we always are having different students evaluate our collection and giving their advice on what we need to keep," says project director Josh Rosenthal.

Getting Materials into the Collection

TeenAIDS worked with staff of the CDC National AIDS Clearinghouse (CDC NAC) to identify and acquire its initial collection. In turn, the staff of TeenAIDS advises the Clearinghouse on materials to acquire for teens. TeenAIDS also worked with local organizations, including the Whitman-Walker Clinic and Children's Hospital, to identify and collect resources. Staff continue to use CDC NAC's Resources and Services Database and Educational Materials Database to identify organizations that produce materials for teens.

TeenAIDS staff report that it is a challenge to find materials appropriate to teens, who are highly susceptible to thinking they are not at risk, and disinclined to read materials unless they are very appealing to the eye.

Networking

The coalition provides materials and advice to many local AIDS service organizations. It makes use of materials produced by national ASOs by identifying their resources through NAC ONLINE and then contacting the producers to acquire the materials.

TeenAIDS works to maintain awareness of its services by submitting articles to school and local newspapers, sending regular mailings to school guidance counselors, distributing flyers at schools, and broadcasting public service announcements on local radio stations.

West Hollywood Library HIV Information Center West Hollywood, California

Person Interviewed: Nancy Matoon, Librarian

Date of Interview: March 1994

Project Highlights:

- HIV Information Center located in public library
- Includes materials on artistic response to HIV/AIDS
- Benefits from assistance of librarians in West Hollywood Public Library

Background and Mission

The HIV Information Center, a joint project of the Los Angeles County Supervisor's Office, the Los Angeles County Public Library, and the City of West Hollywood, has been serving the West Hollywood community since 1989. The center was created in response to a petition to the City Council organized by one citizen, who then garnered volunteer support from West Hollywood AIDS service organizations to create and staff the center. The mission of the HIV Information Center is to provide accurate, current, and accessible materials regarding education, etiology, prevention, transmission, epidemiology, treatment methods, and legal issues related to HIV/AIDS; to make these resources available to the community in a non-judgmental, friendly environment conducive to study and privacy; and to offer reference and readers' advisory service by expert library staff and trained volunteers. The HIV Information Center provides HIV prevention information, as well as fiction, films, poetry and other

representations of the artistic response to AIDS.

Funding

The HIV Information Center is a joint project of Los Angeles County and the City of West Hollywood, which contribute annual sums of \$3,000 and \$5,000, respectively. The HIV Center is able to manage on its limited budget because of its relationship to the West Hollywood Public Library, which provides it with space and technical support in identifying, acquiring, cataloging, and circulating materials.

Staffing

The HIV Information Center is staffed by one half-time librarian. The librarian is assisted on a regular basis by one volunteer and occasionally by other volunteers drawn from West Hollywood community-based organizations.

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Scope of Services

The majority of requests for information received by the center are for statistics and information concerning the transmission of HIV. The center serves approximately 5,000 users each year. Center patrons are primarily people who are HIV positive and people with AIDS, caregivers, students from the Hollywood community, and inmates of the California State Prison system.

The center offers onsite access to its collection. Its collection of books, videos, and audiotapes may be borrowed and a photocopier is provided by the library so that patrons can copy items from the periodicals and vertical file collections, which do not circulate.

Staff offer reference service over the phone and will mail materials to patrons upon request. Prisoners are among the most frequent users of these services.

The library provides free public access to CAIN, the electronic bulletin board of the California AIDS Clearinghouse. The librarian is available to assist or perform searches on CAIN, although she has found that more and more patrons are able to perform searches on their own. (See California AIDS Clearinghouse profile on page 44 for more information on CAIN.)

The West Hollywood HIV Information Center Collection

The collection includes 1,000 fiction and reference books, 12 newsletters produced by community-based organizations, 100 videotapes and audiotapes, and access to CAIN. All of the materials except fiction are stored in one area of the public library branch to facilitate use. Fiction is stored in another section of the library as part of the Gay and Lesbian Fiction Collection. The HIV Information Center materials are arranged on shelves according to the Dewey Decimal classification system which is used by the West Hollywood Public Library. Periodicals, which are stored in binders, are shelved alphabetically. The Center maintains a small vertical file of article clippings and conference materials.

Getting Materials into the Collection

In order to identify new materials for the collection, the librarian scans *Publishers Weekly*, *American Libraries*, publishers' catalogs such as *ETR Associates Catalog*, gay and lesbian publications, and the *AIDS Book Review Journal*, which is produced by the University of Illinois and distributed on the Internet (@uicvm.uic.edu). Word of mouth among members of the sci.med.aids. listserve on the Internet is also an important source of information (see Appendix 6).

The librarian wishes that there were a centralized review source for AIDS information resources to make the process of identifying and evaluating new materials more efficient. Thus far, the center has not faced any objections to its materials, a fact which surprises the librarian who says that censorship is often a problem in the public library setting.

Networking

As a part of the West Hollywood Public Library, the HIV Information Center is able to share its resources with other libraries and their patrons through an online public catalog and interlibrary loan. The center maintains ties to community-based organizations by serving as a referral site for organizations and their clients and through the use of CAIN. Maintaining public awareness of its existence is a constant challenge to the West Hollywood HIV Information Center in part due to its status as a public library, which people do not think of as a place to get information on AIDS. The center maintains a high profile by networking with local ASOs and making sure that the library is included in all local HIV/AIDS resource directories.

Project Addresses and Phone Numbers

Acronyms on this list are the ones we have used to refer to the projects throughout the text.

AIDS Information Center

U.S. Department of Veterans Affairs (VA) 4150 Clement St. San Francisco, CA 94121 (415) 221-4810 Contact: Michael Howe, ext. 3305

AIDS Information Network (AIN) Library

32 N. 3rd St.
Philadelphia, PA 19106
(215) 922-5120
(215) 922-6762 Fax
Contact: Jean Hofacket, Director of Information Services

AIDS Survival Project (ASP) Treatment Library

44 12th St., NE.
Atlanta, GA 30309-3979
(404) 874-7926
(404) 872-1192 Fax
Contact: Dawn Averett-Doherty, Treatment
Resource Specialist

California AIDS Clearinghouse (CAC)

1625 N. Hudson Ave., Ste. 105 Los Angeles, CA 90028-9998 (213) 993-7415 (213) 993-7419 Fax Contact: Russ Toth, Director

Friends Project (Friends)

PO Box 635 Chowchilla, CA 93610 (209) 661-5309 Contact: Jay Eastman, Project Coordinator

Hemophilia and AIDS/HIV Network for the Dissemination of Information (HANDI)

110 Greene St., Ste. 303
Soho Bldg.
New York, NY 10012
(212) 431-8541
(212) 431-0906 Fax
Contact: Elaine Wells, Project Director

Monroe Community College (MCC) AIDS Resource Center

1000 E. Henrietta Rd. Rm. 315, 3rd Fl. Rochester, NY 14623 (716) 292-2309 Contact: Paul Tantillo, AIDS Resource Librarian

Seattle AIDS Information Bulletin Board Service (SAIBBS)

1202 E. Pike, Ste. 658Seattle, WA 98122-3918(206) 323-4420 BBS lineContact: Steve Brown, Project Director

Seattle Treatment Education Project (STEP)

127 Broadway E., Ste. 200
Seattle, WA 98102
(206) 329-4857
(800) 869-7837
Contact: Michael Auch, Administrator
Ron Bills, Member Board of Directors

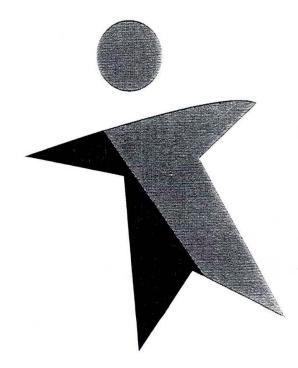
TeenAIDS Student Coalition (TeenAIDS)

PO Box 15577 Washington, DC 20003-5577 (202) 543-9355 (202) 543-3343 Contact: Josh Rosenthal, Project Coordinator

West Hollywood Library HIV Information

Center (W. Hollywood) 715 N. San Vicente Blvd. West Hollywood, CA 90069 (310) 652-5340 (310) 652-2580 Fax Contact: Nancy Matoon, Reference Librarian

APPENDICES



Appendix 1: Needs Assessment and Evaluation Surveys

AIDS information projects use surveys to identify the needs of their patrons, to evaluate the effectiveness of their projects in meeting those needs, and to collect data about their patrons. The following are samples of survey instruments used by some of the projects included in this report. Organizations setting up information projects can use these surveys as models for designing their own needs assessment and evaluation surveys.

- 1. AIDS Information Network Library–Library Use Survey.
- 2. Monroe Community College AIDS Resource Center-Library Use Survey.
- 3. Hemophilia and AIDS Network for the Dissemination of Information (HANDI)—Reader Evaluation Survey.
- 4. Friends Project—Enrollment Needs Assessment Form.

AIDS Information Network of Philadelphia		!WELCOME! / !HOLA!		
AIDS Library SaleGuards Critical Path AIDS	roject	LY AND RETURN TO FRONT DESK		
DATE				
AGENCY REPRESENTED (if any)		SCHOOL REPRESENTED (if any)		
YOUR ZIP CODE AREA OF INTEREST/RESE	ARCH	YOUR AGENCY'S ZIP CODE		
		NOUR MAILING LIST ASK AT THE FRONT DE	ESK	
DID YOU FIND THE INFOR	MATION YOU NEED	D? YES NO		
HOW MANY PHOTOCOPIES DID YOU MAKE TODAY				
HOW MANY BROCHURES/PAMPHLETS DID YOU PICK UP TODAY?				
HOW MANY MAGAZINES/NEWSPAPERS DID YOU PICK UP TODAY?				
ADDITIONAL COMMENTS				
	N			
A J				
	T THEIR USERS. PI	AIDS SERVICE ORGANIZATION'S TO PROVIDE LEASE HELP US WITH THE FOLLOWING AGE 0-12	1	
Black, not Hispanic	Female	13-24		
Hispanic	Transgendere			
Asian/Pacific Islander		35-44		
American Indian/Alaska Na	itive	45-64		
Self Defined		65 or older		
s:\oocedur\forms\sitevist				

Monroe Community College AIDS Resource Center

AIDS RESOURCE LIBRARY USER SURVEY

This survey is intended to help us better meet your information needs. Please answer only the questions you are comfortable with!

DATE				
OCCUPATION Educator or health care provider	Organization			
Student	School			
Community resident				
TIME SPENT IN ARL				
Hours Minutes				
RESOURCES USED Books Journals Video	os Vertical file			
Videodisc Posters Oti				
Research topic				
Did you find what you needed?				
Additional comments or suggestions:				
c				

HIV Treatment	
Information	
Excha	nge
Reader Feedback F	Form

1. Have you received any previous cop	ies of HTIE during the past 12 month	s? □ Yes	🗆 No
2. Have you read the copies of HTIE th		□ Yes	
3. If you have not read the copies of H		why.	
(If you have not read HTIE, do not cont	inue further with the questionnaire, I	out please return	it to NHF.)
4. How thoroughly do you read HTIE?			
Cover to cover	\beth only the articles that interest me	🗅 only the head	dlines
5. Does HTIE meet your needs as a rea	der?	🗆 Yes	🗆 No
Please explain:			
6. Please rank in order those sections of	of HTIE that you find most interesting]	
	of HTIE that you find most interesting ements? Newswire?		Excerpts?
			Excerpts?
7. Is the material contained in HTIE			Excerpts?
7. Is the material contained in HTIE	ements? Newswire?		Excerpts?
Announc 7. Is the material contained in HTIE Easy to understand?	ements? Newswire?		Excerpts?
Announc 7. Is the material contained in HTIE Easy to understand? 8. Is the length/size of HTIE	ements? Newswire? Too technical? Too short?		Excerpts?

Please return this form by March11, 1994 to The National Hemophilia Foundation, 110 Greene Street, Suite 303, New York, NY 10012. Fax: 212-431-0906.



February 7, 1994

Dear HTIE Reader:

Thank you for subscribing to HIV Treatment Information Exchange (HTIE). We hope that this issue contains information that will help you to manage your health in a positive way.

Now, the editors of HTIE need your help. In order to help us to better meet your needs, we ask that you take a moment to fill out the survey on the reverse side of this letter. We need your honest opinions. Please tell us how you feel about HTIE; what you like, what you don't like, and what we can do to make this a better publication for you.

Please mail or fax your survey back to The National Hemophilia Foundation at your earliest convenience, but no later than March 11, 1994.

Thank you in advance for your input. Your opinion is important to us.

Sincerely,

Glenn Pierce, MD, PhD President

PLEASE SEE REVERSE SIDE FOR SURVEY!

Friends Project

Enrollment Form

This first section is for our guidance only, and is TOTALLY CONFIDENTIAL. We truly do respect your privacy, so hold back info if you wish, as long as you remember we can serve you better if we know you better. (We must have your last name and address, of course!) Last name _____ Phone _____ Mail address If you're not HIV- positive, please skip to the long line below. Otherwise, please tell us about your current living circumstances --I live () alone () with significant other () with roommate () with friends () in hospice () with family () other My general home situation is () stable () unsettled I've told () close family () most relatives () close friends () all friends () co-workers () neighbors ... that I am HIV+. My close family is () not () somewhat () fairly () very ... supportive. Close friends are () not () somewhat () fairly () very ... supportive. My neighborhood is () city () suburb () small town () country. My income is () extremely low () low but can manage () fair or better. I have () much () some () not much trouble getting good health care. During the last month or so, the words that describe my strongest emotions are: Information below this line may be given in a general or specific way to prospective pen pals. BUT if you want a reply kept CONFIDENTIAL, just put parentheses around it (like this). Your age - () M () F - First name (If you're under 18 years of age, please obtain signature of parent/ guardian as indication of knowledge & consent: If you could describe yourself in one or two dozen phrases or sentences to a potential pen pal, what would you say? We'd like a sense of your past and present life, outlook on the future, your beliefs and priorities. Your achievements, your goals, qualities you admire in others, you name it. Please use a separate sheet of paper for this, then come back here, ignoring any questions you answered in the des-

Occupation or prior occupation(s)

Interests and hobbies

criptive information.

If you've tested HIV+, when were you first advised of positive results, and what's the general state of your health now?

- This space for office use in assigning box number & noting forms sent to you. -

Sample

If you don't have HIV+ status or AIDS, what motivates your interest in writing to a person who's affected by these conditions? Please be specific.

Any subject(s) you'd prefer not to discuss with correspondents?

Any subject(s) you'd especially like to discuss?

Is the sexual orientation, race, religion, age or gender of a potential friend important to you, or would his/ her possible history of substance abuse matter? If "yes," please explain:

Are you incarcerated? () Yes () No ... Note: PEN PAL welcomes incarcerated people as members. We respect them as fellow humans and expect the best of them: That they will give of themselves to those to whom they write, asking nothing in return. And we ask members on the "outside" to join with us in giving incarcerated members all we possibly can -- encouragement, attentive care, and solidarity.

From whom did you hear of our service?

Our newsletter, the SURVIVOR, is free to members. If you wish to receive it, we may if necessary use an SASE supplied by you solely for the purpose of getting the newsletter to you in a timely way. Please check here if that's okay with you. ()

Thanks for taking the time to give us a good picture of what you're like. We'll repay you by trying to find pen pals whose company you'll really enjoy.

For PEN PAL, David Richardson Membership Mgr.

(C) 1993 TPPP

If you are incarcerated, will your facility allow us to send stamped envelopes to you?

your VERY and 8 and 011 serthanks dized by other members' contributions disa lowyourself exour This is a way of offering the get regular his/ (All too NO INCOME MEMBER afford c 0 or care, and we feel that it's very impor-Will you help? Your first name plus you'll member such 1.naded. upward subs1full six months. ease -do pays for 01 U quate incomes that they need this hel \$30.00 use these who need - You'll be and your first name mentioned in make PEN PAL's will be cited in someone who actually can't pay - All Eastman, Coordinator, comfort seniors, or phone campaign, dedicate L e Ļ. please consider being a buddy.) 0 tions if necessary, as may PWA's. our cannot fortunate (stamps/ envelopes postage costs for ongoing if you'd like to discuss outreach or append a message to about I. month. commitment AIDS ı Each \$30.00 you give \$3.00 and have Choose Your Dues You six months, SPONSORS who () can afford or () AS AVAILABLE.) Students, SPONSOR those the friendly hand, its you may incarcerated may le with part of the months, T 1 EXEMPT LOW/ \$12.00 her own way -- for a many people with AIDS a less B \$5.00 good be () REGULAR MEMBER to for to peopl ongoing w111 OUTREACH modest- sized ad newsletter, and FUNDING number ĩ six membership for for doing it, I "carrying" () MENTOR -ering dues & small mailing lstence known member Jay feel own postage of her own way BUDDY number newsletter. for () DUES for being services. assistance and box process. SPECIAL, PEN PAL contact abled, ī $\hat{}$ vering tant. (1 ncome You'11 vices more box

Appendix 2: Periodical Titles

AIDS information projects depend upon periodical literature to keep the information in their collections up to date. The following are examples of periodical titles subscribed to by some of the projects in this report. Organizations setting up AIDS information projects can use these listings to make decisions about subscriptions for their own collections.

- 1. AIDS Information Network Library-Currently Received Serials.
- 2. Monroe Community College AIDS Resource Center-Current Subscriptions.
- 3. Hemophilia and AIDS Network for the Dissemination of Information (HANDI)—Serial Holdings.
- 4. AIDS Survival Project Treatment Resource Library-Subscriptions/Newsletters.

The CDC National AIDS Clearinghouse has a collection of more than 500 AIDS-related journals and newsletters housed in the Clearinghouse's two Resource Centers in Rockville, Maryland (800–458–5231), and Atlanta, Georgia (404–982–0353). CDC NAC also maintains a database of information about these periodicals; you can call the Clearinghouse for a free search of the Periodicals Database.

AIDS Information Network of Philadelphia

CURRENTLY RECEIVED SERIALS - APRIL 1994

Locations:

Serials Collection shelved in alphabetical order by title.

Other locations:

Book Collection

AIDS & TB Weekly Abstracts from Conference Proceedings. The AIDS Crisis (SIRS Critical Issues Series), v.1-2 AIDS Law & Litigation Reporter (8.2b.C5) AIDS Reference Guide AIDS Weekly Health (SIRS Series), v.1-4 Hospital Risk Management (97.12c.1.R6) Refusal of Treatment Legislation (8.2.R45) Sexuality (SIRS Series), v.1-4

CD-ROM Stations

AIDS and Education Worldwide *Compact Library: AIDS

Display Racks (free copies)

Alive & Kicking Art & Understanding Au Courant Critical Path AIDS Project The Griot Press Labyrinth LifeTIMES 2 Medical Alert PGN Pennsylvania AIDS Law Report Positive Plus

Treatment Desk

AIDS Therapies AIDS Treatment News AIDS/HIV Treatment Directory Clinical Trial Directory, includes: Treatment Review The Experimental Treatment Guide Directory of Philadelphia Area HIV/AIDS Clinical Trials New York State Directory of HIV/AIDS Clinical Trials Treatment Issues AAPHR Reporter. San Francisco: American Assoc. of Physicians for Human Rights.

ADA Policy & Law. Washington DC: Buraff.

Advance Data. Hyattsville, MD: National Center for Health Statistics.

The Advocate. Los Angeles: Liberation.

AICH Community Bulletin. New York: American Indian Community House.

*AIDS. Phila.: Current Science.

<u>AIDS Action</u>. London: Appropriate Health Resources & Technologies Action Group (AHRTAG).

<u>AIDS Alert</u>. Atlanta: American Health Consultants. Includes: <u>AIDS Guide for Health Care Workers</u>.

AIDS Analysis Africa. London: Africa Analysis.

AIDS & Public Policy Journal. Frederick, MD: University.

AIDS & TB Weekly Abstracts from Conference Proceedings. Atlanta: Charles Henderson.

AIDS Bibliography. Bethesda, MD: National Library of Medicine.

AIDS Care: Psychological & Socio-Medical Aspects of AIDS/HIV. Oxford: Carfax.

AIDS Clinical Care. Waltham, MA: MA Medical Society.

The AIDS Crisis (SIRS Critical Issues). Boca Raton: Social Issues Resources Series.

AIDS Education & Prevention. New York: Guilford.

AIDS Funding Report. Silver Spring, MD: CD Publications.

AIDS Health Promotion Exchange. Amsterdam: Royal Tropical Inst.

AIDS Information Exchange. Washington DC: US Conference of Mayors (USCM).

AIDS Law & Litigation Reporter. Frederick, MD: University.

AIDS Law & Litigation Reporter Monthly Review. Frederick, MD: University.

AIDS Literature & News Review. Frederick, MD: University.

AIDS Medicine & Miracles. Boulder: AM&M.

AIDS Newsletter. London: CAB International, Bureau of Hygiene & Tropical Diseases.

AIDS Patient Care. New York: Mary Ann Leibert.

AIDS Policy & Law. Washington DC: Buraff.

<u>AIDS Reference Guide</u>. Washington DC: Atlantic Information. Includes: <u>Inside Report on AIDS</u> (monthly summary, v.1)

AIDS Research and Human Retroviruses. New York: Mary Ann Leibert.

AIDS Statistical Summary. Harrisburg, PA: PA Dept. of Health.

AIDS Targeted Information. Baltimore: Williams & Wilkins.

AIDS Therapies. Atlanta: Charles W. Henderson.

<u>AIDS Treatment News</u>. San Francisco: John S. James. Includes: <u>AIDS Treatment News Service</u>.

AIDS Update. Dallas: AIDS Resource Center.

AIDS Weekly. Birmingham, AL: Charles Henderson.

AIDS/HIV Treatment Directory. New York: AmFAR.

AIDSline. Lawrenceville, NJ: Academy of Medicine of NJ.

<u>AIDS/SIDA Network News</u>. Washington DC: National Council of La Raza (NCLR) AIDS Center / Centers for Disease Control and Prevention.

Alive & Kicking. Phila.: We the People.

American Journal of Diseases of Children. Chicago: American Medical Assoc.

American Journal of Public Health. New York: American Public Health Assoc.

The AmFAR Report. New York: American Found. for AIDS Research.

Antiviral Agents Bulletin. Rockville: Biotechnology Information Inst.

Archives of Pediatrics & Adolescent Medicine. Chicago: American Medical Assoc.

Art & Understanding. Albany: Art & Understanding.

Au Courant. Phila .: Au Courant.

BABES Talking. Seattle: BABES Network and the Northwest Family Center.

Being Alive. Los Angeles: Being Alive People With HIV/AIDS Action Coalition. Bilingual: English-Spanish language.

BETA. San Francisco: SF AIDS Found. Bilingual: English-Spanish language.

The Body Positive. New York: Body Positive.

Briefing Paper. San Francisco: Project Inform.

*British Medical Journal.

Building Blocks. Roxbury, MA: Found. for Children With AIDS.

CA Selects: AIDS & Related Immunodeficiencies. Columbus: American Chemical Soc.

Calcutta House. Phila .: Calcutta House.

Canadian AIDS News: The New Facts of Life/SIDA: Realities. Ottawa: CPHA AIDS Program. Bilingual: English-French language.

<u>CDC HIV/AIDS Prevention Newsletter</u>. Atlanta: Centers for Disease Control & Prevention.

The Central African Journal of Medicine. Harare, Zimbabwe: Central African Journal of Medicine.

The Challenger. Phila.: MACT (Men of All Colors Together).

Children With AIDS. Roxbury, MA: Found. for Children With AIDS.

Choice in Dying News. New York: Choice in Dying.

Christopher Street. New York: That New Magazine.

<u>Clinical Trial Directory</u>. New York: AIDS Treatment Data Network. Includes: <u>Treatment Review</u>. Clinical Trial Review. Now: Treatment Review.

Closing the Circle. Phila.: Circle of Care.

The Collaborative. Phila.: Mediation Program at Good Shepherd Neighborhood House.

The Common Factor. Stoughton, MA: Committee of Ten Thousand (COTT).

<u>Common Sense About AIDS: The Education Resource</u>. Atlanta: American Health Consultants.

<u>Community Connection</u>. Phila.: University of PA / Program for Student-Community Involvement.

Community Voices. Pauma Valley, CA: Indian Health Council.

<u>Connections</u>. San Francisco: National Catholic AIDS Network (NCAN). Formerly: <u>NCAN News</u>.

Critical Path AIDS Project. Phila.: AIDS Information Network / Critical Path.

Crossroads. Phila .: American Friends Service Committee's Bridges Project.

Current Opinion in Infectious Diseases. Phila.: Current Science.

Dateline: NIAID. Bethesda: National Inst. of Allergy & Infectious Diseases.

Directions. Phila.: CHOICE.

Directory of Philadelphia Area HIV/AIDS Clinical Trials. Phila.: PhiladelphiaFIGHT.

The Dooley News. Deptford, NJ: Dooley House.

D.V.T.C.D. Newsletter. Phila.: Del. Valley Tele-Communications for the Deaf.

The Exchange. San Francisco: National Lawyers Guild.

The Experimental Treatment Guide. New York: AIDS Treatment Data Network.

Family Life Educator. Santa Cruz, CA: ETR.

FDA Consumer. Rockville, MD: Food & Drug Admin.

FDA Medical Bulletin. Rockville, MD: Food & Drug Admin.

Focus: A Guide to AIDS Research & Counseling. San Francisco: AIDS Health Project.

Gamma Project Newsletter. Mont Albert, Victoria, Australia: Gamma Project.

Global AIDSnews. Geneva: World Health Organization / Global Programme on AIDS.

The Griot Press. Phila .: Griot.

Health (SIRS Series). Boca Raton: Social Issues Resources Series.

Health Care Action News. Washington DC: AIDS Action Council.

Health Care for Women International. London: Taylor & Francis.

Health Legislation and Regulation. Washington DC: Faulkner & Gray's Healthcare Information Center.

Heartlines. Fairfield, CA: Solano AIDS Task Force.

HERO. Baltimore: Health Education Resource Organization.

HIV Education Case Studies. Washington DC: US Conference of Mayors (USCM).

HIV Frontline. New York: Burroughs Wellcome / NCM.

HIV/AIDS Surveillance. Atlanta: Centers for Disease Control & Prevention.

HIV/AIDS Update. Harrisburg: PA Dept. of Health.

Hospital Risk Management: Forms, Checklists & Guidelines. Gaithersburg, MD: Aspen.

Human Rights. Chicago: American Bar Assoc. / Section of Individual Rights & Responsibilities.

In the Wind. Minneapolis: National Indian AIDS Media.

Infectious Disease Alert. Atlanta: American Health Consultants.

Inside Report on AIDS. Washington DC: Atlantic Information Services.

Interaction. Washington DC: AIDS National Interfaith Network (ANIN).

Intergovernmental AIDS Reports. Washington DC: George Washington University / Intergovernmental Health Policy Project. JAMA: The Journal of the American Medical Association. Chicago: AMA.

The James White Review. Minneapolis: James White Review.

JANAC: The Journal of Nurses in AIDS Care. Phila .: Nurscom.

Journal of Acquired Immune Deficiency Syndromes. New York: Raven.

*The Journal of Infectious Diseases. Chicago: University of Chicago.

Journal of the Physicians Association for AIDS Care (JPAAC). Chicago: PAAC Formerly: <u>PAACNOTES</u>.

Journal of Women's Health. New York: Mary Ann Leibert.

Journal Watch. Waltham, MA: MA Medical Soc.

KAIROS NEWS. San Francisco: KAIROS-Support for Caregivers.

The Lambda Update. New York: Lambda Legal Defense & Education Fund.

Labyrinth. Phila.: Labyrinth.

*The Lancet. Baltimore: Williams & Wilkins. North American ed.

LifeTIMES 2. Pittsburgh: Stadtlanders Drug.

MAC [Calendar]. Boston: Muticultural AIDS Coalition.

Medical Alert. Washington DC: NAPWA.

*Medical Letter on Drugs & Therapeutics.

*The Morbidity & Mortality Weekly Report. (MMWR). Waltham, MA: MA Medical Soc.

MMWR: CDC Surveillance Summaries. Waltham, MA: MA Medical Soc.

MMWR: Recommendations & Report. Waltham, MA: MA Medical Soc.

MMWR: Summary of Notifiable Diseases. Waltham, MA: MA Medical Soc.

The National Report on Substance Abuse. Washington DC: Buraff.

National Women's Health Report. Washington DC: National Women's Health Resource Center.

Natural Health. Brookline Village, MA: East West Partners. Formerly: East West Natural Health.

The Network News. Washington DC: National Women's Health Network.

Network Update. Vancouver, BC: Canadian HIV Trials Network.

*The New England Journal of Medicine. Waltham, MA: MA Medical Soc.

New Jersey AIDS/HIV Cases. Trenton: NJ State Dept. of Health CN 363.

New Jersey Women & AIDS Network News. New Brunswick, NJ: NJWAN.

New York Native. New York: That New Magazine.

New York State Directory of AIDS/HIV Clinical Trials. New York: AmFAR.

<u>Newsline</u>. New York: PWAC NY (People With AIDS Coalition of New York). Formerly: <u>PWA Newsline</u>.

<u>NIAID AIDS Agenda</u>. Bethesda, MD: National Institute of Allergy & Infectious Diseases.

Notes from the Underground. New York: People With AIDS Working for Health.

PAACNOTES. Now: Journal of the Physicians for AIDS Care (JPAAC).

PAWS Prints. San Francisco: Pets Are Wonderful Support.

Pediatric AIDS & HIV Infection. New York: Mary Ann Leibert.

The Pediatric Infectious Disease Journal. Baltimore: Williams & Wilkins.

Pennsylvania AIDS Law Report. Phila .: AIDS Law Project of Pennsylvania.

PGN. (Philadelphia Gay News) Phila.: Masco.

Philadelphia FIGHT Newsletter. Phila .: Community Research Initiative.

PHMC Directions. Phila .: Philadelphia Health Management Corp.

PLUS Voice, the Magazine About Life & HIV. Chicago: PLUS Magazine.

The Positive Approach. Atlantic City: South Jersey AIDS Alliance (SJAA).

Positive Plus. Bethlehem, PA: Consumer Committee, AIDS Services Center.

<u>The Positive Side</u>. Toronto: Community AIDS Treatment Information Exchange (CATIE).

Positively Aware. Chicago: Test Positive Aware Network (TPA).

Positively Native Newsletter. Minneapolis: [Positively Native].

POZ. New York: Strubco.

Press Release WHO. Geneva: WHO Global Programme on AIDS.

Prevention. Emmaus, PA: Rodale.

Public Health Reports. Rockville: U.S. Public Health Service.

PWA Newsline. SEE: Newsline.

PWAlive. Minneapolis: PWAlive.

<u>Ouarterly Report: Acquired Immune deficiency Syndrome (AIDS)</u>. Phila.: AIDS Activities Coordinating Office (AACO).

The Quilt News. Washington DC: Names Project Chapter of the National Capital Area.

Refusal of Treatment Legislation. New York: Choice in Dying.

<u>Research Activities</u>. Rockville, MD: Agency for Health Care Policy & Research (AHCPR).

Research Alert. Phila.: Institute for Scientific Information (ISI).

Right-to-Die Law Digest. New York: Choice in Dying.

Rosebuzz. Collingswood, NJ: AIDS Coalition of Southern New Jersey.

The SafeGuard Volunteer. Phila.: AIDS Information Network.

SAMHSA News. Rockville: U.S. Dept. of Health & Human Services / Substance Abuse and Mental Health Services Admin.

SAMJ: South African Medical Journal. Pinelands, SA: Medical Assoc. of South Africa.

San Francisco Sentinel. San Francisco: Ray Chalker.

Scandinavian Journal of Infectious Diseases. Oslo: Scandinavian University.

*Science.

Seasons. Oakland: National Native American AIDS Prevention Center.

Sexuality (SIRS Series). Boca Raton: Social Issues Resources Series.

SIDA Ahora. New York: PWAC NY (People With AIDS Coalition of New York). Spanish language.

SIDAmerica. Washington DC: Panos. Spanish language.

SIECUS Report. New York: Sex Information & Ed. Council of the US (SIECUS).

Social Security Courier. Baltimore: Social Security Admin.

The Southern Africa Exclusive. London: Richard Hall.

<u>State AIDS Reports</u>. Washington DC: George Washington University / Intergovernmental Health Policy Project.

State Reproductive Health Monitor. Washington DC: Alan Guttmacher.

TANews. Beaumont, TX: Triangle AIDS Network.

TB Weekly. Atlanta: Charles Henderson.

Teachable Moments. Phila .: Planned Parenthood Southeastern PA.

Technical Assistance Reports. Washington DC: U.S. Conference of Mayors.

Treatment Issues. New York: Gay Men's Health Crisis (GMHC).

<u>Treatment Review</u>. SEE <u>Clinical Trial Directory</u>. <u>Treatment Update</u>. Toronto: Community AIDS Treatment Information Exchange (CATIE). Update. Washington DC: AIDS Action Council.

Update: Newsletter of the Pittsburgh AIDS Task Force. Pittsburgh: PATF.

The Volunteer. New York: Gay Men's Health Crisis (GMHC).

The Wall Street Journal. New York: Dow Jones.

The Washington Blade. Washington DC: Washington Blade.

Washington Memo. Washington DC: Alan Guttmacher.

The Western Journal of Medicine. San Francisco: California

Women & Health. Binghamton, NY: Haworth Medical.

Women Being Alive. Los Angeles: Being Alive.

World. Oakland, CA: Women Organized to Respond to Life-threatening Diseases.

WorldAIDS. Washington DC: Panos.

Professional Literature:

AIRS Newsletter. Tucson: Alliance of Information and Referral Systems.

ALCTS Newsletter. Chicago: ALA / Assoc. for Library Collections & Technical Services.

Bulletin of the Medical Library Association. Chicago: MLA.

Chronicle. Phila.: MLA, Philadelphia Regional Chapter.

Computers in Libraries. Westport, CT: Meckler.

Computerworld. Marion, OH: IDG.

Computerworld Client/Server Journal. [Marion, OH: IDG.]

The Electronic Library. Oxford: Learned Information (Europe).

Information & Referral: the Journal of the Alliance of Information and Referral Systems. Joliet, IL: Alliance of Information and Referral Systems (AIRS).

Information Retrieval & Library Automation. Mt. Airy, MD: Lomond.

Information Technology and Libraries. Chicago: ALA / Library & Information Technology Assoc.

INTERFACE. Chicago: ALA / Assoc. of Specialized & Cooperative Library Agencies.

Lambda Rising News. Washington DC: Lambda Rising.

Library Hotline. Newton, MA: Bowker.

Library Resources & Technical Services. Chicago: ALA / Assoc. for Library Collections & Technical Services.

Library Systems Newsletter. Chicago: ALA / Library Technology Reports.

LITA Newsletter. Chicago: ALA / Library and Information Technology Assoc.

MLA News. Chicago: Medical Library Assoc.

MMWR: The Morbidity & Mortality Weekly Report. Atlanta: CDC.

MMWR: CDC Surveillance Summaries. Atlanta: CDC.

MMWR: Recommendations and Reports. Atlanta: CDC. National Library of Medicine News. Bethesda, MD: NLM. Nolo News. Berkeley: Nolo. Publishers Weekly. New York: Cahners-Bowker. RASD Update. ALA / Reference & Adult Div.

RO. Chicago: ALA / Reference & Adult Div.

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Monroe Community College AIDS Resource Center

CURRENT SUBSCRIPTIONS

AIDS RESOURCE LIBRARY Fall, 1993

AIDS

AIDS ALERT

AIDS & PUBLIC POLICY JOURNAL

AIDS BIBLIOGRAPHY

AIDS LITERATURE & NEWS REVIEW

AIDS PATIENT CARE

AIDS POLICY & LAW

AIDS REFERENCE GUIDE

AIDS SURVEILLANCE QUARTERLY UPDATE

AIDS TREATMENT NEWS

AIDS UPDATE (NYSDOH)

AIDS/HIV TREATMENT DIRECTORY

HIV SEROPREVALENCE

HIV/AIDS PREVENTION NEWSLETTER

HIV/AIDS SURVEILLANCE

MORBIDITY AND MORTALITY WEEKLY REPORT

PI PERSPECTIVE

RESOURCES: AIDS ROCHESTER

SEASONS

STEP PERSPECTIVE

Scattered holdings of other serial publications on the subject of AIDS are also collected.

We also get the following periodicals.

BODY POSITIVE THE COMMON FACTOR LIFETIMES 2 NEWSLINE NOTES FROM THE UNDERGROUND POSITIVE NEWS POSITIVELY AWARE SIDA AHORA TREATMENT ISSUES

HANDI

NHF Serials Holdings

AABB News Briefs ACT News AIDS Alert AIDS Care AIDS Clinical Care AIDS Education & Prevention AIDS Funding Report AIDS Information Exchange **AIDS** Letter AIDSline **AIDS Medicines AIDS** Newsletter **AIDS** Newslink AIDS Policy and Law AIDS Surveillance AIDS Treatment Data Network AIDS Treatment News **AIDS Treatment Politics** AIDS HIV Treatment Directory AIDSFILE ALERT Alliance AIDS Housing Needs American Journal of Nursing American Journal of Pediatric Hematology Oncology BETA **Being Alive Body Positive CCBC** Newsletter CDC AIDS Prevention Newsletter Children with AIDS **Common Factor** Critical Path AIDS Project Dateline: NIAID Harvard AIDS Letter Harvard AIDS Report Hastings Center Report Hemophilia HIV/Peer ACTION News HIV Connect **HIV** Frontline HIV HOTLINE Inside Report on AIDS Intergovernmental AIDS Report International Plasma News Journal of Acquired Immune Deficiency Syndrome JAMA Journal of the Association of Nurses in AIDS Care Lancet Milbank Quarterly MMWR Nation's Health New England Journal of Medicine NIAID Agenda

NIAID News NJWAN News PAACNOTES Pediatric AIDS Foster Care Network Bulletin Pediatric AIDS and HIV Infection **PI** Perspective PI Briefing Paper Positive Living Positively Aware PWACNY Newsline PWA Health Group Newsletter-Notes from the Underground QUIPU Seasons Science SIDAHORA SIDAMERICA SIECUS Report Step Perspective Treatment Issues Vancouver PWA Wellspring World AIDS

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AIDS SURVIVAL PROJECT TREATMENT RESOURCE LIBRARY

SUBSCRIPTIONS/NEWSLETTERS/PERIODICALS

AIDS CLINICAL CARE Massachusetts Medical Society 1440 Main Street Waltham, MA 02154-01649

AIDS READER SCP Communications 134 West 29th Street 4th Floor New York, NY 10001-5399

AIDS SURVIVAL PROJECT NEWSLETTER 44 Twelfth Street Atlanta, GA 30309

AIDS/HIV TREATMENT DIRECTORY c/o AMFAR 733 Third Avenue 12th Floor New York, NY 10017

AIDS TREATMENT NEWS c/o John S. James P.O.Box 411256 San Francisco, CA 94141 415-255-0588

ALIVE AND KICKING 425 South Broad Street Philadelphia, PA 19147 215-545-6868 (Billy Blackwell)

BEING ALIVE 3626 Sunset Boulevard Los Angeles, CA 90026 213-667-3262

BETA c/o San Francisco AIDS Foundation P.O.Box 2189 Berkeley, CA 94702

BODY POSITIVE 2095 Broadway Suite 306 New York, NY 10023 212-721-1619

COMMON FACTOR (THE) The Committee of Ten Thousand 583 Plain Street Stoughton, MA 02072

CHRISTOPHER STREET P.O.Box 1475 Church Street Station New York, NY 10008 212-627-2120

CRITICAL PATH AIDS PROJECT 2062 Lombard Street Philadelphia, PA 19146

DIGEST

155 E. 31st Street Suite 20L New York, NY 10016

FOCUS

USCF AIDS Health Project P.O.Box 0884 San Francisco, CA 94143-0884

GMHC TREATMENT ISSUES 129 West 20th Street New York, NY 10011

HEAL QUARTERLY

P.O.Box 1103 Old Chelsea Station New York, NY 10113

HIV FRONTLINE c/o NCM Publishers Inc. 200 Varick Street New York, NY 10014

I HEARD IT THROUGH THE GRAPE VINE (I.H.I.T.T.G) C/O Stephen Korsia AIDS Project Los Angeles 6721 Romaine Lane Los Angeles, CA 90038 F.12

NAPWA MEDICAL ALERT 1413 K Street, NW. Washington, DC 20005 202-898-0414

NIAID AIDS AGENDA National Institute of Health Bidg 31, 7A50 Bethesda, MD 20892

NOTES FROM THE UNDERGROUND PWA Health Group 150 West 26th Street Suite 201 New York, NY 10001 212-255-0250

PAAC NOTES 101 West Grand Avenue Suite 200 Chicago, IL 60610 312-222-1326

PLUS VOICE 29 La Salle Street Suite 1150 Chicago, IL 60603

POSITIVE LIVING AIDS Project Los Angeles 6721 Romaine Street Los Angeles, CA 90038

POSITIVELY AWARE 1340 West Irving Park Rd Box 259 Chicago, IL 60613

PWA COALITION NEWSLINE 31 West 26th Street New York, NY 10010

PWAlive

2025 Nicollet Ave 3: Sabathani Community Center Minneapolis, MN 55404 Suite 303, 310 E. 38th St.

F.13

SEARCH ALLIANCE 7461 Beverly Blvd Suite 304 Los Angeles, CA 90036

THE ADVOCATE P.O.Box 541 Mt. Morris, IL 61054-7847

Appendix 3: Book and Audiovisual Titles

AIDS information projects include a variety of books and audiovisual materials in their collections. The following are lists of the books and audiovisual titles held by some of the projects included in this report. Organizations setting up information projects can use these lists to make decisions about purchasing books and audiovisual materials for their own collections. Complete holdings lists for the following projects are included in this appendix.

- 1. Monroe Community College AIDS Resource Center.
- 2. AIDS Survival Project Treatment Resource Library.

The Hemophilia and AIDS Network for the Dissemination of Information (HANDI) maintains an extensive holdings list. To obtain a copy, contact HANDI.

Information about the CDC National AIDS Clearinghouse collection of books and audiovisuals can be obtained by calling either of the CDC NAC Resource Centers, in Rockville, Maryland (800-458-5231), and Atlanta, Georgia (404-982-0353).

AIDS RESOURCE LIBRARY

MONROE COMMUNITY COLLEGE

1000 East Henrietta Road

Building 2 - 315

Rochester, NY 14623

HOLDINGS LIST

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The AIDS Resource Library is located at Monroe Community College on the third floor of the LeRoy V. Good Library and is open to the public during regular library hours. This Library houses books, periodicals, videos and other educational materials. There is both a circulating and noncirculating collection. The Library is funded by the Monroe County Health Department.

Telephone: 716-292-2309

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AIDS RESOURCE LIBRARY

BOOK HOLDINGS LIST

Advice for life: a woman's guide to AIDS risks and prevention. Christopher Norwood. 1st. 178p New York: Pantheon Books, 1987. RC607.A26 N67 1987

- <u>After you say goodbye: when someone you love dies of AIDS</u>. Paul Kent Froman. 270p San Francisco: Chronicle Books, 1992. RC607 .A26 F748 1992
- <u>Against the odds: the story of AIDS drug development, politics & profit</u>. Peter S. Arno, Karyn L. Feiden. 314p New York: Harper Collins Publishers, 1992. RA 644 .A25 A76 1992
- <u>AIDS.</u> Anne Aaron and Iben Browning. 171p Albuquerque, NM: Sapiens Press, 1988. RA644 .A25 A27 1988
- AIDS. Alan Edward Nourse. 128p New York: F. Watts, 1986. RC607 .A26 N68 1986
- <u>AIDS: a Catholic call for compassion</u>. Eileen P. Flynn. 99p Kansas City, MO: Sheed &Ward, 1985. RC607 .A26 F59 1985
- <u>AIDS: a guide for survival</u>. Harris County Medical Society & Houston Academy of Medicine, 1987. RC607 .A26 A254
- <u>AIDS: a manual for pastoral care</u>. Ronald Sunderland, Earl E. Shelp. 1st. 76p Philadelphia: Westminster Press, 1987. BV4460.7 .S86 1987
- <u>AIDS a moral issue: the ethical, legal and social aspects</u>. Brenda Almond, editor. 186p New York: St. Martin's Press, 1990. RC607 .A26 A34523 1990
- <u>AIDS: a public health challenge: state issues, policies, and programs</u>. Mona Rowe, Caitlin Ryan, Constance Thomas. Washington, D.C.: U.S. Dept. of Health and Human Services, Public Health Service, [1987]. RA644 .A25 R69 1987
- <u>AIDS: a self-care manual</u>. Betty Clare Moffatt. 306p Santa Monica, CA: Los Angeles, CA: IBS Press in cooperation with AIDS Project Los Angeles, 1987. RC607 .A26 A27 1987

<u>AIDS:</u> Abstracts of the psychological and behavioral literature, 1983-1989. James M. Jones, Jody L. Kerby, Christine P. Landry, editors. 2nd. 113p Arlington, VA: American Psychological Association, 1989. RC607.A26 A34528 1989 AIDS Resource Library - BOOKS

AIDS action plan: five year agenda for Rochester and the Finger Lakes region. Rochester Area Task Force on AIDS, Finger Lakes Health System Agency. 95p (various pagings) Rochester, NY: The Task Force, 1987. RA644 .A25 R6 1987

<u>AIDS: an employer's guidebook</u>. James A. Klein. 84p Washington, DC: U.S. Chamber of Commerce, 1988. RA644 .A25 K55

AIDS and drugs. Nicholas Bevan. 62p New York: Franklin Watts, 1988. RC607 .A26 B48 1988

<u>AIDS and families: report of the AIDS Task Force, Groves Conference on Marriage and the</u> <u>Family.</u> Eleanor D. Macklin, editor. 284p New York: Haworth Press, 1989. RC607 .A26 A345553 1989

<u>AIDS and intravenous drug abuse among minorities</u>. 105p Rockville, MD: U.S. Dept. of Health and Human Services, Public Health Service, National Institute on Drug Abuse, 1989. RC607 .A26 A3454 1989

<u>Aids and its metaphors</u>. Susan Sontag. 1st. 95p New York: Farrar, Straus, Giroux, 1988. RA644 .A25 S66 1988

<u>AIDS and IV drug abusers: current perspectives</u>. Robert Galea, Benjamin Lewis, Lori Baker, editors. Owing Mills, MD: Rynd Communications, 1988. RA644 .A25 A346 1988

<u>AIDS and long-term care: a new dimension</u>. Donna Lind Infeld, Richard Mc K. F. Southby. 178p Owings Mills, MD: National Health Pub., 1989. RC607 .A26 A3474 1989

<u>AIDS and other manifestations of HIV infection, 2nd ed.</u> Gary P. Wormser, editor. 715p New York: Raver Press, 1992. RC607 .A26 A3455535 1992

<u>AIDS and patient management: legal, ethical, and social issues</u>. Michael D. Witt, editor. 263p Owings Mills, MD: National Health Pub, 1986. RA644 .A25 A35 1986

<u>AIDS and substance abuse: a training manual for health care professionals</u>. Barbara G. Faltz, Joanna Rinaldi. 100p San Francisco, CA: AIDS Health Project, University of California, San Francisco, 1987. R607 .A26 F3 1987

AIDS and the allied health professions. Joyce W. Hopp. 311p Philadelphia: F.A. Davis, 1989. RC607 .A26 A345556 1989

- <u>AIDS and the church</u>. Earl E. Shelp, Ronald Sunderland. 1st. 151p Philadelphia: Westminster Press, 1987. BV4460.7.S54 1987
- <u>Aids and the courts</u>. Clark C. Abt, Kathleen W. Hardy, editors. 392p Cambridge, MA: Abt Books, 1990. KF3803. A54 A93 1990 ARL
- <u>AIDS and the health care system</u>. Lawrence O. Gostin, editor. 299p New Haven: Yale University Press, 1990. RA644 .A25 A353 1990
- <u>AIDS and the hospice community</u>. Madalon O'Rawe Amenta, editor. 197p New York: Harrington Park Press, 1991. RC607 .A26 A34564 1991b
- <u>AIDS and the law: a basic guide for the nonlawyer</u>. Allan H. Terl. 180p Washington D.C.: Hemisphere Publishing Corporation, 1992. KF3803 .A54T47 1992
- <u>AIDS and the law: a guide for the public</u>. Harlon L. Dalton. Scot Burris, editors. Yale AIDS Law Project. 382p New Haven: Yale University Press, 1987. KF38O3 .A54 A945 1987
- <u>AIDS and the law enforcement officer: concerns and policy responses</u>. Theodore M. Hammett. National Institute of Justice (U.S.). 80p Washington, DC: The Institute, Office of Communication and Research Utilization, 1987. HV7936.H4 H3 1987
- AIDS and the nursing home. 109p Washington, D.C: American Health Care Association, 1987. RC6O7 .A26 A34568 1987
- <u>AIDS and the public schools</u>. Susan Hooper, Gwendolyn H. Gregory. National School Boards Association. 55p Alexandria, VA: NSBA, 1986. LB3418 .A35 H66 1986
- <u>AIDS and the third world</u>. Panos Institute. Philadelphia: New Society Publishers, 1989. RA644 .A25 A37 1989

AIDS and vision loss. Edwin Kiester, Jr. 115p New York: American Foundation for the Blind, 1990.

RE65 .K54 1990

<u>AIDS and women: a sourcebook</u>. Sarah Barbara Watstein, Robert Anthony Laurich. 159p Phoenix, AZ: Oryx Press, 1991. RC607 .A26 W38 1991 AIDS Resource Library - BOOKS

<u>Aids and your company: a report for employers</u>. Larry Beresford. 66p Wall Township, NJ: American Business Publishing, 1988. RC607.A26 A28 1988

- <u>The AIDS benefits handbook: everything you need to know to get social security, welfare,</u> <u>medicaid, medicare, food stamps, housing, drugs and other benefits.</u> Thomas P. McCormack. 257p New Haven: Yale University Press, 1990. RC607 .A26 M38 1990
- <u>AIDS bibliography for 1981-86</u>. Nancy Weissberg. 643p Troy, NY: Whitston Publishing Co., 1988. RC607 .A26 A3 1981/86

<u>The AIDS book: creating a positive approach (a manual to assist people facing AIDS and other</u> <u>life-threatening illnesses</u>). Louise L. Hay. Santa Monica, CA: Hay House, 1988. RC607 .A26 H395 1988

<u>The AIDS bureaucracy</u>. Sandra Panem. 194p Cambridge, MA: Harvard University Press, 1988. RA644 .A25 P36 1988

<u>The AIDS caregiver's handbook</u>. Ted Eidson, editor. 1st. 331p New York: St. Martin's Press, 1988. RC607 .A26 A34572 1988

<u>The AIDS challenge: prevention education for young people</u>. Marcia Quackenbush, Mary Nelson, Kay Clark, editors. 526p Santa Cruz, CA: Network Publications, 1988. RC607 .A26 A345725 1988

<u>The AIDS crisis: conflicting social values</u>. Gary E. McCuen. 176p Hudson, WI: Gary E. McCuen Publications, Inc., 1989. RA644 .A25 M3

<u>AIDS demo graphics</u>. Douglas Crimp, Adam Rolston. 141p Seattle: Bay Press, 1990. RA644 .A25 C75 1990

<u>The AIDS Disaster: the failure of organizations in New York and the nation</u>. Charles Perrow, Mauro F. Guillen. 206p New Haven: Yale University Press, 1990. RA644 .A25 P45 1990

<u>AIDS, drugs, and prostitution</u>. Martin Plant, editor. 213p New York: Tavistock/Routledge, 1990. RA644 .A25 A358 1990

<u>AIDS education in the workplace: an educational guide for managers</u>. San Francisco AIDS Foundation. 67p San Francisco, CA: San Francisco AIDS Foundation, 1987. RC607 .A26 A276 1987

The AIDS epidemic: private rights and the public interest. Padraig O'Malley. 556p Boston: Beacon Press, 1989. RA644, A25 A3615 1989

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- <u>AIDS: ethics and public policy</u>. Christine Pierce, Donald Van DeVeer. 241p Belmont, CA: Wadsworth Pub. Co, 1988. RA644 .A25 A362 1988
- <u>AIDS: etiology, diagnosis, treatment, and prevention</u>. Vincent DeVita, Samuel Hellman, Steven Rosenberg. New York: J.B. Lippincott, 1988. RC607 .A26 A346 1988
- <u>The AIDS file: what we need to know about AIDS now!</u> George Jacobs, Joseph Kerrins. 128p Woods Hole, MA: Cromlech Books, 1987. RC6O7 .A26 J33 1987
- <u>The AIDS health crisis: psychological and social interventions</u>. Jeffrey A. Kelly, Janet S. St. Lawrence. 205p New York: Plenum Press, 1988. RC607.A26 K45 1988
- <u>AIDS, HIV, and school health education: state policies and programs 1990</u>. Rolf Blank, et al. 142p Alexandria, VA: NASBE, 1990. RA644 .A25 C6 1990
- <u>AIDS home care and hospice manual</u>. Jeannee Parker Martin, Amme M. Hughes, Pat Franks. 2nd 233p San Francisco, CA: Visiting Nurses and Hospice of San Francisco, 1990. RC607 .A26 M37 1990
- <u>A.I.D.S.: how & where to find facts & do research</u>. Robert D. Reed. 43p Saratoga, CA: R&E Publishers, 1986. RC607 .A26 R45 1986
- <u>AIDS: how it works in the body</u>. Lorna Greenberg. 64p New York: Franklin Watts, 1992. RC607 .A26 G7 1992
- <u>AIDS in an aging society: what we need to know</u>. Matilda White Riley, Marcia G. Ory, Diane Zablotsky, editors. 226p New York: Springer Pub. Co., 1989. RA644 .A25 A36353 1989
- <u>AIDS in New York State: through 1991</u>. New York State Department of Health. 195p Albany, NY: State of New York, Department of Health, 1992. RA644 .A25 A35 1991
- <u>AIDS in the mind of America</u>. Dennis Altman. 1st. 228p Garden City, NY: Anchor Press/Doubleday, 1986. RC607.A26 A37 1986
- <u>AIDS in the workplace: legal questions and practical answers</u>. William F. Banta. 257p Lexington, MA: Lexington Books, 1988. KF3570.B36 1988

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- AIDS in the world: a global update. Junathan Mann, Daniel J. Tarantola, and Thomas W. Netter, editors. 1037p Cambridge, MA: Harvard University Press, 1992. RA644 .A25 A36358 1992
- <u>AIDS in the workplace: manual</u>. Business Leadership Task Force of the Bay Area. San Francisco AIDS Foundation. 53p San Francisco, CA: San Francisco AIDS Foundation, 1986.

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- <u>AIDS information monitor:</u> summary of national public opinion surveys on AIDS 1986 through <u>1986</u>. Susan Blake, Elaine Bratic Arkin. 275p American Red Cross, 1988. RA644 .A25 B55 1988
- <u>AIDS information resources directory</u>. Trish A. Halleron, Janet I. Pisaneschi. 1st. 192p New York: American Foundation for AIDS Research, [1988]. RC607 .A26 A26 1988
- AIDS information sourcebook 1991-92 3rd. H. Robert Malinowsky, Gerald Perry, editors. New York: Oryx Press, 1988. RA644 .A25 A345 1991
- <u>AIDS instructional guide, grades K-12</u>. 170p Albany, NY: University of the State of New York, State Education Dept., Bureau of Curriculum Development, 1987. RA644 .A25 U5 1987
- <u>AIDS issues: confronting the challenge</u>. David Hallman, editor. New York: Pilgrim Press, 1989. RC6O7 .A26 A3476 1988
- AIDS law: implications for the individual & society. Irving J. Sloan. New York: Oceana, 1988. KF3803 .A54 S59 1988
- <u>AIDS legal guide</u>. Abby R. Rubenfeld, Editor. Lambda Legal Defense & Education Fund. 2nd ed., completely rev. and expanded. (loose-leaf) Albany, NY: Lambda Legal Defense and Education Fund, 1987. KF480.5. A5 A52 1987
- <u>AIDS: living and dying with hope: issues in pastoral care</u>. Walter J. Smith. 184p New York: Paulist Press, 1988. BV4460.7 .S65 1988
- AIDS ministry in the midst of an epidemic. Wendell W. Hoffman, Stanley J. Grenz. 304p Grand Rapids, MI: Baker Book House, 1990. BV4460.7 H64 1990
- <u>AIDS 91 Summary: a practical synopsis of the VII international conference</u>. Philadelphia Sciences Group. 348p Philadelphia, PA: Philadelphia Sciences Group, 1991. RA 644 .A25 A278

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- <u>When someone you know has AIDS: a practical guide</u>. Leonard J. Martelli, Fran D. Peltz, William Messina. 1st. 238p New York: Crown Publishers, 1987. RC607 .A26 M36 1987
- When someone you love has AIDS: a book of hope for family and friends. Betty Clare Moffatt. 150p New York: NAL Penguin, [1987], 1986. RC607 .A26 M64 1987
- Why I survive AIDS. Niro Markoff Assistent, Paul Duffy. 250p New York: Simon & Schuster, 1991. RC607 .A26 A85 1991
- <u>Winning the battle: developing support for sexuality and HIV education</u>. Debra W. Haffner and Diane deMauro. 58p New York: SIECUS, 1991. HQ56 .H33 1991
- Women, AIDS, and activism: by the ACT UP/New York Women and AIDS Book Group. Marion Banzhaf, editor. 295p Boston, MA: South End Press, 1990. RC607 .A26 W65 1990
- Women, AIDS, & communities: a guide for action. Gerry Pearlberg. 129p Metuchen, NJ: Women's Action Alliance, Inc. and The Scarecrow Press, Inc., 1991. RA644 .A25 P42 1991
- Women and AIDS. Diane Richardson. 183p New York: Methuen, 1988. RC607 .A26 R53 1988

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Women and AIDS: a practical guide for those who help others. Bonnie Lester. 143p New York: Continuum, 1989. RC607 .A26 L473 1989

Working with AIDS: a resource guide for mental health professionals. Michael Helquist, editor. AIDS Health Project. 299p San Francisco, CA: AIDS Health Project, University of California, San Francisco, 1987. RA644 .A25 W6 1987

Working with women & AIDS: medical, social, & counselling issues. Judy Bury, Val Morrison, Sheena McLachlan, editors. 153p New York: Tavistock/Routledge, 1992. RA644 .A25 W66 1992

<u>A world without AIDS</u>. Leon Chaitow, Simon Martin. 288p Wellingborough: Thorsons, 1988. RC607 .A26 M37 1988

You can do something about AIDS. Sasha Alyson. 1st. 126p Boston, MA: Stop AIDS Project, Inc, 1988. RA644 .A25 Y68 1988

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"AIDS: a different kind of germ." MTI/Film & Video. Videorecording. 15 min. Northbrook, IL: Distributed by MTI/Film & Video, 1991.

Tracey learns the basics about AIDS from her mother who is a doctor, and her cartoon friend, Microscopic Mike. Explains the effect of AIDS on the body's immune system, describes how AIDS is transmitted, and two common-sense precautions. Grades K - 3. PS627 .A53 A5 1991

"AIDS: a family experience." Robin Weatherstone, Lally Cadeau Carle. Medical Communications Weatherstone Productions Inc. Videorecording. 33 min. Urbana, III: Distributed by Carle Medical Communications, 1986.

Examines a family's coping with the discovery that a family member has AIDS. RC607 .A26 A25 1986

"AIDS and health-care workers." Robert E. Windom, C. B. Wismar. U.S. Public Health Service. Videorecording. 32 min. [Washington, DC]: Distributed by U.S. Public Health Service 1988.

This video examines how AIDS is transmitted, precautions health care workers should take to avoid contact with the AIDS virus, and how to respond to the needs of the AIDS patient.

RA644 .A25 A33

"AIDS and other epidemics." Jane Bassick, Jamie Guth, Tom Kidder, Dartmouth/Hitchcock Medical Center, Films for the Humanities. Videorecording. 19 min. Princeton, NJ: Films for the Humanities, 1990.

An historical look at epidemic diseases and what has been done to treat and prevent them. Shows the relationship between plague, smallpox, tuberculosis, polio, and AIDS. RA649 .A5 1990

"AIDS and the arts." Films for the Humanities (Firm). Videorecording. 20 min. Princeton, NJ: Distributed by Films for the Humanities & Science, 1987.

This program shows, not only the impact AIDS has had on a community very much in the headlines, but also the response of artists to risk and to the demands of compassion. N72 .A35 A3 1987

"AIDS: are you at risk?" Films for the Humanities and Sciences (Firm). Videorecording. 19 min. Health Sciences Princeton, NJ: Distributed by Films for the Humanities and Sciences, 1987.

Examines social attitudes about AIDS in a profile of Don Miller, an AIDS victim battling discrimination against himself and others with the disease. Also discusses how AIDS is transmitted and how these modes of transmission relate to society's attitudes about AIDS and its victims.

RC607.A26 A34537 1987

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"AIDS -- care beyond the hospital." Helen Schietinger, Bobby Reynolds. San Francisco AIDS Foundation. Videorecording. 42 min. San Francisco, CA: Distributed by San Francisco AIDS Foundation, 1984.

Examines the psychological impact of AIDS, the varieties of physical conditions of people with AIDS, and case management of persons disabled by AIDS. Includes recreations of parts of interviews with AIDS patients.

RC607 .A26 A3 1984

"AIDS: community concerns." John Decker, Slawomir Grunberg. Keylight Productions. Videorecording. 20 min. Ithaca, NY: Keylight Productions, 1989.

Excerpts from discussions held at churches, schools and hospitals which address the concerns community members have about AIDS. Also, comments from people infected with AIDS regarding some of their frustrations and difficulties in dealing with the fears and misunderstandings of members of their communities.

RC607 .A26 A346 1989

AIDS: everything you and your family need to know. C. Everett Koop. Home Box Office. Ambrose Video Publishing Inc. Videorecording. 40 min. New York: HBO Studio Productions: Ambrose Video Publishing, 1987. IN SPANISH (dubbed).

Question/answer format. Questions were gathered by Home Box Office from community members in on-the-street interviews, phone surveys and focus groups. They represent the most often asked questions about AIDS. Answers are provided by Surgeon General, Dr. C. Everett Koop.

RA644 .A25 A58 1987

"AIDS, hepatitis and the emergency responder." Videorecording. 26 min. Boston, MA: Commonwealth Films, 1988.

An introduction to some basic precautions to employ during emergency medical services. Emphasis is on preventing transmission of AIDS and hepatitis B during contact with blood. RC607 .A26 A355 1988

"AIDS home care and hospice video." Visiting Nurses and Hospice of San Francisco/Daniel Barnes & the Access Group. Videorecording. 35 min. San Francisco, CA: Visiting Nurses and Hospice of San Francisco, 1989.

Discusses medical and psychosocial needs of persons with AIDS in the home care/hospice setting. Includes an overview of the various physical and mental conditions that may develop during the course of the illness. Intended for nurses, social workers, attendants, and others involved with AIDS patient care.

RC607 .A26 A356 1989

"AIDS in your school." Perennial Education Inc. Videorecording. 23 min. Evanston, IL: Distributed by Altschul Group, 1987.

Two high school students interview doctors who discuss what AIDS is and how it can be contracted. Also three people who have contracted AIDS discuss how they are learning to cope with the disease.

RC607 .A26 A35

<u>AIDS inservice for the homecare worker</u>, with video "Making a difference." Office of Human Resources Development, New York State Department of Social Services. Videorecording. 36 min. (with training manual). Albany, NY: New York State Department of Social Services, 1991.

The purpose of these ... training units is to provide home care workers throughout New York State with a uniform, accurate body of knowledge on AIDS ... In addition, the video "Making a Difference" was developed in conjunction with this training program to reinforce and highlight certain content areas. {It} focuses on the practical aspects of caring for clients in the home, as well as the psychosocial issues of clients and home care workers. RC607 .A26 A3454 1991

"AIDS is about secrets." The Media Group, Inc. Videorecording. 37 min. New York: HIV Center for Clinical and Behavioral Studies, 1988.

Designed for black women who are at risk because they are or have been the sex partners of male intravenous drug users. The video focuses on particular behaviors that place these women in danger of becoming HIV-infected. RC607 .A26 A3474

"AIDS issues for health care workers." Leslie Hill. Churchill Films. Videorecording. 10 min. Los Angeles, CA: Distributed by Churchill Films, 1988.

Examines how health care workers can provide excellent care for AIDS patients while protecting themselves.

RC 607 .A26 A35 1988

"AIDS: medical education for the general community". ALMEGA Group, 1987. 26 min. Provides facts about AIDS: transmission, precautions, symptoms, extent of the epidemic, treatment attempts, and methods of prevention. Gives details through animated illustrations of how the disease invades the body and breaks down the immune system. For high school students to adult.

RC607.A26 A26 1987

"The AIDS movie." Ginny Durrin, David Brumbach. Durrin Films & New Day Films.

Videorecording. 26 min. Washington, DC, Wayne, NJ: Distributed by Durrin Films, Inc., New Day Films, 1987.

Shown on 20/20, Hour Magazine and ABC, NBC, CBS News as an example of AIDS education.

The AIDS Movie, designed primarily to speak to students, features three people who share what it's like to live with the disease and how to protect yourself against it. An AIDS educator also speaks on the importance of awareness and prevention.

RC607 .A26 A347 1987

"AIDS, not us." The Media Group, Inc. Videocassette. 36 min. New York: HIV Center for Clinical and Behavioral Studies, 1989.

Designed for African American and Latino adolescent men living in inner cities. Focuses on sexual risk-taking, sexual decision making, attitudes toward risk reduction, and resistance to condom use.

RC607 .A26 A3476

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"AIDS: on the front line". Oliver Video Productions, Harris County Medical Society. Videorecording. 22 min. Houston, TX: Olivier Video Production, 1987.

For teachers of teenagers. Provides facts about AIDS: transmission, prevention, HIV antibody test. Illustrates how the AIDS virus invades the body and breaks down the immune system. Discusses how to convey information about AIDS to students. Also, considers the fears and concerns parents, teachers, students and administrators might have. The companion video, AIDS: protect yourself, contains much of the same information regarding AIDS facts and is primarily for teenagers.

RA644 .A25 A586 1987

"AIDS: protect yourself". Oliver Video Productions, Harris County Medical Society. Videorecording. 16 min. Houston, TX: Olivier Video Production, 1987. Primarily for teenagers. Provides facts about AIDS: transmission, prevention, extent of the worldwide epidemic. Describes in simple terms how the immune system works and how the AIDS virus invades the body and weakens the immune system. Illustrates how quickly AIDS could be spread through a group of friends. The companion video, AIDS: on the frontline, contains much of the same information regarding AIDS facts, but is narrated for teachers. It provides additional information specifically for educators.

RA644 .A25 A587 1987

"AIDS, psychosocial interventions." Carle Medical Communications. Norman Baxley and Associate Susan Tross. Videorecording. 25 min. Urbana, IL: Distributed by Carle Medical Communications, 1987.

Combines interviews with AIDS patients and medical and counseling professionals on the psychological trauma of adjusting to having AIDS. Considers psychosocial aspects of the disease at its various stages and discusses the need for therapy and emotional support for the AID's patient.

RA644 .A25 P76 1987

"The AIDS show: artists involved with death and survival.." Robert Epstein, Peter Adair. Direct Cinema Limited. Videorecording. 58 min. Los Angeles, CA: Distributed by Direct Cinema Limited, 1986. "Blue Ribbon winner 1987 American Film Festival.

The AIDS show deals with the impact of the AIDS epidemic on the community of gay men. It is based on San Francisco's Theatre Rhinoceros stage production of the same name. A powerful hybrid of documentary and drama. . . PS 3551 .D3 AS 1986

"AIDS: the Surgeon General's update." C. Everett Koop. Consultants International, Future Vision Pyramid Film & Video. Videorecording. 32 min. Santa Monica, CA: Distributed by Pyramid Film & Video, 1987.

Presents the current situation with AIDS and emphasizes the importance of education to make known how it can and cannot be transmitted. RA644 .A25 A3

"AIDS: what do we tell our children?" Carol Burnett. Walt Disney Educational Media Company Coronet/MTI Film & Video. Videorecording. 22 min. Deerfield, IL: Distributed by Coronet/MTI Film & Video, 1987.

Basic information about what AIDS is, who gets it and how it is transmitted. Why, how and when to talk to children and teenagers about AIDS. RC607 .A26 A366 "AIDS, what everyone needs to know." Michael S. Gottlieb. Churchill Films. Los Angeles-AIDS Center University of California. Videorecording. 18 min. Los Angeles, CA: Distributed by Churchill Films, 1986.

Using life action, animation, and cinematography, provides an introduction to Acquired Immune Deficiency syndrome. Tells how the AIDS virus destroys the immune system's ability to protect the body from various diseases. Describes how the virus is, and is not, transmitted and explains how to protect one's self from contracting the disease. Includes commentary by Michael Gottlieb and other recognized specialists.

RC607 .A26 A26 1986

"Avoiding AIDS: what you can do." Marshmedia. Videorecording. 12 min. Mount Dora, FL: Distributed by KIDSRIGHTS, 1987.

For junior/senior high school students. This program explains how the AIDS virus works on the immune system, how it is spread and how to avoid catching or spreading the disease by avoiding behavior that increases the possibility of exposure to the virus. Includes teaching guide.

RC607 .A26 A9 1987

"Beverly's Story." New York State Health Dept. Videorecording. 12 min. Albany, NY: New York State Health Department. 1988.

Soap opera type format. Beverly's boyfriend has had a history of IV drug use. When Beverly informs her girlfriend she is pregnant, her friend encourages her to get tested for the AIDS virus. Bev's friend explains how a woman infected with AIDS could pass the disease on to her unborn baby. The video shows Beverly's experience of going to a clinic to be tested and then convincing her boyfriend that he must also be tested for AIDS. RA644 .A25 B48 1988

- "Beyond fear." John Seldon Allen, Robert Vaughn. American Red Cross. Videorecording. 30 min. [Washington, DC]: Distributed by American Red Cross and Albany Center for Learning Technologies, New York State Education Dept., 1988.
 - This three-part documentary offers clear, straightforward information on acquired immune deficiency syndrome (AIDS), in the context of a moving human drama. RC607 .A26 B49 1988
- "Beyond the labels. . . the human side of AIDS." Catholic Health Association of the U.S. Videorecording. 24 min. St. Louis, MO: Catholic Health Association of the U.S., 1988. RC607 .A26 B495
- "Black people get AIDS too (school version)." Churchill Films. Videorecording. 20 min. Los Angeles, CA: Churchhill Films, 1987.

For high school and college health classes, community outreach programs and public health agencies. The purpose of this program is to alert the black community to the high risks of AIDS. The video examines the causes and symptoms of AIDS, its effects on the immune system, AIDS screening tests, and the social and economic ramifications of the disease. Prevention and education are stressed as the only ways currently available to fight AIDS. Experts provide advice on what constitutes safe sex, the use of condoms and spermicides and the risk of sharing IV drug works. A discussion guide is included. RC607 .A26 B54 1987

"Changing focus: women, children and AIDS in the 90's." Dean Thomas, Eileen Littig, Northeastern Wisconsin In-School Telecommunications. Videorecording. 29 min. Green Bay, WI: Northeastern Wisconsin In-School Telecommunications, 1990.

Discusses the issues facing women who have contracted HIV infection or AIDS. Interviewees tell how the condition has affected them, the problems they face, and how they are coping. Some of the issues women with HIV/AIDS face involve child care, reproductive rights, bias, poverty, lack of insurance and health care services, and lack of medical research on HIV in women.

RA644 .A25 C42 1990

"Circle of warriors." Phil Lucas Productions, Alaska Native Health Board, Seattle Indian Health Board, National Native American AIDS Prevention Center. Videorecording. 27 min. Oakland, CA: National Native American AIDS Prevention Center, 1989.

Nine Native Americans with HIV or AIDS discuss their feelings and experiences. E98 .D6 C5 1989

"Condoms, a responsible option." Phil Gulotta. Landmark Films. Videorecording. 10 min. Falls Church, VA: Distributed by Landmark Films, 1987.

Explains how sexually active people spread disease very quickly among themselves and stresses the importance of condoms in fighting infections, especially AIDS. Describes the various types of condoms available and shows how they are manufactured and industrially tested.

RA644 .V4 C6 1987

"A Death in the Family." Wombat Film and Video. Videorecording. 52 min. New York: 1987. A real-life, personal look at the final days in the life of Andrew, a gay AIDS victim. His closest friends take him in and care for him when he is released from the hospital. The video focuses on how his lover, friends, and family cope with their fears and the emotional strain of his slow and painful death. Also shown are the difficulties his family has accepting his homosexuality and the awkwardness and apprehension both his gay friends and his family members feel when they are "forced" together through the events of his illness and death. The film takes place in New Zealand.

RC607 .A26 D4 1987

"Don't forget Sherrie." American Red Cross. 32 min. Videorecording. Distributed by the American Red Cross, 1988. RC607 .A26 D6 1988

"Eddie's Story: how to protect yourself from STDs and AIDS." New York State Health Dept. Videorecording. 12 min. Albany, NY: New York State Health Dept. 1988.

Soap opera type format. A group of heterosexual male friends discusses issues related to AIDS and other STD's: monogamy vs. promiscuity, safe sex, honesty in a relationship, getting tested for AIDS. Also shows a similar discussion between one of these friends, Eddie and his girlfriend. A second member of the group, Dave, thinks he might have VD. Eddie suggests that he goes to a clinic to be tested.

RA644 .A25 E3 1988

"An Epidemic of fear AIDS in the workplace." Todd Shuttleworth, Bill Mattis, Bob Thompson, Evan White. San Francisco AIDS Foundation. Pacific Bell (Firm). Videorecording.

23 min. San Francisco, CA: Distributed by San Francisco AIDS Foundation 1987. Three men discuss what happened at their jobs when they found out they had AIDS, and various officials discuss what AIDS is and how it is spread.

RC607.A26 E6 1988

"Facing AIDS: teens ask a young man what it's like." Distributed by New York State Health Department. Videorecording. 20 min. Albany, NY: Distributed by New York State Health Dept., 1988.

A young man who has AIDS talks openly with 12 New York State teens and answers the kinds of questions on the minds of youth nationwide. RC607 .A26 F3 1988

"Fear of caring: the AIDS dilemma." American Hospital Association. Videorecording. 20 min. Chicago, IL: Distributed by the American Hospital Association, 1986.

Discusses hospital staff members' feelings and fears about caring for AIDS patients, how the disease is acquired and how standard CDC infection control measures within the hospital will protect staff members. Also stresses the patient's needs for psychological and emotional support from hospital staff members.

RC607 .A26 F4 1986

"Flashback" New York State Health Department. Videorecording. 13 min. Albany NY: distributed by New York State Health Department, 1989.

A drama depicting high school students questioning their behavior in relation to the HIV/AIDS information presented to them in a health class.

RC607 .A26 F53

"In the shadow of love." WGBH, American Broadcasting Co., MTI/Film & Video. Videorecording. 46 min. Northbrook, IL: MTI/Film & Video, 1991.

Follows high school student and budding TV reporter Katie Dunn as she struggles with her fears about associating with HIV-positive teenagers. She and another student, Lisa Diaz, whose brother is HIV-positive, prepare a story on the teenagers for a contest at the local television station. A coproduction of WGBH and ABC-TV. Originally broadcast as an ABC Afterschool Special.

PS627 .A53 I5 1991

"The inaugural display of the NAMES Project Quilt: October 11, 1987." Videorecording. 15 min. San Francisco, CA: NAMES Project, 1987.

Commemorates the unfolding ceremony of the Quilt on October 11, 1987, at the National Mall in Washington, D.C. The NAMES Project is a nationwide campaign to memorialize the Americans who have died in the AIDS epidemic.

RC607 .A26 I53 1987

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"Infection control: preventive measures." Videorecording. 18 mins. Scranton, PA. Owing Mills, MD: Distributed by Videolink NHP, 1988.

Discusses symptoms of AIDS, herpes, and hepatitis, how these viral infections are transmitted, and specific infection control methods for health care workers. RT95 .I5 1989

"Is our blood supply safe?" Diane May, Fran Glemmer, Herbert Hyman. Films for the Humanities & Sciences. Videorecording. 19 min. & Sciences, 1987.

Focuses on the purity of the nation's blood supply, how effective the current screening procedures are, and steps blood banks take to maintain a safe supply. Included is a profile of a hemophiliac who contracted AIDS through a contaminated transfusion, and precautions taken by a cardiac patient prior to surgery to ensure blood purity. The video also takes a look at why becoming infected with AIDS through blood donation appears to be impossible. RC607 .A26 I8 1987

"Joan' s Story: how women can protect themselves from AIDS." New York State Health Dept. Videorecording. 8 min. Albany, NY: New York State Health Dept., 1988.

Soap opera type format. Two young women, Joan and Bonnie, discuss why it is important to be tested for AIDS, how AIDS is transmitted, and methods of prevention. They are joined in the discussion by Joan's younger sister and a friend who are of high school age. The video also shows Joan's first experience buying condoms and then talking to her boyfriend about using them.

RA644 .A25 J6 1988

"Kids with AIDS." William Shebar, William Greenberg, Marianna Moore, Faye Zealand, Tony Zealand. Films for the Humanities. Videorecording. 20 mins. Princeton, NJ: Distributed by Films for the Humanities, 1988.

A documentary on how AIDS is devastating entire families. Issues addressed: should women who have had one AIDS infected baby hake more children? The need for foster care for infected children whose parents have died; the need for education about AIDS, especially in inner city communities. Includes discussions with mothers, foster parents doctor and social workers.

RC607 .A26 KS 1988

"Living with AIDS." Tina DiFeliciantonio, Sally Miller, Gearhart. Carle Medical Communications. Videorecording. 24 min. Urbana, IL: Distributed by Carle Medical Communications, 1986. Produced at the Department of Communication, Stanford University. U-matic format. Shows how an in-home hospice program for AIDS patients works. Lovers Todd and Bob discuss the effects of Todd's illness on their relationship. RC607.A26 L58 1986

"Men, women, sex, and AIDS." Tom Brokaw. Videorecording. 60 min. Chicago, IL: Distributed by Films Incorporated, 1987.

A current look at the AIDS situation in the United States. Four major issues covered are the spread of AIDS to heterosexual women, the changing sexual habits of Americans, the search for a cure and education to help prevent the spread of AIDS.

RC607 .A26 M4 1987

"The microbiology of AIDS." Films for the Humanities. Videorecording. Princeton, NJ: Films for the Humanities, 1990. RC607 .A26 M5

"Nightline: national town meeting on AIDS". Roger Goodman, David Bohrman, Ted Koppel. Videorecording. 108 min. New York: ABC Video Enterprises, 1987. 2 hours.

This program is an edited two-hour episode of ABC News Nightline, hosted by Ted Koppel. It aired June 5, 1987. Experts from government, medicine, business, religion, entertainment and other fields share their knowledge of AIDS. The program intends to provide facts, dispel myths, explore the effects of AIDS on our society, show the extent of the epidemic, and discuss methods of prevention. Appropriate for high school and college level or any general audience. A discussion guide is included.

RC607 .A26 A25 1987

"Nobody's Immune." US Army. National Audiovisual Center, Walter Reed Army Institute of Research. Videorecording. 30 min. Capitol Heights, MD: National Audiovisual Center, 1985.

Geared toward military personnel. Several AIDS victims describe their experiences; the behavior which brought them in contact with the disease and the anger, fears and frustrations they feel. Reactions of their friends are also shown. In one case a man has passed the disease on to his wife and child. The film stresses how anyone can get AIDS - it's not just a "gay disease." At the end of the program a medical doctor provides AIDS facts.

RA644 .A25 N6 1985

"Now that you know: living healthy with HIV." Randall Neece, Kaiser Permanente, Concept Media, Inc. Videorecording (4 videocassettes). 196 min. Irving, CA: concept Media, 1991.

Contents: pt. 1. "Coping with the news" (48.41 min) -- pt. 2. "Understanding HIV" (33:05 min.) -- pt. 3. "Lifestyle choices and changes" (51:03 min.) -- pt. 4 "Understanding treatment" (62:32 min.). Includes workbook.

RC607 .A26 N6 pt. 1 RC607 .A26 N6 pt. 2 RC607 .A26 N6 pt. 3 RC607 .A26 N6 pt. 4

"Ojos que no ven." Instituto Familiar de la Raza Latino AIDS Project. Adinfinitum Films. Videorecording. 55 min. San Francisco, CA: Distributed by Instituto Familiar de la Raza, Latino AIDS Project, 1987. IN SPANISH.

A Spanish language AIDS education tool. Uses a soap-opera format to explain modes of AIDS transmission as well as prevention measures. Presents culturally appropriate treatment of teenage sexuality, homosexuality, IV drug use, and prostitution. RC607 .A26 036 1987



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"Our worst fears: the AIDS epidemic." Films for the Humanities and Sciences. Videorecording. 57 min. Princeton, NJ: Distributed by Films for the Humanities and Sciences, 1988.

An examination of the AIDS epidemic that provides information on the modes of transmission and the high risk groups and activities, includes brief profiles of a number of AIDS victims, and features medical experts who discuss current treatment strategies and ongoing medical research. Includes statistics on the spread of AIDS in the United States through January 1988.

RC607 .A26 0968 1988

"Overcoming irrational fear of AIDS." Arthur J. Lange. Carle Medical Communications Norman Baxley and Associates. Videorecording. 22 min. Urbana, IL: Distributed by Carle Medical Communications, 1987.

Explains the complex feelings of health care providers who work with AIDS patients. Presents a rational-emotive approach to assist in surmounting counter-productive thinking. Discussion leader's guide included.

RC607 .A26 O9 1987

"Recovery is an inside job" New York (State), Dept. of Correctional Services, Division of Health Service (New York). Videorecording. 54 min. Distributed by New York State Department of Correctional Service 1991.

A program on addiction and HIV taped on location at Mr. McGregor Correctional Facility in Wilton, NY. The presenter is a recovering substance abuser, and is HIV-positive. RA644 .A25 R4

"Safe sex." Phil Donahue. Films for the Humanities (Firm). Multimedia Entertainment. Videorecording. 28 min. Princeton, NJ: Distributed by Films for the Humanities, 1987. Segment from the television program: Donahue. Guest panel discusses facts necessary to prevent sexually-transmitted disease, and whether it is better to discuss safe sex frankly with teenagers and even with children, rather than risk their becoming infected with AIDS out of ignorance.

RC607 .A26 I23 1987

"Se met ko." Haitian Women's Program of the American Friends Service Committee. Videorecording. 30 min. New York: The Committee, 1988.

Dramatization of a Haitian family's growing concern and awareness about AIDS as the epidemic begins to affect their neighborhood. Culturally sensitive, with accurate social and medical information. Spoken in Haitian Creole with English subtitles.

RA644 .A25 S4 1990

"Straight Talk: David talks to teens about drug use and AIDS" New York State Health Department. Videorecording. 19 min. Albany, NY: New York State Health Department. David, a person with AIDS, discusses his drug use behavior and his connection with AIDS. He explains the need to seek treatment for those who are on drugs and discusses alcohol as a drug that can impair one's judgment about risk reduction. The audience asks him questions about his symptoms and how he feels about the possibility of dying. RC607 .A26 S78 "The Subject is: AIDS." Videorecording. 18 min. New York: Distributed by O.D.N. Productions, 1987.

Rae Dawn Chong presents the facts on AIDS for teenagers. RC607 .A26 S9 1987

"Talk about AIDS." Levi-Strauss & Co. Videorecording. 19 min. San Francisco, CA: Distributed by San Francisco AIDS Foundation, 1987.

Employees of Levi-Strauss & Co. in Mississippi, Arkansas and California were interviewed to find out what their fears and questions were regarding AIDS. The video focuses on how AIDS is and is not transmitted. Scientific research evidence is discussed by professionals to illustrate that AIDS is not transmitted through casual contact. Also discussed is how to protect yourself from AIDS and how to talk to your children about the disease.

RC607 .A26 T3 1987

"Teen AIDS in focus." Kenwood Group, San Francisco Dept. of Public Health. Videocassette. 17 min. San Francisco, CA: The Department, 1989.

Powerful video focusing on three young people who have HIV infection or AIDS, and their hopes and fears as they face their illness. Racially diverse and suitable for teenagers and adults.

RC607 .A26 T4 1989

"Telling teens about AIDS." Derek Muirden, Julius Erving, Max Gomez. Videorecording.

47 min. [Princeton, NJ]: Distributed by Films for the Humanities & Sciences, 1988.

Teens, and those who contracted AIDS in their teens, seek to penetrate the walls that are thrown up every time an adult seeks to warn teens about any danger. Helps teachers and parents confront the issue of AIDS and shows how an innocent liaison can lead to death.

RC607 .A26 T4 1988

"Time out: the truth about HIV, AIDS, and you" Arsenio Hall and Earvin "Magic" Johnson. Videorecording. 42 min. Hollywood, CA: Paramount Pictures, 1992.

An entertaining music-filled and honest look at HIV and AIDS, including interviews with "Magic" Johnson, and guest appearances by many celebrities. Targeted to teenage and young adult audiences. Closed captioned for the hearing impaired. RC607 .A26 T5 1992

"Understanding AIDS what teens need to know." Videorecording. 19 min. Pleasantville, NY: Distributed by Sunburst Communications, 1988.

Medical doctors present facts and address questions which come up in a discussion among a group of teenagers about AIDS. A teacher's guide is included. RC607 .A26 U5 1988

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"USAIDS: small town dilemma. "Bill Stenger, Slawomir Grunberg. Videorecording. 58 min. Ithaca, NY: Keylight Productions, 1988.

A personal look at several families who have members infected with AIDS. Family members discuss how this disease has changed their lives and how they cope. Focus is on the negative reactions they have encountered in their communities including protests, threats, isolation of children from schools, being forced out of public buildings and being turned away at the doctor's office.

RC607 .A26 U8 1988

"Une cuestion de vida o muerte = A question of life or death." Costar Spanish International H.P.S. Productions, Videorecording. 20 min. Albany, NY: distributed by New York State Health Dept., 1988.

A dramatic presentation of a Hispanic family faced with the threat of AIDS. Ivette and Carmen are Josephinas two daughters, Carmen is engaging in unprotected sex with a former drug user turned dealer. Ivette finds out and the sisters have a talk about possible pregnancy and AIDS. The film ends with the family waiting for results of the AIDS test and praying that Carmen will be spared from the disease.

RA644 .A25 C8 1988 ARL

"We bring a quilt." The NAMES Project. Videorecording. 30 min. San Francisco, CA: The NAMES Project, 1988.

The AIDS Memorial Quilt covered the Ellipse in Washington, D.C. on the weekend of October 7, 1988. This documentary is a moving chronicle of that event, dedicated to the thousands of people who have been touched by the AIDS epidemic. RA644 .A25 W4 1988

"We care: a video for care providers of people affected by AIDS." Women's AIDS Video Enterprise (WAVE) Videorecording. 32 min. New York: USA Studios, 1990 Offers basic information, advice and practical support to care providers of people affected by HIV/AIDS. Dispels some common myths and addresses fears in a down-toearth and understandable way. An HIV positive woman gives a tour of her home to demonstrate how little things have changed for her or her family now that she is HIV positive. This video is geared toward care providers, but can be used with a wide audience.

RC607 .A26 W4

"What do you know about acquired immune deficiency syndrome: The national AIDS awareness test." Videorecording. 120 min. New York: Distributed by Metropolitan Life, 1987. Hosted by broadcast journalist Steve Bell and actress Morgan Fairchild. A two-hour program originally shown on TV which features a multiple choice test format. There are 55 questions in nine categories: the Epidemic; Who Gets It?; How You Get It; Safe Sex; the Bloodstream; What Happens to You; the Cost; the Blood Test; AIDS and You. Answers to these questions are discussed by medical experts. questions. Appropriate for high school on up. RC607.A26 W4 1987

"When the family gets AIDS." Bill Stenger, Slawomir Grunberg. Videorecording. 28 min. Ithaca, NY: Keylight Productions, 1988.

Documents a year in the life of the Stenger family. RC607 .A26 W43 1988 -34-

"With loving arms." Child Welfare League of America, State of the Art, Inc. Videorecording. 19 min. Washington, DC: State of the Art, Inc.: Child Welfare League of America, 1989. RC607 .A26 W5 1989

"Women with AIDS." Phil Donahue Films for the Humanities. Videorecording. 28 min. Princeton, NJ: Films for the Humanities, 1987.

From the television program: Donahue. A panel discusses AIDS in women. The panel includes a husband and wife, former I.V. drug users, with ARC; a former I.V. drug user/prostitute with AIDS; a former I.V. drug user with ARC whose infant baby tested positive for the virus, but later tested negative; a single female reporter who wrote an article on AIDS prevention; and an M.D. who works in an AIDS program. RC607.A26 W6 1987

RECENT ADDITIONS TO THE AIDS RESOURCE LIBRARY'S COLLECTION

BOOKS:

Acquired immune deficiency syndrome: biological, medical, social, and legal issues. Gerald Stine 462p Englewood Cliffs, NJ: Prentice Hall, 1993. RC607 .A26 S75 1993

AIDS. a communication perspective. Timothy Edgar, editor. 263p Hillsdale, NJ: Lawrence Erlbaum Associates, Publishers, 1992. RA644, A25 A2863 1992

AIDS: a guide for survival. Harris County Medical Society, Houston Academy of Medicine. 90p Houston, TX: Harris County Medical Society and Houston Academy of Medicine, 1992.

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AIDS in Africa: its present and future impact. Tony Barnett, Piers Blaikie. 193p New York: The Guilford Press, 1992.

RA644 .A25 B35 1992b

AIDS prevention through education: a world view. Jaime Sepulveda, editor. 382p. New York: Oxford University Press, 1992.

RA644 .A25 P3654 1992

AIDS: problems and prospects. Lawrence Corey, editor. 162p New York: W.
 W. Norton & Co., 1993.
 RC607, A26 A34883 1993.

AIDS treatment news, volume 2: issues 76 through 125, April 1989 through April 1991. John S. James. 627p Berkeley, CA: Celestial Arts, 1991. RC607 .A26 J35 1989 v. 2

Circle of hope: our stories of AIDS, addiction, & recovery. Perry Tilleraas. 364p San Francisco, CA: Harper & Row, Publishers, 1990.

The color of light. Perry Tilleraas, 350p New York: HarperCollins Publishers, 1988.

BV 4910.3 T54 1988

Condoms in the schools. Sarah E. Samuels, editor. 137p Menlo Park, CA: Henry J. Kaiser Foundation, 1993. HQ57.5.C66 1993

Conference summary report: VIII International Conference on AIDS/ III STD World Congress, Amsterdam, the Netherlands 19-24 July 1992. Harvard AIDS Institute, Dutch Foundation AIDS Conference 1992. 64p Amsterdam, the Netherlands: CONGREX Holland B. V., 1992.

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Dictionary of AIDS related terminology. Jeffrey T. Huber, 165p New York: Neal Schuman Publishers, Inc., 1993.

RC607 .A26 H895 1993

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RA644 .A25 156 1992 V. 1 RA644 .A25 156 1992 V. 2 RA644 .A25 156 1992 V. 3

The essential HIV treatment fact book. Laura Pinsky, Paul Harding Douglas. 448p New York: Pocket Books, 1992. PC607, 426 D60, 1000

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Evaluation and management of early HIV infection. U.S. Agency for Health Care Policy and Resarch, U.S. Dept. of Health and Human Services. 196p Rockville, MD: U.S. Dept. of Health and Human Services, 1994. RC607 .A26 E9 1994

HIV positive: perspectives on counseling. Marot Tallmer, editor. 213p Philadelphia: The Charles Press, Publishers, 1991. RC607 .A26 H577 1990

HIV+: working the system. Robert A. Rimer, Michael A. Connolly. 236p. Boston: Alyson Publications, Inc., 1993. RC607 A26 R545 1993

HIV prevention and AIDS education: resources for special educators. Elizabeth Byrom, Ginger Katz, editors. 34p Reston, VA: The Council for Exceptional Children, 1990.

RA644 .A25 H58 1990

The HIV test: what you need to know to make an informed decision. Marc E. Vargo 143p New York. Pocket Books, 1992.

RC607 .A26 V36 1992

HIV/AIDS: the evolution of the pendemic, the evolution of the response. U.S. Agency for International Development, Program for Prevention and Control of HIV Infection. 55p. Washington, D.C.: The Agency, 1993.

RA644 .A25 H58 1993

Immune power, a comprehensive treatment program for HIV. Jon Kaiser, 240p. New York: St. Martin's Press, 1993.

RC607 .A26 K35 1993

In the midst of winter. Gillian Walker 362p New York: W. W. Norton & Co., 1991.

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The invisible epidemic: the story of women and AIDS. Gena Corea, 356p, New York: HarperCollins Publishers, 1992.

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Living in hope: a 12-step approach for persons at risk or infected with HIV. Cindy Mikluscak-Cooper, Emmett Miller, 319p Berkely, CA: Celestial Arts, 1991.

RC607 .A26 M54 1991

Management of HIV infection in infants and children. Ram Yogev, Edward. Conner. 639p. St. Louis: Mosby Year Book, 1992.

RJ387 .A25 M26 1991

Manual de recursos para el SIDA. Elly Bulkin, Dora Gomez, Benjamin Guzman. 220p New York: New York State Dept. of Social Services, 1993. RC607 .A26 M362 1993

Multicultural human services for AIDS treatment and prevention. Julio Morales, Marcia Bok. 122p New York: Harrington Park Press, 1992. RA644 A25 M855 1992

Muses from chaos and ash: AIDS, artists, and art. Andrea R. Vaucher. 260p. New York: Grove Press, 1993.

NX504.V38 1993

National HiV seroprevalence surveys: summary of results: data from serosurveillance activities through 1989. Centers for Disease Control. 26p Atlanta, GA: U.S. Department of Health and Human Services, 1990. RA644 .A25 N37 v. 1

National HIV serosurveillance summary, volume 2⁻ results through 1990. Centers for Disease Control. 36p Atlanta, GA: U.S. Deptartment of Health and Human Services, 1991. HV644 .A25 N37 V. 2

Needle exchange. Jeff Stryker, Mark D. Smith, editors. 182p Menlo Park, CA: H. J. Kaiser Family Foundation, 1993.

RA 644 .A25 N43 1993

Pediatric HIV continuum of care study: final report, July 10, 1992. New York State Department of Health, Bureau of HIV Health Care. Albany, NY. Center for Health Policy Studies, 1992.

RJ387 .A25 P4 1992

Preventing HIV transmission in health care settings. National Commission on Acquired Immune Deficiency Syndrome. 47p. Washington, D. C.: National Commission on AIDS, 1992.

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The public health impact of needle exchange programs in the United States and abroad. School of Public Health, University of California. 521p Berkeley, CA: The Regents of the University of California, 1993. RA644 A25 S37 1993

The public health impact of needle exchange programs in the United States and abroad: summary, conclusions and recommendations. School of Public Health, University of California. 43p Berkeley, CA: The Regents of the University of California, 1993. RA644 A25 S372 1993

Ricky sexual behaviors among African-Americans. Ernest H. Johnson, 180p Westport, CT: Praeger, 1993.

RA644 A25 J63 1993

The slow plague: a geography of the AIDS pandemic. 228p Cambridge, MA: Blackwell Publishers, 1993.

RA644 A25 G685 1993

The social impact of AIDS in the United States. National Research Council 322p Washington, D. C., National Academy Press, 1993.

RA644 .A25 N27 1993

VIDEOS:

"Alicia." David Garcia Productions, KCET, Latino Consortium, Current Affairs Multimedia. Videorecording 21 min Los Angeles, CA: Current Affairs Multimedia, 1990.

In Spanish. The story of a woman who contracts HIV from her IVDU husband and passes the disease on to her child in utero.

RC607 .A26 A4 1990

"Bottom line: AIDS information for college students." New York State Department of Health. Videorecording 35 min. Albany, NY: New York State Department of Health.

This video uses dramatizations, interviews and other approaches to inform college students of risky behaviors, modes of HIV transmission, ways to avoid infection, and benefits of testing and early treatment,

RC607 .A26 B6

"Choices; HIV testing for women and children." New York State Department of Health. Videorecording 23 min Albany, NY: New York State Health Department, 1990.

Drama portraying six women at risk for HIV/AIDS, their decisions about HIV testing, and its impact on their lives.

RC607_A26_C45_1990

"Clean needles save lives: drug users doing it for ourselves." Gay Men's Health Crisis, Inc. Videorecording 29 min New York: Gay Men's Health Crisis, 1991.

Depicts community-based HIV prevention programs for intravenous drug users in New York City, Reflects "harm-reduction" approach and includes coverage of a needle exchange program. Techniques for sterilizing used syringes are demonstrated.

RA644 A25 C55 1991

"Counseling challenges of early HIV infection." Burroughs Wellcome Company, World Health Communications, Inc. Videorecording 48 min Resaerch Triangle Park, NC: Burroughs Wellcome Co., 1992 Discusses the facts of living with HIV, the benefits of early intervention, the value of social support in dealing with anxiety, and the elements of selfcare.

RC607 .A26 C6 1992

"Eating defensively: food safety advice for persons with AIDS." U.S. Food & Drug Administration, Centers for Disease Control, National AIDS Information Clearinghouse. Videorecording 14 min Washington, D.C.: The Administration and the Centers. 1989.

Teaches the hazards of unclean or undercooked food for any immunocompromised patient. Gives recommendations on food selection and preparation. Applies to cancer patients and weak patients as well as those with AIDS.

"HIV and the health care worker." Julie Louise Gerberding, John M. Luce. Videorecording 33 min Research Triangle Park, NC: Glaxo Inc., 1992

Techniques that medical personnel performing invasive procedures or contacting blood can use to avoid HIV infection: suggests procedures to follow when worker has accidentally been exposed to HIV on the job.

RC607 .A26 H5 1992

"I have AIDS: a teenager's story." Children's Television Workshop. Videorecording: 29 min: New York: Children's Television Workshop, 1989.

The story of Ryan White of Kokomo, Indiana, who contracted HIV from a blood tranfusion. Ryan answers questions asked by his school friends about AIDS. Learn why one need not be afraid to go to school with a student who has AIDS.

RJ387 .A25 12 1989

"Jugandose la vida: la razon por la cual los drogadictos deben informarse sobre el SIDA " New York State Department of Health, Division of Substance Abuse Services. Videorecording 15 min Albany, NY: New York State Department of Health. 1990

"Set in a New York barrio, this short drama about an intravenous drug user shows how communication between friends about AIDS can create behavioral change." In Spanish.

RA644 .A25 J8 1990

"Las poblacion ignorada: mujeres CON SIDA." Hector Galan, Galan Productions, Inc., KCET. Videorecording 29 min Los Angeles, CA: Galan Productions, Inc., KCET, 1990.

Hispanic American women are being increasingly infected with HIV and subsequently developing AIDS. More than half of these women are IV drug users and others are infected by husbands or lovers. Decribes the experiences and difficulties encountered by these women and informs viewers about the consequences of behavior that can expose them to AIDS. RA644 .A25 P6 1990

"A positive influence." Greater Los Angeles Council on Deafness. Videorecording: 48 min. Los Angeles, CA: The Council, 1992.

Open-captioned; signed with subtitles. In this dramatization a young deaf woman and her family educate themselves and others about HIV/AIDS after she tests positive for the virus. Cast includes Louise Fletcher.

RC607 .A26 P6 1992

"The psychology of treating patients with HIV disease." Burroughs Wellcome Company, World Health Communications, Inc, Videorecording 20 min NV: Burroughs Wellcome Company, 1989.

Designed for health care professionals. Discusses the characteristics of HIV depression and guidelines for combatting it.

RC607 .A26 P68 1989

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AIDS SURVIVAL PROJECT TREATMENT RESOURCE LIBRARY

INDEX OF BOOKS

ACUPUNCTURE WITHOUT NEEDLES (J.V.Cerney - 1983)

ADVICE FOR LIFE - A Woman's guide to AIDS Risks and Prevention. (Chris Norwood - 1987)

AIDS - A CATHOLIC CALL FOR COMPASSION (Eileen P. Flynn - 1985)

AIDS - A GUIDE FOR SURVIVAL (An educational program sponsored by physicians - 1988)

AIDS - A SELF-CARE MANUAL (BettyClare Moffat, Judith Spiegel, Steve Parrish, Michael Helquist - 1987)

AIDS AND CHINESE MEDICINE (Qingcai Zhang, Hong-yen Hsu - 1990)

AIDS AND THE LAW (Harlon L. Dalton, Scott Burris, Yale AIDS Law Project - 1987)

AIDS BUREAUCRACY, THE (Sandra Panem - 1988)

AIDS EPIDEMIC, THE (Kevin M. Cahill - 1983)

AIDS EPIDEMIC, THE (Padraig O'Malley - 1989)

AIDS HEALTH SERVICES AT THE CROSSROADS - Lessons for Community Care (The Robert Wood Johnson Foundation - 1972)

AIDS IN THE WORLD - A Global Report (Jonathan Mann, Daniel Tarantola, Thomas Netter - 1992)

AIDS LIFELINE (National AIDS Network - 1987)

AIDS PHOBIA (Hans Jager - 1988)

AIDS - PUBLIC POLICY DIMENSIONS (United Hospital Fund - 1987)

AIDS - TERROR, TRUTH, TRIUMPH (Michael L. Culbert - 1986)

AIDS - THE DEADLY EPIDEMIC (Graham Hancock & Enver Carim - 1987)

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AIDS - THE MYSTERY & THE SOLUTION (Alan Cantwell, Jr. - 1984)

AIDS - THE ULTIMATE CHALLENGE (Elizabeth Kubler-Ross - 1987)

AIDS - TRADING FEARS FOR FACTS - A Guide for Teens (Keren Hein, Theresa Foy Digeronimo - 1989)

AIDS TREATMENT NEWS - Issues 1 through 75 (John S. James - 1989)

AIDS - YOU CAN'T CATCH IT HOLDING HANDS (Niki de Saint Phalle - 1987)

AIDS - YOUR CHILD & THE SCHOOL (Danek S. Kaus and Robert D. Reed - 1986)

ASPECTS OF ALCOHOLISM (J.B. Lippincott Company - 1963)

ASPECTS OF ANXIETY (J.B. Lippincott Company - 1965)

BASIC MICROBIOLOGY - Fifth Edition (Volk & Wheeler - 1984)

BODY AND MIND (Keith Campbell - 1970)

CANDIDA ALBICANS YEAST-FREE COOKBOOK, THE (Pat Comolly - 1985)

CAREGIVERS' JOURNEY, THE - When You Love Someone With AIDS. (Mel Pohl, Deniston Kay, Doug Toft - 1991)

CARING FOR THE PATIENT WITH CANCER - At Home, A Guide for Patients and Families. (American Cancer Society)

CELL PHYSIOLOGY (Giese - 1968)

CHILDREN AND THE AIDS VIRUS - A Book for Children, Parents & Teachers. (Rosemarie Hausherr - 1989)

CHURCH AND THE HOMOSEXUAL, THE (John J. McNeill - 1976)

COLON HEALTH: THE KEY TO A VIBRANT LIFE (Norman W. Walker - 1979)

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CONFESSIONS OF A KAMIKAZE COWBOY (Dirk Benedict - 1987)

COPING WITH AIDS - Psychological and Social Considerations in Helping People with HTLV-III Infection - 1987)

DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS (American Psychiatric Association - 1987)

DIAGNOSTICS - Patient Preparation, Interpretation, Sources of Error, Post-Test Care. (Nurses reference Library - 1983)

DIAGNOSTIC TESTS - Clinical Pocket Manual (Nursing85 Books - 1985)

DIET FOR A SMALL PLANET (Frances Moore Lappe - 1982)

DISCOVER YOUR SELF-CONFIDENCE (Robert H. Schuller - 1978)

DRUGS AND NURSING IMPLICATIONS (Laura E. Govoni, Janice E Hayes -1971)

EVALUATION AND MANAGEMENT OF EARLY HIV INFECTION (U.S. Dept of Health and Human Services - 1994)

EATING HINTS - Recipes and Tips for Better Nutrition During Cancer Treatment. (U.S. Dept of Health and Human Services - 1987)

EATING WISELY EATING WELL - A Guide to Healthy Eating for the HIV-Positive Person. (Ron Smith, William Brandon - 1991)

EPIDEMIC OF COURAGE - Facing AIDS in America (Lon G. Nungesser - 1986)

FACE TO FACE - A Guide to AIDS Counseling (James Dilley, Cheri Pies, Michael Helquist - 1989)

FIRST LIGHT (Peter Ackroyd - 1989)

GAY MEN'S HEALTH - A Guide to the AID Syndrom & Other Sexually Transmitted Diseases. (Jeanne Kassler - 1983) GUIDE TO MEDICAL TERMINOLOGY (Wallace and Anne Clark - 1956)

HEALING MIRACLES FROM MACROBIOTICS - A Diet for All Diseases (Jean Charles Kohler and Mary Alice Kohler - 1979)

HIDDEN CAUSES OF IMPOTENCE, THE (The Institute of Human Health & Wellness - 1986)

HIV (R.D. Westaway - 1991)

HOME CARE FOR THE DYING - An Authoritative, Reassuring Guide to Physical and Emotional Care (Deborah Whiting Little - 1985)

HOMOSEXUAL MATRIX, THE (C.A. Tripp - 1976)

HOPEFUL LIVING - How To Put Regeneration to Work in your Life (Bob Rodale - 1987)

HOSPICE - A Handbook for Families and others facing terminal illness. (Elisabeth Kubler-Ross - 1983)

HOW TO START WORRYING AND START LIVING (Dale Carnegie - 1953)

HOW TO GET CONTROL OF YOUR TIME AND YOUR LIFE (Alan Lakein - 1973)

HOW TO BE YOUR OWN NUTRITIONIST (Stuart M. Berger - 1987)

INFECTIOUS DISEASES OF THE FEMALE GENITAL TRACT (Richard Sweet, Ronald Gibbs - 1985)

INTERNATIONAL CONFERENCE ON AIDS, III (U.S. Dept of Health and Human Services - 1987)

INTERNATIONAL CONFERENCE ON AIDS, III - Subject Index to Abstracts (U.S. Dept of Health and Human Services - 1987)1985)

INTERPERSONAL CHANGE - A Behavioral approach to nursing practice (Maxine Loomis and JoAnne Horsley - 1974)

INTRAVENOUS MEDICATIONS - A Handbook for nurses and other allied health personnel (Betty L Gahart - 1981)

INTRODUCTION TO ARRHYTHMIA RECOGNITION (California Heart Association - 1968)

INVISIBLE EPIDEMIC, THE - The Story of Women and AIDS (Gena Corea - 1992)

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LIFT UP YOUR HEART - A Treasury of inspiration and comfort (Ralph L. Woods - 1971

LIVING SOBER - Some methods A.A. members have used for not drinking (A.A. World Services - 1975)

LIVING WITH THE AIDS VIRUS - A Strategy for Long-Term Survival (Parris Kidd, Wolfgang Huber - 1991)

LIVING WITH AIDS - A Self-Care Manual (AIDS Project Los Angeles)

LIVING WITH AIDS - Reaching Out (Tom O'Connor with Ahmed Gonzalez-Nunez - 1987)

MANAGEMENT OF HIV INFECTION TREATMENT TEAM WORKSHOP HANDBOOK

MEDICASL CLINICS OF NORTH AMERICA, THE (Burroughs Wellcome Co - 1990)

MENTAL DISORDERS - Diagonostic and Statistical Manual (American Psychiatric Association - 1968)

MIND OF THE CELLS, THE - Willed Mutation of our Species (Satprem - 1981)

NEUROLOGICAL AND NEUROSURGICAL NURSING (Barbara Lang Conway-Rutkowski - 1982)

NO TIME TO WAIT - A Complete Guide to Treating, Managing and Living with HIV Infection. (Nick Siano with Suzanne Lipsett - 1993)

NUTRITIONAL DATA (H.J.HEINZ COMPANY - 1960)

ON BEING DIFFERENT - What it means to be a Homosexual (Merle Miller - 1971)

ON DEATH AND DYING - What the dying have to teach doctors, nurses, clergy and their own families. (Elisabeth Kubler-Ross - 1969)

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OUT OF THE CLOSETS - Voices of Gay Liberation (Karla Jay and Allen Young - 1977)

PERSONAL DISPATCHES - Writers confront AIDS (John Preston - 1988)

PHYSIOLOGY OF THE HUMAN BODY (Guyton - 1979)

PLAGUE YEARS, THE- A Chronical of AIDS, The Epidemic of our Times. (David Black - 1985)

PLAIN WORDS ABOUT AIDS (Wm Hovey Smith - 1988)

POCKET GUIDE TO NURSING DIAGNOSES (Mi Ja Kim, Gertrude McFarland, Audrey McLane - 1984)

POCKETBOOK OF INFECTIOUS DISEASE THERAPY (John G Bartlett - 1991)

POSITIVE EMOTIONAL POWER (Stanley Ainsworth - 1981)

PRODUCTIVE LIVING STRATEGIES FOR PEOPLE WITH AIDS (Michael Pizzi, Jerry Johnson - 1990)

PSYCHO-CYBERNETICS - A New Way to Get More Living Out of Life (Maxwell Maltz - 1977)

QUESTIONS AND ANSWERS ON DEATH AND DYING (Elisabeth Kubler-Ross - 1974)

REAL TRUTH ABOUT WOMEN AND AIDS, THE - How to Eliminate the Risks Without Giving Up Love and Sex (Helen Singer Kaplan - 1987)

RECIPIES FOR A SMALL PLANET (Ellen Buchman Ewald - 1973)

RECOVERING FROM RAPE - Practical Advice on Overcoming the Trauma and Coping with Police, Hospitals, and Court-for Survivors of Sexual Assualt and for their Famililes, Lovers, and Friends. (Linda Ledray - 1986) REGENERATION OF HEALTH AND THE HUMAN SPIRIT (Prevention Regeneration Project - 1986)

RESPIRATORY EMERGENCIES (Kenneth M Moser, Roger Spragg - 1982)

P.8

REVELATIONS - A Collection of gay male coming out stories. (Wayne Curtis - 1988)

RISK AND RECOVERY - AIDS, HIV and Alcohol (Marcia Quackenbush, J.D.Benson - 1992)

SAFE SEX IN A DANGEROUS WORLD - Understanding and coping with the threat of AIDS. (Art Ulene - 1987)

SEARCH FOR THE VIRUS, THE - The Scientific Discovery of AIDS and the Quest for a Cure. (Steve Connor and Sharon Kingman - 1989)

SEAT OF THE SOUL, THE (Gary Zukav - 1989)

SELF-LOVE (ROBERT H. SCHULER - 1969)

SERENITY - Challenging the Fear of AIDS from Despair to Hope. Support and Guidance for People with HIV, Their families, friends, and caregivers. (Paul Reed - 1986)

SEX AND THE AMERICAN TEENAGER (Robert Coles & Geoffrey Stokes - 1985)

SEX POSITIVE - A Gay contribution to Sexual and Spiritual Union (Larry J. Uhrig - 1986)

STRANGE VIRUS OF UNKNOWN ORIGIN, A (Jacques Leibowitch - 1984)

SURGEON GENERAL'S REPORT ON NUTRITION AND HEALTH, THE (U.S. Dept of Health and Human SErvices - 1988)

TAKE THIS BOOK TO THE HOSPITAL WITH YOU (Charles Inlander and Ed Weiner - 1985)

THANKSGIVING - An AIDS Journal (Elizabeth Cox - 1990)

THINKING AIDS - The Social Response to the Biological Threat (Mary Catherine Bateson and Richard Goldsby - 1988)

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TURNING YOUR STRESS INTO STRENGTH (Robert H. Schuller - 1978)

UNDERSTANDING THE IMMUNE SYSTEM (U.S. Dept of Health and Human Services - 1990)

UNDERSTANDING AND PREVENTING AIDS - A Book for Everyone (Chris Jennings - 1988)

WHAT TO DO ABOUT AIDS j- Physicians and Mental Health Professionals Discuss the Issues. (Leon McKusick - 1986)

WHEN BAD THINGS HAPPEN TO GOOD PEOPLE (Harold S. Kushner - 1981)

WHERE THE WIND BLOWS FREE... Reopened (Gordon H. Barker - 1989)

WOMEN, AIDS & ACTIVISM - The ActUp/NY Women & Aids Book Group - 1990

WOMEN AND HIV/AIDS - An International Resource Book (Marge Berer - 1993)

YOU CAN DO SOMETHING ABOUT AIDS (Sasha Alyson - 1988)

Appendix 4: A Selected Guide to HIV/AIDS Bulletin Board Systems

AIDS information projects can benefit from electronic bulletin boards and Internet resources that include information about HIV and AIDS. This appendix does not include every system available, but provides an entry point for locating information.

Guide to Selected AIDS-Related Electronic Bulletin Boards and Internet Resources*

This is a guide to selected electronic bulletin boards and Internet resources containing information about HIV infection and AIDS. This guide is not a complete listing of all computerized AIDS-related services, but has been prepared as an introduction to the subject and can be used as a starting point to locate information. This document was prepared by the CDC National AIDS Clearinghouse (CDC NAC). Inclusion of a service does not imply endorsement by the Centers for Disease Control and Prevention, CDC NAC, or any other organization.

Introduction to Electronic Bulletin Boards

Electronic bulletin board systems, often called BBS's or bulletin boards, are computerized information services that are accessed by using a computer, a modem, and a telephone line. The Internet is a huge network of computerized services described in more detail later in this guide. Both technologies meet today's demands for current news on HIV infection and AIDS and provide a convenient means for information exchange among professionals, volunteers, and individuals involved in the fight against AIDS.

BBS's and computer networks can consist of any of the following features: electronic mail, bulletin board forums, searchable databases, and transferrable information files. Electronic mail, also called *email*, is a convenient way of sending private messages to others using the same system. Bulletin board forums, sometimes called conferences, are interactive systems for posting public messages to groups of users connected to the same system. Searchable databases can sometimes be accessed through BBS's and networks, providing a quick means of obtaining specific information such as bibliographic references, full-text articles, and information about organizations. Text files of information can be downloaded from most systems, then later edited and/or printed at the user's computer.

To access a BBS, your computer (IBM-compatible or Macintosh) must be equipped with a modem (external or internal; preferably 9600-baud or greater) and communications software (such as ProComm, CrossTalk, or Red Ryder). The modem must be connected to the computer and to a phone line. It is optimal, but not necessary, to use a phone jack separate from any telephones; the phone and the modem can use the same phone line, but not simultaneously. Unless your organization is linked to the Internet with a direct connection (as a "node"), you will also need a modem and software to link to an Internet access point.

^{*}Information in this guide is current as of October 28, 1994. If you have any changes, additions, or comments about this guide, contact John Fanning or David Jackson at the CDC National AIDS Clearinghouse, P.O. Box 6003, Rockville, MD 20849-6003; (800) 458-5231; Fax: (301) 738-6616.

CDC NAC ONLINE

CDC NAC ONLINE is the computerized information network of the CDC National AIDS Clearinghouse and gives non-profit AIDS-related organizations direct computerized access to the CDC NAC and its information and bulletin board services. It contains the latest news and announcements about many critical AIDS- and HIV-related issues, including prevention and education campaigns, treatment and clinical trials, legislation and regulation, and upcoming events. CDC NAC ONLINE provides direct access to CDC NAC databases, such as the Resources and Services Database of organizations providing AIDS-related services. The system also features electronic mail and interactive bulletin board forums, and is the original source of the *AIDS Daily Summary* newsclipping service.

CDC NAC ONLINE users include U.S. Public Health Service agencies, universities, health departments, community-based organizations, and other organizations working in the fight against AIDS. CDC NAC ONLINE is a free service and can be accessed by dialing a toll-free number. Users must first obtain a username and password. For a registration form or more information, call the Clearinghouse at (800) 458-5231.

Electronic Bulletin Boards

Unless otherwise stated, services are free. The phone number listed at the top right of each record is the data-line that can be dialed with a modem. Some of these BBS's provide access to national forums. Messages posted on these forums are "echoed" on networks linking BBS's throughout the country. Examples of these forums include the FidoNet AIDS/ARC forum, the UseNet Sci.med.aids newsgroup (available on Internet as the AIDS listserv), the GayCom, Studsnet, Pridenet, and other large affiliated networks.

News, electronic mail, and an open forum. Anyone can access AIDS Info BBS free. For more information, contact Ben Gardiner, AIDS Info BBS, P.O. Box 1528, San Francisco, CA 94101.

AtlantaLink BBS Atlanta, GA; (404) 355-3117 AtlantaLink BBS is a computerized bulletin board for Metro Atlanta AIDS service providers and is provided free of charge by the Pride Medical Group. AtlantaLink provides access to AIDS Daily Summaries, AIDS-related newsletters, graphics files, and discussion groups. For more information contact Pride Medical Group at 404-355-3788 or 404-355-6370 (Fax).

Boston AIDS Consortium SPIN **Boston, MA; (617) 432-2511** SPIN, or Service Provider Information Network, is maintained by the Boston AIDS Consortium. It includes *AIDS Treatment News*, statistics from CDC, and other AIDSrelated information. Anyone can access SPIN by connecting online and typing the username "SPIN." For more information, contact Harvard School of Public Health, 677 Huntington Ave., Boston, MA 02112, (617) 432-0885.

Computerized AIDS Ministries Resource Network (NetWyork, NY; (212) 222-2135 The "CAM Resource Network" is sponsored by the Health and Welfare Ministries Program Department, General Board of Global Ministries, The United Methodist Church. It includes all FOCUS papers produced by Health and Welfare, as well as many other files related to AIDS issues from a religious perspective. Organizations and other users who can not afford the toll call can connect by dialing (800) 542-5921. For more information, contact Rev. Charles Carnahan, Health and Welfare Ministries Department, General Board of Global Ministries, The United Methodist Church, Room 350, 475 Riverside Drive, New York, NY 10115; (212) 870-3909; Fax: (212) 870-3873.

For more information and a user registration form, write to CDC WONDER Customer Support, 1600 Clifton Road, NE, MS F-51, Atlanta, GA 30333; (404) 332-4569.

Critical Path AIDS Project BBS **Philadelphia, PA; (215) 563-7160** The Critical Path AIDS Project has developed an electronic bulletin board for persons with AIDS, researchers, health-care providers, and others. It includes an extensive series of forums and downloadable files including primarily resource and treatment information. Anyone can access the system free of charge by typing "BBS" when first connecting to the system. A 9600-baud connection can be made by dialing (215) 463-7162. A user's manual is available. Internet e-mail and Usenet groups are now available. For more information, contact Critical Path AIDS Project, 2062 Lombard St., Philadelphia, PA 19146, (215) 545-2212.

DAIMP Los Angeles, CA; (310) 825-3736 DAIMP is the Drug Abuse Information Monitoring Project sponsored by the state of California and maintained by the University of California at Los Angeles, Psychiatry Department. It includes general information about AIDS as well as several documents covering AIDS in the workplace issues. Much information about drug abuse trends is available. Call (310) 825-9057 for more information.

FDA Electronic Bulletin Board Toll-free; (800) 222-0185 The Food and Drug Administration operates a publicly accessible electronic bulletin board. Included are a limited number of press releases related to AIDS, such as those announcing new drug approvals. To access, dial the above modem and enter "BBS" at the "Login" prompt. Local users in the Washington, D.C.-metropolitan area should call (301) 227-6849. Those on an FTS2000 line should dial FTS-394-6849 or 394-5657. There is no charge and users can connect at up to 9600 baud. A users manual and technical support are also available. For more information, contact the FDA Press Office, 5600 Fishers Lane, Rockville, MD 20857. The bulletin board is also accessible through the Internet.

FedWorld Washington, DC; (703) 321-8020 FedWorld is sponsored by the U.S. National Technology and Information Agency and contains a gateway to over 120 Federal BBS's, including the OASH BBS (see page 6), the Indian Health Service BBS, etc. It also has several libraries of files, including reports from the White House. Connections up to 9600 baud are available. More information about FedWorld Helpdesk can be obtained by calling (703) 487-4608. FedWorld is also accessible through Internet.

documents and standards, and other information about preventing occupational exposure to HIV. Baud rates up to 9600 are available. For more information call the U.S. Department of Labor, Office of Information and Public Affairs at (202) 523-7343.

Matchmaker Mecca BBS East Brunswick, NJ; (908) 821-1684 Matchmaker Mecca is a gay/lesbian/bi board dedicated to online communication. It also contains special AIDS sections including a message board for research requests and discussion. Information includes CDC's *AIDS Daily Summary* and *Body Positive*. New users must first complete an online questionnaire. For more information, write Microwave, P.O. Box 7121, Edison, NJ 08818-7121.

Midwest AIDS & HIV Information Exchange Chicago, IL; (312) 772-5958 MAHIE is a free service for people living with HIV/AIDS, not-for-profit social service agencies, and medical professionals. MAHIE, an ORACOMM Plus BBS, has an online tutorial which guides new users through its system. It provides a database of service providers, services, and agencies; the *AIDS Daily Summary*; news from CDC and the National Institutes of Health (NIH); newsletters; and "Ask the Doctor" and "Ask the Nurse" services. For more information, write MAHIE, P.O. Box 146431, Chicago, IL 60614-6431; (312) 772-2207.

NIH Information Center Bethesda, MD; (800) 644-2271; (301) 480-5144 (MD only) The National Institutes of Health (NIH) operates a public BBS that contains information about NIH as well as files dealing with many health and disease topics, including AIDS. It consists of press releases, articles, and document summaries. This BBS can be accessed through the Internet via Fedworld. For additional information contact Dennis R od r i g u e s (301) 496-6610 or through Internet at dennis_rodrigues%nihod32.bitnet@cu.nih.gov.

Summary, and AIDS-related press releases and reports. For more information, contact ONAPC, Hubert Humphrey Building, Room 738-G, 200 Independence Ave., SW, Washington, DC 20201; (202) 690-6248.

More Information About Other Electronic Bulletin Boards

A comprehensive listing of publicly accessible electronic bulletin boards and related services can be found in *Norman Brown's Consolidated List of AIDS/HIV Bulletin Boards*. It is compiled for all people affected by HIV/AIDS and is updated monthly. It includes all BBS's that carry any of the AIDS-related echoes from the AEGIS, FidoNet, GayCom, or StudsNet networks, as well as a number of local BBS's. The list can be obtained from the Internet or as a downloadable file named with the letters "abbs" from these BBSs:

State	City	BBS Name	Phone Number
California	San Juan Capistrano	WORLD_HQ	 (714) 248-2836 (303) 623-4965 (302) 994-3772 (314) 893-6099 (315) 445-4710
Colorado	Denver	The Denver Exchange	
Delaware	Wilmington	Black Bag Medical BBS	
Missouri	Jefferson City	Doc in the Box	
New York	Syracuse	The Erie Canal BBS	

AEGIS/HIVNET/GENA

The AIDS Education and General Information System (AEGIS) is a network of BBS's (see AEGIS_WORLD_HQ, page 2) that echoes messages and exchanges files of HIV/AIDS information. The AEGIS network is a FidoNet member and re for publications on getting started on the Internet.

The latest version of the document, Where to Start for New Internet Users, is available by anonymous ftp from sluaxa.slu.edu, directory /pub/millesjg, filename newusers.faq, or from ubvm.cc.buffalo.edu, directory /NETTRAIN, filename NEWUSERS.FAQ. It may also be obtained by e-mail by sending a message to LISTSERV@UBVM.cc.buffalo.edu containing only the line: GET NEWUSERS FAQ NETTRAIN F=MAIL. Where to Start for New Internet Users is also available on the World-Wide Web (http://lawlib.slu.edu/newusers.htm).

Listed below are many AIDS-related services available through the Internet. Any user with an Internet account and username should be able to subscribe to mailing lists and request certain files by email. However, some services (FTP, telnet, and gopher) require a certain level of Internet access which may not be available on your system. If you have any questions, talk with the technical assistance staff of your Internet access provider.

The CDC National AIDS Clearinghouse maintains an Internet mailing list, through which it accepts reference questions, orders for free publications, and general inquiries. To correspond with the Clearinghouse, send mail to *aidsinfo@cdcnac.aspensys.com*."

Introduction to Internet Resources

The Internet is a vast network connecting thousands of smaller networks in hundreds of countries. In the United States, Internet links networks such as BITNET for academic institutions, the original Internet "backbone" NSF-NET (National Science Foundation Network), and commercial networks such as CompuServe and America Online. The early users of Internet gained access through educational, government, and research institutions. Increasingly, more individuals and businesses are included among Internet users accessing through commercial networks.

Gaining Access

Users can access the Internet in two ways: as a dial-up user or as a node. A node is a computer system that is directly linked to the Internet via a leased high-speed telephone line that is dedicated to that connection. Although costly, this gives those computers attached to the node full Internet capabilities. The system at the node can also act as a "host" to offer information services to other Internet users. The second method of Internet access is to dial into a node using a modem. A number of commercial online services offer some degree of this type of access (e.g., Delphi, CompuServe). Users connecting in this way are limited by the speed of their modem and by the indirect nature of the Internet link.

There are many commercial Internet access providers including MCIMail (800) 444-6245; CLASS (800) 488-4559; DELPHI (800) 695-4005; AT&T Mail (800) 242-6005; and Netcom (408) 554-8649. The following are lists of dial-up access providers which may be helpful:

PDIAL (Public Dialup Internet Access List) the most comprehensive list of Internet access providers for individuals and small organizations which have full Internet access, including FTP and Internet. Send an e-mail message containing the command "Send PDIAL" to info-deli-server@netcom.com.

Nixpub is a list of public access Unix systems. These systems often have Internet e-mail and many offer other Internet services as well. Send mail to: mail-server@bts.com text of mail should read "get pub nixpub." Users must access this service through a UNIX environment or send a message through e-mail.

The National Science Foundation has several lists of networks and other organizations providing access to full Internet services. Its "limited referral" list is devoted to dial-up access. Send mail to: info-server@nnsc.nsf.net text of mail to read: request: nsfnet topic: limited-referral request:end.

Applications

Electronic Mail: More users take advantage of electronic mail (email) on Internet than any of its other features. Any user registered with an Internet "address" can send electronic mail messages to any other user with an address. This includes users of the peripheral commercial services such as America Online. A very popular Internet service is the mailing lists, also known as *listservs*. Electronic journals or e-journals and books have recently been introduced in this framework.

File Transfer Protocol (FTP): Although email is very popular, most data traffic across the Internet is not from messages but from file transfers. The most important advantage of the Internet is that users in one location can take advantage of computerized resources at other sites, usually without having a registered account. For example, a user can download files from thousands of different systems.

Telnet: Telneting, or "remote login," is a way of logging on to a host at another location as if you were a computer resident on their system. For example, one can telnet to the National Library of Medicine and search its card catalog. Or one can create graphs on the National Weather Services computer.

Internet Tools: Until some recent programming breakthroughs, finding files and other resources about specific topics among all those sites used to be impossible. But new tools are making the Internet easier to use.

An *archie* is a database that can search all files available for FTP from any of the Internet nodes. *Hytelnet* is a tool to search telnet services. A *gopher* is a menu-based system for finding and accessing Internet resources. *Veronica* and *jughead* are tools to search many gopher menus at once.

Internet programmers are attempting to standardize the interfaces used to access systems and to develop more efficient ways of finding information. WAIS (Wide Area Information Service) provides indexed searching to a variety of types of Internet resources. Users can search for information using Boolean logic. WAIS also uses the client/server architecture with the standard Z39.50 protocol (to be a standard for indexing Federal information). World Wide Web (WWW or W3) is a hypertext-based system that links services across the Internet. Mosaic is a graphic interface for the World Wide Web.

For Additional Information:

There are numerous books and manuals for beginning Internet users. Check your public library or bookstore for publications on getting started on the Internet.

The latest version of the document, Where to Start for New Internet Users, is available by anonymous ftp from sluaxa.slu.edu, directory /pub/millesjg, filename newusers.faq, or from ubvm.cc.buffalo.edu, directory /NETTRAIN, filename NEWUSERS.FAQ. It may also be obtained by e-mail by sending a message to LISTSERV@UBVM.cc.buffalo.edu containing only the line: GET NEWUSERS FAQ NETTRAIN F=MAIL. Where to Start for New Internet Users is also available on the World-Wide Web (http://lawlib.slu.edu/newusers.htm).

Listed below are many AIDS-related services available through the Internet. Any user with an Internet account and username should be able to subscribe to mailing lists and request certain files by email. However, some services (FTP, telnet, and gopher) require a certain level of Internet access which may not be available on your system. If you have any questions, talk with the technical assistance staff of your Internet access provider.

The CDC National AIDS Clearinghouse maintains an Internet mailing list, through which it accepts reference questions, orders for free publications, and general inquiries. To correspond with the Clearinghouse, send mail to *aidsinfo@cdcnac.aspensys.com*.

Mailing Lists

Mailing lists, also known as *listservs* (short for "list server"), send messages to all registered subscribers. Users submit messages to the list server, which forwards copies of the message to all users on the mailing list. To subscribe, you must send a message to the addresses listed below. Leave the subject blank and type the indicated text in the body of the message. Where indicated, type your first name and then your last name.

AIDS News listserv@cdcnac.aspensys.com The CDC National AIDS Clearinghouse maintains a read-only mailing list for individuals who wish to receive AIDS-related documents from CDC, including the AIDS Daily Summary, selected Morbidity and Mortality Weekly Report articles, CDC National AIDS Hotline Training Bulletins, and factsheets. The listserv also distributes press releases from other Public Health Service agencies such as the National Institutes of Health. To subscribe, send the message "subscribe aidsnews firstname lastname" to the address above.

ACT-UP act-up-request@world.std.com ACT-UP uses this Internet listserv as a way of disseminating information about AIDS political and research issues. Its purpose is to facilitate a discussion of the work being done by the various ACT-UP chapters worldwide to announce events, to exchange ideas related to AIDS activism, and more broadly, to discuss the politics of AIDS and health care. This is not a public list; however, those interested in joining can inquire by sending an email message to the above address.

AEGIS read-only postings of news and info
AEGIS general discussion
Text of NLM AIDSDRUGS database
Text of NLM AIDSTRIALS database
AEGIS spiritual discussion
AEGIS discussion of women's issues
HIVNET Dutch language discussion and data
HIVNET French language discussion and data
HIVNET German language discussion
HIVNET read-only German language data
FidoNet discussion
FidoNet discussion
Discussion and announcements about lists and gateway

AEGIS/HIVNET Newsletter Mailing Lists majordomo@hivnet.org For Internet gateway users who do not have Gopher or FTP access, AEGIS/HIVNET provides mailing lists of AIDS-related newsletters. The lists are in principle open to everyone, although those who can gopher or FTP are encouraged to use these methods, to keep the load on the machine down (see later sections in this Guide regarding FTP and gopher resources). To subscribe to a list, mail to majordomo@hivnet.org, with a message body consisting of *subscribe xxxx-dist* where xxxx is the tag of one of the file areas.

alve-dist	Being Alive
ans-dist	AIDS Information Newsletter
atn-dist	AIDS Treatment News
bodypos-dist	Body Positive Newsletter (UK)
cati-dist	Community Aids Treatment Exchange
gmhi-dist	Gay Mens Health Crisis Treatment Issues
hicn-dist	Health Info Comm Newsletter
pos-dist	Body Positive Online Magazine
slgt-dist	Searchlight
summ-dist	CDC AIDS Daily Summary

AIDS Book Review Journal listserv@uicvm.uic.edu The AIDS Book Review Journal (AIDSBKRV) is an electronic publication that reviews books, videos and journal titles. Send the message "subscribe aidsbkrv *firstname lastname*" to the above address.

CTN Newsletter..... heath@hivnet.ubc.ca The Canadian HIV Trials Network issues this electronic version of their newsletter, available in French and English. The newsletter is released bimonthly and contains articles about ongoing clinical trials and other aspects of clinical research in Canada. To receive the newsletter, send an email message to the above address. Specify whether you would prefer the English or French version.

Gay/Lesbian/Bisexual/Transexual Listservs listserv@umdd.umd.edu For an extensive compilation of gay/lesbian/bi- and transsexual e-mail lists, send the following message to "listserv@umdd" (BITNET) or "listserv@umdd.umd.edu": "get lesbigay lists".

NIHGDE-L listserv@jhuvm.hcf.jhu.edu National Institutes of Health Guide to Grants and Contracts Listserv is now available to individual subscribers. Send the message "subscribe nihgde-l *firstname lastname*" to the above address. **Online Grief and Loss Network** rivendell@rivendell.org This is an online information and communications system that deals with death and dying, bereavement, and major losses, both physical and emotional. The system was built to give physicians, hospitals, hospices, mental health professionals, funeral homes, churches, educators, and the bereaved access to this critical information. To subscribe, send an email message to: rivendell@rivendell.org with the first line reading: subscribe rivendell your.email.address

SCI.MED.AIDS listserv@rutvm1.rutgers.edu This is the oldest and most active list. It includes the CDC's *AIDS Daily Summary* and many discussions about contemporary topics. Posting to this list is a good way to broadcast to a huge group. To join, send the message "subscribe aids *firstname lastname*" to the above address.

Womens Health Electronic Newsline listserv@uwavm.u.washington.edu WMN-HLTH -- womens health electronic news-line, started by the Center for Women's Health Research. Send subscription requests to the above address or to "listserv@uwavm.bitnet".

File Transfer Protocol (FTP)

Files can be obtained from many Internet sources using file transfer protocol (FTP). Users can log on to most FTP sites without a registered username: enter "anonymous" when asked for login name. Most sites request that you enter your username as a password for tracking purposes. With FTP, the user connects to a site, then changes directories and lists files as any user on that system would. After identifying a file to transfer, type "get *filename*" where *filename* is the file to be transferred. Some files, including those available on listservs, can be requested by email and are easier to obtain that way; send an email message to the specified address with the message "get *filename*" where *filename* is the file to be transferred.

By email:

AIDS Book Review Journal aidsbkrv@uicvm The AIDS Book Review Journal (AIDSBKRV) is an electronic publication that reviews books, videos and journal titles. Send the message "index aidsbkrv" to find out what files are available. Send the message "get aidsbkrv *filename*" to get the desired file.

and how to get them by email, send a message to the above address with the following commands on separate lines in the text of the message: "open"; "dir"; "get ABOUT.VECTOR"; "cd pub/QRD"; "dir"; "get 00README"; "quit".

By FTP:

CDC AIDS Public Information Data Set dawn.hampshire.edu This is an approximately 16 megabyte file containing an epidemiologic entry for every individual reported case of AIDS in the United States. It can be analyzed statistically with appropriate software. To obtain this file, FTP to the above site, change to the "/AIDS" directory, and give the command "get pids92q4.dat" for the file containing statistics through 1992. More current files will be online when they become available. Give the command "get pidsinfo.txt" for more information about the file and how to use it.

HIV/AIDS Surveillance Database ftp.ciesin.org The HIV/AIDS Surveillance Database produced by the Bureau of the Census's Center for International Research (CIR) is available via anonymous ftp from the Consortium for International Earth Science Information Network (CIESIN). For additional information, contact CIESIN User Services at (517)-797-2700 or Internet e-mail at CIESIN.info@ciesin.org. To get the file, FTP to the above address; change to the correct directory with the command "cd holdings/data-sets/100628.aids/dos"; issue the command "binary"; then issue the commands "get readme.1st" and "get aidsnet.exe". MMWR articles itsa.ucsf.edu Directory is /u4/aids.bbs Subdirectorys include "/articles" and /articles/govt, where one can find MMWR articles by date.

National Library of Medicine (NLM) Impubs.nlm.nih.gov See NLM factsheet at the conclusion of this guide for more information about NLM FTP.

Queer Resources Directory vector.intercon.com AIDS information is in the directory /pub/QRD/aids. Available information includes the *AIDS Treatment Directory* (subdirectory ATN). If you have any questions, send email to qrd@vector.intercon.com.

Telnet

Telnetting allows Internet users to remotely log on to other computer systems attached to the Internet. The user then accesses the host computer system as any computer physically linked to that system would.

NOTE: Many resources once accessible only through Telnet are now available through Gopher, World Wide Web, and Mosaic Servers.

FDA BBS **fdabbs.fda.gov** The Food and Drug Administration BBS described earlier in this document can be accessed by telnetting to the above address. Included are press releases related to AIDS, such as those announcing new drug approvals. For more information, contact the FDA Press Office, 5600 Fishers Lane, Rockville, MD 20857. To connect online to FDA BBS, dial (800) 222-0185 using a computer and a modem. The bulletin board is also accessible through the Internet: fdabbs.fda.gov. Login: *bbs*

FedWorld fedworld.gov The FedWorld BBS described earlier in the BBS section can be accessed by telnetting to the above address.

SEFAIN callcat.med.miami.edu The South East Florida AIDS Information Network contains information about local services, research programs, and other resources. Login as "library."

Gopher

Gopher is a tool which allows for tunneling through the Internet through a series of menu. It also helps you to access the resources it lists. Use Gopher to browse for resources using a system of menus. Gopher can Telnet or FTP for you. Access the University of Minnesota gopher server for an example of a gopher server (see below). Many institutions are operating gopher servers, so you really have your choice of where to begin. The HIV/AIDS information and resources Gopher points to are vast. The best way to learn about GOPHER and what it has to offer is to log onto one and go exploring. Here's one everyone will be interested in and a good place to begin tunneling. For more information on Gopher and its protocols, connect to the University of Minnesota gopher server at gopher.micro.umn.edu, port 70. This is also a good place to get into the gopher system. To access any of the gophers below, "point" to the address given.

AIDS Info BBS itsa.ucsf.edu The gopher at the University of California, San Francisco, serves as a host or gateway to over ten AIDS-related gophers. To reach them, point your gopher to the above address and select the menu option for "Bio and Medical Gophers," then the option for "HIV/AIDS Gophers." The gopher mirroring the AIDS Info BBS (see page 2) is listed as the "AIDS BBS Database."

Library of Congress MARVEL gopher marvel.loc.gov The Library of Congress (LC) Machine-Assisted Realization of the Virtual Electronic Library (MARVEL) is a Campus-Wide Information System that combines the vast collection of information available about the Library with easy access to diverse electronic resources over the Internet. Its goal is to serve the staff of LC, as well as the U.S. Congress and constituents throughout the world. It is available on the Internet and uses the Gopher software from the University of Minnesota.

Multicultural Bisexual Lesbian Gay Alliance Gopher gopher: uclink.berkeley.edu This server is maintained by the Multicultural Bisexual Lesbian Gay Alliance as a service to the University of California Berkeley and University of California bisexual/lesbian/gay community. This server provides a gateway to AIDS-related internet resources and national gay/lesbian information. Contact mblga@uclink.berkeley.edu, at 510.642.6942 (voice), at 510.643.6396 (fax) for additional information.

NIAID Gopher gopher.niaid.nih.gov The National Institutes of Health (NIH), National Institute of Allergy and Infectious Diseases (NIAID) has a gopher containing the AIDS Daily Summary, NIAID news releases, AIDS Treatment News, and other newsletters. It also has news and information from NIH. You can access it on some gophers by selecting Medicine and Health, then National Institutes of Health Gopher System (see below), then National Institute of Allergy and Infectious Diseases Gopher.

This server is maintained by the NIH Division of Computer Research and Technology (DCRT) and contains information useful to biomedical researchers at the NIH Bethesda Campus. Notable items of potential interest to the community-at-large include: *NIH Phone Book. *Information about postdoctoral research and training opportunities at NIH, from the NIH Office of Education. Molecular Biology databases (GenBank, PIR, Swiss-Prot, PDB, Prosite, LiMB, TFD).

Queer Resources Directory vector.intercon.com The Queer Resources Directory information described earlier has a gopher at address vector.intercon.com. If you have any questions, send email to grd@vector.intercon.com

The RuralNet Gopher menu structure is designed to emphasize rural health care and to meet the specialized interests of health care students, faculty, practitioners and staff. Rather than simply lumping all health science gophers into a single, multi-screen listing, the health care resources on the RuralNet gopher are sorted into the categories by subject area. Technical questions, problems, comments, suggestions or additions should be sent to Andy Jarrell or Mike McCarthy at gopher@musom01.mu.wvnet.edu or 304/696-7310.

WHO Gopher gopher.who.ch The World Health Organization (WHO) offers its bibliographic databases WHOLIS and WHODOC via Internet. WHOLIS is the bibliographical database of all WHO publications (also articles in several WHO periodicals and final reports and technical discussions of the World Health Assembly, Executive Board and Regional Committees) and unpublished technical documents of the headquarters and regional offices, and the Pan American Health Organization (PAHO). Publications of the International Agency for Research on Cancer (IARC), Lyon, and the Council for International Organizations on Medical Sciences (CIOMS), Geneva, are also included. WHODOC is a bimonthly update to WHOLIS. It is available for file transfer (ftp) in ASCII-format. After connecting to the above gopher address, select option "3" (WHO's Major Programmes); then option "7" (Library and Health Literature Services - HLT). One can also telnet to the above address and login as "gopher." For more information, send email to "gopher@who.ch" or "akazawa@who.ch".

University-wide AIDS Research Program (UARP) gopher.ucop.edu UARP is a state-funded AIDS research funding unit of the University of California. Currently posted information includes UARP's newsletter "News Brief" and requests for applications for various AIDS-related funded programs for investigators in the state of California. Once connected to the above gopher site, select "UC Systemwide Information Services," then "Universitywide News," then "Office of Health Affairs News," then "Special Research Programs," then "Universitywide AIDS Research Program." For more information, send email to "uarp@ucop.edu"

Mosaic and The Worldwide Web

The World Wide Web (WWW) is based on the model of Hypertext, which is text that is heavily cross-referenced or "linked," allowing you to read an article and jump to a related topic. WWW is a global hypertext system allowing links not only between different documents, but between different documents on different systems on different continents. The links can further be made to newsgroups, telnet services, gophers, archies and other Internet resources. And finally, the links or documents don't have to be textual at all they can as easily be to a digitized image, audio sound file, or video clip. In order to access this, users need at least a 286/386 computer and extensive amounts of memory versions.

Mosaic is a graphic interface for the World Wide Web that not only makes navigating the Internet easy, but also supports the use of other programs to view digitized images, video clips, and listen to sound files. It is currently available for X-Windows and the Macintosh, and most recently became available for the Microsoft Windows platform. You can get a copy of Mosaic software from software developers at the National Center for Supercomputer Applications at the University of Illinois at Urbana-Champaign using ftp to ftp.ncsa.uiuc.edu. At the login prompt, enter anonymous and at the Password: prompt enter your mailing address. At the command prompt, enter cd/Mosaic/Windows. The file you want is WMOS1_0.ZIP. There are some subdirectories listing viewers (LVIEW31.ZIP) and a sound player (WHAM131.ZIP) that you will also need. NCSA actually has a "demo page" on their system setup with links to an impressive number of World Wide Web sites. Simply click on this demo page from one of Mosaic's starting places and you will find a treasure chest of interesting hyperlinks. Any text in blue has a link and you can click on the text to actually connect to some other WWW site.

FedWorld www.fedworld.gov The FedWorld BBS described earlier in the BBS section is accessible through the WWW at the above address.

National Library of Medicine (NLM) www.nlm.nih.gov See NLM factsheet at the conclusion of this guide for more information about NLM FTP.

National Health Information Resources Center . www.os.dhhs.gov (158.70.252.2) The U.S. Department of Health and Human Services, Office of the Secretary, provides access to its World Wide Web server. This new Web server provides a centralized directory of Internet accessible services provided by the U.S. Department of Health and Human Services, Food and Drug Administration, and Social Security Administration. To access the server, set up your client to connect to: www.os.dhhs.gov (158.70.252.2). Gopher users are encouraged to try the gopher server mentioned in the last section of this document.

Other Online Services

Several publicly accessible commercial networks have AIDS-related forums, such as The Well (Whole Earth 'Lectronic Network), online registration: (415) 322-7398; GEnie (the General Electric Network for Information Exchange), voice phone: (800) 638-9636; CompuServe, voice phone: (800) 848-8990; and America Online, voice phone: (800) 227-6364.

Free-Nets

Freenets are open-access, free, community computer systems. One such system is the Cleveland Freenet sponsored by CWRU (Case Western Reserve University). There's no charge for the registration process and no charge to use the system. To register, telnet to any one of following addresses: freenet-in-a.cwru.edu freenet-in-b.cwru.edu freenet-in-c.cwru.edu

Freenets are community-based systems that provide electronic mail, bulletin boards, and other types of information access to members of the community at no charge. The Freenet idea originated with Dr. Tom Grundner, Dept. of Family Medicine at Case Western Reserve University.

For more information on NPTN, contact:

National Public Telecomputing Network P.O. Box 1987 Cleveland, Ohio 44106 Voice: 216-247-5800 FAX 216-247-3328 e.mail: info@nptn.org

Databases

There are also several database vendors that provide direct dial and Internet access to AIDSrelated databases, including the National Library of Medicine [voice phone: (800) 638-8480]; BRS Search Services [a division of Maxwell Online; voice phone: (800) 456-7248]; and DIALOG [voice phone: (800) 334-2564].

National Library of Medicine (NLM) Databases

AIDS-related databases provided by the National Library of Medicine are now available at no charge.

AIDSLINE

This database contains more than 90,000 bibliographic references to published literature about HIV/AIDS and related issues including prevention and treatment. The database includes citations to journal articles, books, and audiovisual materials. AIDSLINE also contains the abstracts of the International Conferences on AIDS.

AIDSTRIALS

This database contains information about HIV-related clinical trials, both open (currently accruing patients) and closed. Information about NIH-sponsored clinical trials is provided by the National Institute of Allergy and Infectious Diseases (NIAID); information about privately sponsored efficacy trials is provided by the Food and Drug Administration (FDA).

AIDSDRUGS

This database contains information about the agents being tested in trials included in AIDSTRIALS.

DIRLINE

This database is an online directory of information resources covering all areas of biomedicine. Included are more than 2,000 HIV/AIDS-specific resources such as organizations, self-help groups, and information systems.

NLM's online databases are available to health professionals, libraries, and others. Users can access these databases using Grateful Med, a user-friendly software package available from the National Technical Information Service at 1-800-423-9255.

For more information about NLM's databases, including AIDSLINE, and about obtaining access to them, call 1-800-638-8480. Call NLM's Office of Public Information at 1-800-272-4787

For more information specifically on the AIDSTRIALS and AIDSDRUGS databases, call (301) 496-3147. Information from these two databases is also available through the toll-free AIDS Clinical Trials Information Service, co-sponsored by NLM, at 1-800-TRIALS-A (see page 4).

Appendix 5: Classification Systems and Indexing Thesauri

AIDS information projects use classification systems and indexing thesauri to categorize and organize the information in their collections. The following are examples of classification systems and indexing thesauri used by some of the projects included in this report. Organizations setting up AIDS information dissemination projects can use these examples as models for designing their own systems.

- 1. AIDS Survival Project—Classified Index.
- 2. Friends Project-Vertical File Interchange.
- 3. Monroe Community College AIDS Resource Center—Vertical File Subject Headings.
- 4. Monroe Community College AIDS Resource Center-Indexing Thesaurus.
- 5. Hemophilia and AIDS Network for the Dissemination of Information (HANDI)—Controlled Vocabulary. Only AIDS-related portions of the HANDI controlled vocabulary list are included. To obtain the complete list of search terms, contact HANDI.

CDC National AIDS Clearinghouse has produced a thesaurus of terms used for indexing and retrieving AIDS information. It can be obtained by contacting the CDC National AIDS Clearinghouse.

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AIDS Survival Project CLASSIFIED INDEX

CAT. FILENAME

- 1 Subscriptions
- 2 Treatment (Drugs/Therapies)
- 3 HIV/AIDS Related Conditions and Opportunistic Infections.
- 4 Living with HIV/AIDS
- 5 Specific Populations
- 6 Organizations
- 7 Education/Prevention
- 8 Other Diseases
- 9 Conferences

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Monroe Community College AIDS Resource Library

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Monroe Community College AIDS Resource Library Indexing Thesaurus

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Prepared on: 16 August, 1993

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Blood: 03 Series

Blood (03.00.00.00) Blood transfusions (03.01.00.00) Pre-operative transfusions (03.01.01.00) Transfusions during operation (03.01.02.00) Blood diseases and disorders (03.03.00.00) Sickle cell anemia (03.03.01.00) Anemia, non-HIV/AIDS (03.03.02.00) Leukemia (03.03.03.00) Infections of the blood (03.03.04.00) Other blood diseases and disorders (03.03.05.00) Blood drives (03.04.00.00) Blood donors (03.04.01.00) Blood donor screening (03.04.01.01) Blood donor payment (03.04.01.02) Corporate blood drives (03.04.02.00) Hospital blood drives (03.04.03.00) Blood donor education programs (03.04.04.00) Blood testing (03.05.00.00) Blood sampling (03.05.01.00) (Continued on next column)

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School administrators (05.07.04.00) Teachers (05.07.05.00) Housing (05.08.00.00) Housing conditions (05.08.01.00) Housing issues (05.08.02.00) Public interest groups (05.09.00.00) Speakers Bureaus (05.10.00.00) Special events (05.11.00.00) Volunteers (05.12.00.00) Community organizations (05.13.00.00) Chapters of the National Hemophilia Foundation (05.14.00.00) Hemophilia treatment centers (05.15.00.00)

Discrimination: 07 Series

Discrimination (07.00.00.00) Age (07.01.00.00) Ability (07.02.00.00) Ethnicity (07.03.00.00) Race (07.04.00.00) Gender (07.05.00.00) Sexual Orientation (07.06.00.00) Military (07.07.00.00) School (07.08.00.00) Workplace (07.09.00.00) Community (07.10.00.00) Civil or constitutional rights (07.11.00.00) Advocacy, related to civil rights (07.11.01.00)

Drug issues: 08 Series

Drug issues (08.00.00.00) Alcohol abuse (08.01.00.00) Drug abuse (08.02.00.00) Drug addiction (08.02.01.00) Prescription drugs (08.02.02.00) Recreational drugs (08.02.03.00) Marijuana (08.02.04.00) Intravenous drugs (08.02.05.00)

AIDS/HIV risk reduction: 09 Series

AIDS/HIV risk reduction (09.00.00.00) AIDS/HIV education target groups (09.01.00.00) Adolescents, HIV education target group (09.01.01.00) African Americans (A) (09.01.02.00) Asian Americans (09.01.03.00) Caregivers (09.01.04.00) Caucasians (09.01.05.00) Clergy (09.01.06.00) (Continued on next column)

Educators (09.01.07.00) Gay persons (A), Homosexuals (B) (09.01.08.00) General audience (09.01.09.00) Health care workers (A), Health professionals (B) (09.01.10.00) Dentists (09.01.10.01) Emergency medical personnel (09.01.10.02) Nurses as an HIV education target group (09 01 10 03) Nutritionists, as an AIDS education target group (09.01.10.04) Physicians, as an AIDS education target group (09.01.10.05) Other health care workers (09.01.10.06) Heterosexuals (09.01.11.00) Men (09.01.11.01) Women, as an AIDS education target group (09.01.11.02) Latinos (B) (09.01.12.00) Incarcerated persons (09.01.13.00) IV drug users (09.01.14.00) Lesbians (09.01.15.00) Low literacy individuals (09.01.16.00) Native Americans (09.01.17.00) Parents, as an AIDS education target group (09.01.18.00) Pharmacists (09.01.19.00) Psychosocial professionals (09.01.20.00) Public safety workers (09.01.21.00) Professionals (09.01.22.00) Sex partners (09.01.23.00) Students, as an AIDS education target group (A), College students, as an AIDS' education target group (B) (09.01.24.00) Worried well (09.01.25.00) Other AIDS/HIV education target groups (09.01.26.00) AIDS/HIV Education Programs (09.02.00.00) Community health education programs (09.02.01.00) Patient education programs (09.02.02.00) Professional education programs (09.02.03.00) School health education programs (09.02.04.00) Evaluation of AIDS/HIV education program (09.02.05.00) Quality assurance (09.02.05.01) Funding of AIDS/HIV education programs (09.02.06.00) Outreach programs (09.02.07.00) Peer education programs (09.02.08.00) Peer support (09.02.08.01) Peer groups (09.02.08.02) (Continued on next page)

Prepared on: 16 August, 1993

Policy issues: 17 Series

Policy issues (17.00.00.00) Church policies (17.01.00.00) Health care policies (17.02.00.00) AIDS policy (17.03.00.00) Policy development (17.04.00.00) Public health policies (17.05.00.00) Local health policies (17.05.01.00) State health policies (17.05.02.00) National health policies (17.05.03.00) EAP policies (A), Workplace policies (B) (17.06.00.00) Other policies (17.07.00.00) School AIDS policies (17.08.00.00)

Psychosocial issues: 18 Series

Psychosocial issues (18.00.00.00) Bereavement (18.01.00.00) Grief (18.01.00.00) Bereavement counseling (18.01.01.00) Bereavement services (18.01.02.00) Coping (18.02.00.00) Counseling (18.03.00.00) Counseling significant others (18.03.01.00) Group counseling (18.03.02.00) Crisis prevention (18.04.00.00) Death and dying (18.05.00.00) Euthanasia (18.05.01.00) Suicide (18.05.02.00) Fear (18.06.00.00) Mental health (18.07.00.00) Mental health education program (18.07.01.00) Mental health professionals (18.07.02.00) Psychiatrists (18.07.02.01) Psychologists (18.07.02.02) Psychotherapists (18.07.02.03) Psychological studies (18.08.00.00) Psychological factors (18.08.01.00) Personality (18.08.02.00) Psychosocial issues re living with hemophilia (18.09.00.00) Social adjustment related to living with hemophilia (18.09.01.00) Psychosocial issues of living with HIV (18.10.00.00) Social adjustment related to living with AIDS/HIV (18,10,01,00) Disclosure of HIV status (18.10.02.00) Psychosocial research (18.11.00.00) Psychosocial support (18.12.00.00) Self-help groups (18.13.00.00)

(Continued on next column)

Support groups (18.14.00.00) Support group development (18.14.01.00) Support groups for people with hemophilia (18.14.02.00) Support groups for people with HIV (18.14.03.00) Group dynamics (18.14.04.00) Self-help support groups (18.14.05.00) Stress management (18.15.00.00) Values (18.16.00.00) Values (18.16.00.00) Value systems (18.16.01.00) Values clarification (18.16.02.00) Psychological issues of AIDS risk for hemophilia community (18.17.00.00) Caregivers (18.18.00.00)

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Research: 19 Series

Research (19.00.00.00) Research on hemophilia (19.01.00.00) Medical devices (19.01.01.00) Drug research (19.01.02.00) Research on AIDS/HIV (19.02.00.00) seroprevalence studies (19.02.00.00) KABB Studies (19.02.02.00) Clinical trials of AIDS Drugs (19.02.03.00) Basic research (19.03.00.00) Deoxyribonucleic acid (DNA) (19.03.01.00) Research methodology (19.04.00.00) Data collection (19.04.01.00) Longitudinal studies (19.04.02.00) Patient selection in studies (19.04.03.00) Research publications (19.05.00.00)

HIV prevention: 20 Series

HIV prevention (A) (20.00.00.00)
Safer sex (20.01.00.00)
Spermicides (20.01.01.02)
Intercourse (20.01.02.00)
Intercourse, oral (20.01.02.01)
Intercourse, vaginal (20.01.02.02)
Intercourse, anal (20.01.02.03)
Behavior modification related to HIV prevention
(20.02.00.00)
Behavior maintenance strategies (20.02.02.00)
Vaccines (20.08.00.00)

| ■ Workplace issues: 21 Series | Workplace issues (21.00.00.00) | Employees (A) (21.01.00.00) | Employee assistance programs (21.01.01.00) | (Continued on next page)

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Prepared on: 16 August, 1993

Employee rights (21.01.01.00) Employers (21.02.00.00) Employment (21.03.00.00) Employment opportunities (21.04.00.00)

Youth: 22 Series

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Youth (22.00.00.00) Preschool children (22.01.00.00) Children as a distinct population (22.02.00.00) Adolescents, general items (22.03.00.00) Students as a distinct population (22.04.00.00)

Ethical issues: 23 Series

Ethical issues (23.00.00.00) Bioethical issues (23.01.00.00)

Hemophilia and AIDS/HIV: 24 Series

Hemophilia and AIDS/HIV (24.00.00.00)
Statistics related to hemophilia and AIDS/HIV
(24.01.00.00)
Hemophiliacs with HIV, U.S. (24.01.01.00)
Hemophiliacs with HIV, International (24.01.02.00)
Children with hemophilia and HIV (24.01.03.00)
Seroprevalence of HIV in people with hemophilia
(24.01.04.00)
Mortality rates and figures (24.02.00.00)
Mortality rates and figures of hemophiliacs with
HIV, US (24.02.01.00)
Mortality rates & figures of hemophiliacs with

HIV, Intl (24.02.02.00) Mortality rates & figures of children with

hemophilia & HIV (24.02.03.00)

Living with hemophilia and HIV (24.03.00.00) Practical issues of living with hemophilia and HIV (24.03.01.00)

Psychological issues of living with hemophilia and HIV (24.03.02.00)

Children living with hemophilia and HIV (24.03.03.00)

Press coverage (24.04.00.00)

Press coverage of adults with hemophilia and HIV (24.04.01.00)

Press coverage of children with hemophilia and HIV (24.04.02.00)

Spouses, partners, families of hemophiliacs with HIV (24.05.00.00)

Seroconversion of partners of hemophiliacs with HIV (24.05.01.00)

Children of hemophiliacs with HIV (24.05.02.00)

Risk reduction/safer sex (24.08.00.00) Bibliographies about hemophilia and AIDS/HIV (24.09.00.00)

Other issues of hemophiliacs with HIV (24.06.00.00) Impact of HIV on hemophilia community (24.07.00.00)

Appendix 6: Newsletters and Other Publications

Publication of newsletters is one of the information dissemination strategies used by AIDS information projects. This appendix includes newsletters published by projects in this report. Inclusion of entire issues of every newsletter was not practical because of the length of the publications. Only sample pages have been included where noted. When a project publishes more than one newsletter, only one was chosen as an example. An AIDS information project interested in publishing a newsletter can contact the organization producing a listed publication and request samples and advice on publication and distribution issues.

- 1. *AIDS Information Newsletter* (entire issue included)—AIDS Information Center, U.S. Department of Veterans Affairs. *AIDS News Service*, published by the same organization, is not included.
- 2. WACHIVY News (sample pages only included)—Teen AIDS Student Coalition.
- 3. The Survivor (entire issue included)-Friends Project.
- 4. Critical Path AIDS Project (sample pages only included)—AIDS Information Network Library.
- 5. HIV Educator (sample pages only included)—California AIDS Clearinghouse. Special Reference Guide to CAC Materials, published by the same organization, is not included.
- 6. STEP Perspective (sample pages only included)—Seattle Treatment Education Project.
- 7. HIV Treatment Information Exchange (entire issue included)— Hemophilia and AIDS Network for the Dissemination of Information (HANDI). HANDI Information Center Update and HANDI Quarterly, published by the same organization, are not included.
- 8. Survival News (entire issue included)—AIDS Survival Project Treatment Library.

AIDS INFORMATION NEWSLETTER Michael Howe, MSLS, Editor AIDS Information Center VA Medical Center, San Francisco (415) 221-4810 ext 3305 March 25, 1994

TUBERCULOSIS AND HIV INFECTION (Part XVI) Information Resources

Tuberculosis: A Comprehensive International Approach (Monograph Information)

Editors: Lee B. Reichman and Earl S. Hershfield

Description: 792 pp., illustrated, 1993, ISBN: 0-8247-8852-4, \$195

Synopsis: This publication, written by over 40 authorities in the field, deals with tuberculosis in both developed and developing countries and examines the disease from historical, theoretical, and practical perspectives. The book contains 1800 bibliographic citations and more than 150 tables, drawings, photographs, and micrographs.

The introductory chapter covers the history of tuberculosis and the remaining chapters are divided into five topic areas: (1) Basic Aspects -- epidemiology, bacteriology, immunology, pathogenesis, transmission/environmental control of tuberculosis; and (2)Practical Aspects -- the tuberculin test, diagnosis, case finding and case holding, treatment, preventive therapy, BCG vaccination, and contact tracing; (3) Special and Unique Problems -- drug resistance, TB and infection with HIV, TB in the elderly, homeless populations, children, correctional facilities, Native North Americans, Africa, and inner cities, and mycobacteria causing human (4) Tuberculosis Control in the World -- national disease. programs, evaluation of applied strategies in the developing world and in low-prevalence countries, the plan to eliminate TB in the U.S., and the role of the World Health Organization and of nongovernmental organizations; and (5) The Future, which discusses research needs.

Availability: Marcel Dekker, Inc., 270 Madison Avenue, New York, NY 10016. Phone: 800-228-1160. Fax: 914-796-1772. Hours to call are 8:30 AM - 5:45 PM (EST), Monday-Friday. New York residents must add appropriate sales tax. European address: Hutgasse 4, Postfach 812, Ch-4001 Basel, Switzerland. Phone: 061-261-8482.

The Continuing Challenge of Tuberculosis (Monograph Information)

Description: 148 pp., 1993, \$9.50 Synopsis: This report [U.S. Congress, Office of Technology Assessment, The Continuing Challenge of Tuberculosis, OTA-H-574 (Washington, DC: U.S. Government Printing Office, September 1993)] synthesizes current understanding of tuberculosis in the United States and examines the Federal role in its control. After having declined for 30 years, the overall incidence of tuberculosis is again on the rise. Especially hard hit are economicallydisadvantaged people, racial and ethnic minorities, and foreignborn individuals. The report concludes that, unchecked, these trends represent a profound threat to communities already saddled with poor health, poverty, and other social problems. In addition to reviewing the state of research into new preventive, diagnostic, and therapeutic technologies, the report pays special attention to resistant tuberculosis and the relationship between tuberculosis and HIV.

Availability: Superintendent of Documents, U.S. Government Printing Office. P.O. Box 371954, Pittsburgh, PA 15250-7954. Phone: 202-783-3238. Stock number: S/N 052-003-01341-0. \$9.50 each.

Controlling Occupational Exposures to Tuberculosis (Monograph Information)

Author: Joint Commission on Accreditation of Healthcare Organizations.

Description: 37 pp., \$40 (Plant, Technology & Safety Management (PTSM) Series, Number 1, 1993 Series)

Synopsis: Tuberculosis (TB) is in the air and health care workers are at risk. Until recently TB was no longer considered a serious health concern, but it again poses a threat. There were 27,000 new cases of TB reported to CDC in 1991. The American Lung Association now estimates that without major efforts, the United States will see at least 50,000 new TB cases every year within a decade. Furthermore, multidrug-resistant (MDR) strains of TB have emerged, strains that do not respond to the usual course of drug therapy. Serious outbreaks of MDR-TB have occurred recently at health care facilities in several major cities. TB is highly infectious and spreads through the air when infected persons cough, sneeze, or even speak, although usually transmission requires repeated close exposure to an infected person. To address these concerns, the Joint Commission has published this monograph, the first in the 1993 PTSM Series. The book discusses: (1) what measures are effective in preventing an outbreak of TB in facilities, including proper isolation room ventilation, the use of ultraviolet light for air disinfection, and the role of personal respiratory protection; (2) how TB is transmitted and what makes it so infectious; and (3) what current and upcoming legislation may require, including regularly monitoring health care personnel for infection, removing temporarily contagious employees form the workplace, and proving ongoing training and education to workers regarding the hazards and control of TB.

Availability: Joint Commission on Accreditation of Healthcare Organizations, P.O. Box 75751, Chicago, IL 60675-5751. Phone: 708-916-5800 (7:00 AM - 5:00 PM CT).

Guidelines Available for Managing TB and HIV in the Workplace (Monograph Information)

The National Leadership Coalition on AIDS recently issued the first guidelines to be published that deal with both HIV and TB in the workplace. This publication, "Managing TB and HIV in Today's Workplace," provides answers to the most commonly asked questions and addresses key issues, such as screening of employees, risks of transmission, return-to work-policies, and implications of the American Disabilities Act. To order, call 202-429-0930. Cost is \$1.50 to cover postage and handling.

 (1) Understanding Tuberculosis Today: A Handbook for Patients
 (2) Fundamentals of Tuberculosis Today: For Health Professionals (Monograph Information)

Author: William W. Stead, MD, Professor of Medicine, University of Arkansas School of Medicine and Director, Tuberculosis Program, Arkansas Department of Health.

Description: 8th. ed., 31 pp. each, 1992

Synopsis: "Fundamentals of Tuberculosis Today" is intended as a companion to "Understanding Tuberculosis Today." A similar approach to tuberculosis is provided, but in greater depth for persons in health-related professions. The publication has not been revised since 1980, largely because of lack of demand for information on TB during the decade of the 1980s when tuberculosis rates declined. As the 1990s began, however, cases increased and began to spread more widely particularly among those with HIV infection. Success in curing a patient without emergence of drug resistance deepens upon prescription of the proper medications and cooperation of the patient with the regimen. It is to reduce the chance of development and spread of drug resistant M. tuberculosis that these two booklets are dedicated.

Availability: Central Press, Inc., P.O. Box 252, Milwaukee, WI 53201. Less than 11 copies \$5.00 each (prepaid); 11-50 copies \$1.50; 51-100, \$1.00; 101-400, 80 cents; 401 or more 60 cents each. Prices subject to change without notice.

This is a report (GAO/HRD-94-5) of the U.S. General Accounting Office (GAO) that was published in November 1993 to determine the reasons for an outbreak of tuberculosis at the Department of Veterans Affairs (VA) medical center in East Orange, New Jersey and what management initiatives VA has taken to assist other medical centers to strengthen their tuberculosis-control efforts.

Most VA Medical Centers Treat Tuberculosis and AIDS Patients

VA's 1993 Infectious Diseases Control Survey shows that medical centers treated more than 976 tuberculosis-infected patients as of December 1992. (This figure does not include two facilities, Oklahoma City and Honolulu, because their survey data had not been received by VA's Central Office). Sixteen centers have tuberculosis workloads that are similar to or greater than those at the East Orange Center. The number of tuberculosis patients treated varied by region, ranging from 152 in Region IV to 453 in Region III. In contrast, 31 medical centers reported that they did not treat any tuberculosis patients in 1992, according to the survey.

As of December 1992, VA had treated 14,649 AIDS cases since 1979, when VA began tracking them [Editor's Note: As of September, 1993 the cumulative total of AIDS cases within VA had increased to 18,697]. CDC has estimated that the incidence of tuberculosis in HIV-infected individuals is 500 times greater than in the general population (1,2). Some centers face potential risk with high numbers of patients with AIDS (3), tuberculosis, or both.

For further information or to obtain a copy of the report, contact, GAO, Washington, D.C. 20548. Phone: 202-512-6000. The report is excerpted in "AIDS Reference Guide" (January 1994, Section 906, pp. 1-8). This guide has been supplied to all VA Medical Center libraries with funds provided by AIDS Service, VACO.

(1) For an otherwise healthy person infected with tuberculosis, the chance of developing active tuberculosis is 10 percent over a lifetime. HIV-positive persons infected with the tuberculosis bacterium have over a 10-percent chance each year of developing symptoms.

(2) Significant increases in tuberculosis morbidity are occurring in certain areas with a high prevalence of patients with HIVinfection. The increase in annual tuberculosis morbidity seen in the United States occurs mainly in geographic areas and demographic groups with large numbers of AIDS cases. This suggests that the HIV epidemic has begun to influence tuberculosis morbidity.

(3) Twelve VA medical centers account for almost half of the AIDS cases in VA--the East Orange Center was ranked fifth.

TB MONITOR

The Monthly Report on TB Prevention, Control, and Treatment

Publisher: American Health Consultants, Dept. CD1-91, P.O. Box

71266, Chicago, IL 60691-9987. Phone: 800-688-2421. International Customers call 404-262-7436.

Description: According to the publisher, TB MONITOR provides the latest research developments, actual case studies, and expert guidance, all designed to provide the practical foundation needed to effectively deal with the resurgence of TB. The first issue of this publication (20 pages) was January, 1994. The following article titles were included: (1) survey finds most physicians don't know enough to diagnose and treat TB; (2) hospitals stop spread of TB with innovative engineering controls; (3) Rikers Island Prison: a model TB control program that hospitals can learn from; (4) rapid diagnostic test in development; (5) providers should counsel active TB patients to avoid public transportation; and (6) unique TB programs: Bellevue's DOT program uses patient incentives. Inserted in this issue: "Common Sense About TB" patient handout to photocopy and distribute to patients.

Availability: Same as publisher. \$219 (12 issues). \$259 (12 issues w/ 18 Nursing Contact Hours). \$259 (12 issues w/ 18 Category 1 CME Credits). USA possessions and Canada add \$10 per year. Elsewhere, add \$20 per year. Photocopying of individual articles for educational purposes within hospitals or health care facilities is also approved. Contact the publisher for a sample copy.

TB WEEKLY

Publisher: Editorial and Publishing Office, P.O. Box 5528, Atlanta, GA 30307-0528. Phone: 404-377-8895.

Description: This international weekly has been published since 1993. According to the publisher, this newsletter focuses on scientific, medical and business developments and features news, research, periodical reviews and a calendar of upcoming meetings. The editor is also responsible for other publications including AIDS Weekly, Blood Weekly, Infection Control Weekly, and Drug Resistance Weekly, and this resource's format is similar. The following reports among others were included in the sample copy available for December 6, 1993: New York. City Must Purchase TB Health Department Calls Unnecessary; Washington, D.C. Masks Nation's Capital Faces TB Epidemic; WHO. Global Neglect of Tuberculosis Crisis Attacked; Africa. Prevention/Treatment of TB Being Ignored in AIDS Patients; Internal control for detection of Mycobacterium tuberculosis by DNA amplication; False positives with the DNA probe for M. tuberculosis; and Tuberculosis and HIV infection.

Availability: TB Weekly, P.O. Box 830409, Birmingham, AL 35283-0409. Phone: 800-633-4931. \$850 for 1 year (48 issues). This information shall not, in whole or in part, be redistributed, reproduced, or put into a computer without prior written permission. Possession or distribution of an illegal photocopy of all or part of this information - even for internal use - is prohibited by law (17 U.S.C. 504).

Hospital Infection Control

Publisher: American Health Consultants, 3525 Piedmont Road, Building Six, Suite 400, Atlanta, GA 30305. Telephone: 800-688-2421 or 404-262-7436.

Description: This publication, as the name implies, provides news and comment in the field of hospital infection control. The title is included in this series because tuberculosis has been covered extensively in recent issues. Abstracts of some of those articles have been included in this series. The leading article in the most recent issue (1994 March, Vol. 21, No. 3, pp. 29-44) is "NIOSH Testing TB Masks: CDC Inundated with TB Reaction as OSHA Enforcement Continues." The key elements of a TB control program are excerpted from a recent special briefing by the American Hospital Association (See: American Hospital Association Technical Panel on Infections. Tuberculosis Control in Hospitals: A Special Briefing. Chicago: January 1994). Also included are: AHA, SHEA question cost, scope of CDC draft TB guidelines; AHA cost estimates for TB; and SHEA warns of engineering, mask cost.

Availability: Same as publisher. \$279 (12 issues). \$319 (12 issues w/ 18 Nursing Contact Hours or Category 1 CME Credits). USA possessions and Canada add \$10 per year. Elsewhere, add \$20 per year. Photocopying of individual articles for educational purposes within hospitals or health care facilities is also approved. Contact the publisher for a sample copy.

WACHIVIY NEWS

TeenAIDS Information Network • Volume 3 • Number 7 • August/September 1992

A MOTHER REMEMBERS

-by Nancy Kamens

y son David died this year, at the age of 21, on February 28, my mother's birthday. He had AIDS. In the four years of his illness, I walked beside him and learned from his example about how to live more in the moment

David always lived as if he knew his would be a short life. He asked for what he wanted. He reached for every dream and

overcame many imposing obstacles. New ideas-for himself, for me, and for everyone else important in his life-bubbled forth in a steady stream. Often it was hard to keep up. As he learned to dispense with the "should dos" and "ought tos," so did I.

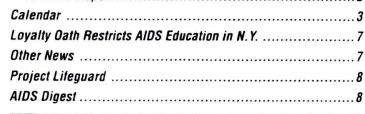
My first child, David always seemed to be the little wise one. When he was five (I was single again and dating), he said (with considerable accuracy) "Mommy, you have too many boyfriends and not enough girlfriends."

Later, remarried, I was not always comfortable with David's

usually wanting the best of everything-the "in" brands, the most expensive lines-and the ways people always seemed to "do for" him. Was it my own struggle with my sense of selfworth? Did I think that one should not expect the best? David won the bike in the raffle at the elementary school fair. A few years later, at age 11, he got the high-paying yard job across the street and earned enough money to fly to Jamaica to visit a friend.

Often I was there with caution and doubts (to protect him from hurt and disappointment?) At the end of sixth

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We moved again!

Please change your rolodexes and mailing lists! Our new address is 1804 T Street, N.W., Washington, D.C. 20009 Our telephone and fax numbers remain the same.

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Washington Area Consortium on HIV Infection in Youth

PRESIDENT'S REPORT —by Larry D'Angelo, M.D., M.P.H.

he recent controversy over the decision of the commission on Public Health and the school

CONDOMS IN SCHOOLS: SYSTEMS INCOMPATIBILITY

Lawrence J. D'Angelo, M.D., M.P.H., Chairman, Department of Adolescent and Young Adult Medicine, Children's National Medical Center, and President, Washington Area Consortium on HIV infection in Youth (WACHIVIY)

system to make condoms available in city high schools and select junior highs may be symptomatic of the inherent discomfort that education and medical care systems have with one another. This is especially peculiar in the case of this program, since it is mainly conceived to bring focused educational intervention to youth who are at increased risk of a variety of adverse health consequences. Despite the fact that condoms can be dispensed by school nurses, the program hardly makes them readily available and to characterize this program as a "condom giveaway" is patently ridiculous.

The uneasiness of medicine and education may have more to do with this controversy than any of the participants might like to admit. Despite the "school-based clinic" movement, these systems often interact awkwardly. One (education) is charged with bringing knowledge to adolescents while the other (medicine) ministers to

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their health. Although these functions might be considered to be related, some fundamental differences get in the way of smooth interaction. Education is grounded in the desirability of parental involvement. While this is most evident on the elementary school level, such involvement is probably even more valuable on the junior and senior high school levels. It's through schools and formal groups such as PTAs that parents often become aware of the issues that endanger their sons and daughters: premature sexual intercourse, drug use, alcohol abuse and violence. Parents want, expect, and deserve to have school officials report to them behaviors that might place their adolescents at risk of health, legal, or educational consequences. Moreover, parents are used to having a say over what goes on in the classroom. In most jurisdictions, if parents object to their children being taught certain things that have remotely moral or ethical overtones, schools allow these students to be exempted in accordance with their parent's wishes. Interestingly, it is the parent's decision in this case, with little concern being expressed about "students" rights."

For adolescents and their parents, medicine is quite a different system. Parental involvement, up to and including their presence during the examination is a cornerstone

of the preadolescent pediatric visit. This is akin to parents showing up at back-to-school night. In many health practicioners' offices, however, at some rather arbitrary time (usually age 13 or shortly thereafter) this parental presence is no longer viewed as necessary or desirable. Since my practice is limited to adolescent medicine. this usually occurs the first time I see a patient. Other practitioners have different milestones for changing the nature of care they provide (high school, first menstrual period, etc.). Laws in the District of Columbia, Maryland, and Virginia protect this "confidential" relationship between the adolescent patient and his or her health care provider as well as protecting the right of an adolescent to seek care without parental permission. At the same time, the health practitioner often encourages parents to get more involved with their adolescent in his or her educational setting. I often prescribe parental attendance at PTA meetings and encourage regular contact with school officials. At the same time, I make it clear to my patients' parents that their child and I will have a relationship that might at times purposefully exclude them.

Is there any wonder that when we try to combine these two systems into one huge adolescent well-being emporium (school) that we have problems? Parents who are objecting to the

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CALENDAR

Street Wise Coalition

Meetings are held most Tuesdays at 9:00 a.m. at 333¹? Pennsylvania Ave., SE (SMYAL Office). The Street Wise Coalition meets to discuss issues relating to youth at highest risk for HIV—Out of Home, Runaway/Throwaway, etc. For information call (202) 986-4310.

HIV+Drop-In Coffeehouse

Friends, family, and caregivers welcome. Hosted by Friends Meeting of Washington. Refreshment, board games, socializing. 7:30 p.m., 2111 Florida Ave., N.W. (enter on Decatur). For information call (202) 483-3310.

Sexual Minority Youth

Outreach program weekly Gay & Lesbian youth group. Saturdays, 10:00 a.m.-12:00 p.m. For information call Emily or Tom at (301) 663-0011 in Maryland. SMYAL groups meets in the Washington area on Saturdays. Call (202) 546-5941.

September 22, 1992

Metro Condom Availability Coalition Meeting, 6:30 p.m., at the WACHIVIY Office, 1804 T St., N.W. (basement). Meetings are also held on alternating Tuesdays. All are welcome. For information call (202) 986-4310.

September 23, 1992

Creative Positive Linkages—Family Planning & Substances Abuse: What's the Connection? A cross training workshop, 9:00 a.m.-3:00 p.m., Training Center, Metropolitan Washington Council of Governments, 777 North Capitol St., N.E., Washington, D.C.

September 24, 1992

The Medical Society of the District of Columbia's Women Physicians Section, in conjunction with the American Medical Women's Association, Branch I Chapter is sponsoring a seminar on AIDS/HIV and Women Thursday, 6:00 p.m.-8:00 p.m. at the Medical Society of D.C., 1707 L Street, N.W., Fourth Floor, Washington, D.C. Contact Shay Thomas at MSDC, (202) 466-1800.

September 25, 1992

The Mid-Atlantic Network of Youth & Family Services (MANY). Adolescent Abuse Mini-Conference, Manassas, Virginia.

September 26, 1992

AIDS Walk/Washington. Contact the Whitman Walker Clinic, (202) 797-3500.

September 24, 1992 (4th Thursday each month)

Education Subcommittee of the DC Care Consortium. Contact Amshatar Monroe, (202) ?55-3893.

October 1 & November 5, 1992

The Northern Virginia HIV Resource & Consultation Center sponsors a Clinical Training Program for Health Care Professions. For information call (703) 204-3780.

October 8, 1992

National Episcopal AIDS Coalition Conference & Retreat for People Living, Working, and Ministering in the Second Decade of AIDS. National 4-H Center, Chevy Chase, Maryland, (202) 628-6628.

continued on page 4

Has your organization produced new education materials? Do you have programs you want people to know about? Fax (202) 986-0109 or call (202) 986-4310. We'll let people know!

If you have an idea for a feature or if you'd like to become involved in WACHIVIY NEWS—call us! (202) 986-4310.

National AIDS Hotline (800) 342-AIDS Spanish Speaking (800) 344-SIDA Deaf (800) AIDS-TTY **D.C. AIDS Information** (202) 332-AIDS (V/TDD) **Burgess Clinic, Children's** National Medical Center (202) 745-2178 The Northern Virginia AIDS Project (703) 358-9550 Prince George's County Office on AIDS (301) 386-0348

CALENDAR

from page 3

October 8, 1992

Support Center of Washington Management Workshop for Nonprofits: Boards & Fund-raising. The Support Center, 2001 O Street, N.W., Washington, D.C. 20036, (202) 833-0300 or 223-8048.

October 8-11, 1992

1992 National Skills Building Conference. Sponsored by AIDS National Interfaith Network, National Association of People with AIDS, National Minority Council, Sheraton Washington Hotel, (202) 544-1076.

October 8-11, 1992

In conjunction with the National Skills Building Conference, one-day institutes: AIDS and the Black Church, AIDS Housing Institute, AIDS Public Policy, Nutrition and HIV/AIDS, Women and AIDS. Call (202) 544-1076 for registration information.

October 9-11, 1992

The Names Project AIDS Memorial Quilt will be on display on the Mall.

October 8 & December 10, 1992

Pediatric AIDS Advisory Committee. OAA Commission of Public Health. 1660 L St., N.W., 10th floor conference room, 2:30 p.m.–4:30 p.m. Contact Jean Tapscott. Agency for AIDS Activities, at (202) 673-6888.

October 15-16, 1992

The Mid-Atlantic Network of Youth & Family Services (MANY). Fourth Annual Regional Networking Conference & Annual Meeting, Baltimore, Md. Call (412) 366-6562.

November 2, 1992

Support Center of Washington Management Workshop for Nonprofits: Developing Effective Boards. This workshop describes board structures & relationships that work. It is recommended that at least one board member and the executive director attend. The Support Center, 2001 O Street, N.W., Washington, D.C. 20036. (202) 833-0300.

November 17, 1992

Support Center of Washington Management Workshop for Nonprofits: Establishing a Volunteer Program. This workshop is designed for those who are considering or are in the early stages of developing a volunteer program. The Support Center, 2001 O Street, N.W., Washington, D.C. 20036, (202) 833-0300.

December 4-5, 1992

Child Welfare League of America, Inc. Saving Young Lives: The Triple Threat of Alcohol & Other Drugs, Sexual Activity, & HIV Infection, a two-day symposium, Mayflower Hotel, Washington, D.C. For additional information call (202) 638-2952.

2nd & 4th Thursdays

Support group for youth between ages 13-23 who have tested positive for HIV (the virus that causes AIDS). For additional information call Chris Vaughan, MSW, at (202) 877-6287 or Dianne Okonseki at (202) 939-5939.

1st & 3rd Wednesdays

Support group for friends and family of HIV infected individuals meets at 6:00 p.m., Hunt Place Clinic, 4130 Hunt Place, N.E., Washington, D.C. 20019. Contact Chian Gavin, (202) 727-0528.

1st & 3rd Wednesdays

HIV support group for gay adolescent males, Burgess Clinic at Children's Hospital, 4 p.m. Contact Donna Richmond, (202) 745-5389.

Ongoing

HIV Support groups for adolescents. Contact Donna Richmond, (202) 745-5389.

THE SURVIVOR

Newsletter of the Friends Projects for People With AIDS and their Supporters PO Box 635 Chowchilla CA 93610

Number 24

Feb 7 1994

This issue is dedicated to Leigh (323, California) Alive in Our Hearts Now and Always

SPECIAL ISSUE: We expect to modify the SURVIVOR's format in a number of ways between now and Issue 25. Please see the note in the back for more information about the changes ... and in the meantime, enjoy the old style with us just once more, for old times' sake!

PSYCHOSOCIAL ASPECTS OF AIDS:

The advent of AIDS has brought an obvious and pressing need for increased medical knowledge of the human body under siege. But what of the mind and psyche? Are they "cofactors" in development of AIDS?

Earlier on, the question would have been thought unreasonable, as the physical impact of the disease is so tremendous by itself. Today, however, the social sciences are apparently trying to tell us something, and we're now probably more ready to listen.

Under the bulky heading of "psyconeuroimmunology," there are attempts being made to prove, not just suggest, that the immune system is directly influenced by mind and emotion. "Holistic" approaches to medicine no longer sound so exotic to some of us. Dr. Bernie Siegel is the new cult hero. Are we onto something that can help us fight AIDS?

Indeed, could we go all the way around and attack the front end of the problem? It's plain that society will have to pay and pay for the consequences of this disease, but that doesn't relieve us of a duty to prevent AIDS infections at the beginning if we can.

Consideration of AIDS psychosocial problems often gets mired in the topic of depression before such new and vital concepts can be addressed. There still is disagreement among behavioral scholars over whether AIDS entails depression as an opportunistic mental disorder — or whether depression causes deepening of AIDS' physical symptoms.

The disagreement seems odd, knowing that today's doctor is being encouraged to look for depression as a causative or contributing factor in so many illnesses. If that isn't valid, there's a lot of amitriptyline being prescribed for no good reason today.

But a recent Johns Hopkins study of 1,809 HIV- infected men over eight years has failed to find a link between depression and increased AIDS symptoms. While 54% of depressed men developed signs of physical disease, 52% of the other subjects did the same.

Corroboration comes from a survey by Jeffrey Burack and colleagues at the University of California San Francisco. In Dr. Burack's words, "... neither overall depression nor affective depression was significantly associated with earlier AIDS diagnosis or earlier mortality."

In light of these findings, how can we go on assuming there's a depression/ AIDS link? Only because the theory seems so reasonable, and would answer so many of the riddles about immune dysfunctions.

Even though the statistic called the "incidence rate" of infections increasingly widens to include other groups, the brunt of the epidemic is still borne by gay males and injecting drug users. At a social disadvantage in any case, these groups may not be the victims of genocide, but they have been shaken by a dozen years' attrition having about the same effect.

Constant bereavement in today's homosexual community has been remarked upon by many sources. Gay people with HIV disease may enter a cycle of burying friends and seeing a grim forecast of their own passing. If the loss is that of a lover, finds psychologist Margaret Kemeney at University of California Los Angeles, the person's immune system will in fact be affected. She studied standard indicators, such as T-helper cell counts, in forming her conclusions. (Although she didn't see the same effect when the death was not that of a life partner, sources believe that more sensitive immune tests might well have disclosed an effect.)

In his book "If a Partner Has AIDS," author Dennis Shelby tries to chart a course through loss and mourning for the ones left behind. His much-needed messages: First, try to think ahead, unpleasant though that sounds. Educate yourself about AIDS, discuss things with your partner. Then when confronting loss, don't stand all alone, seek help.

Though there are many ways of doing that, the new cornerstone of mental health is the "support group," as defined in a study by the Long Island Association for AIDS Care. "The Human Face of the HIV/AIDS Epidemic," as it's subtitled, broadens the picture to include the needs of caregivers, relatives, and others.

Grief is only one facet of "AIDS: Complete Guide to Psychosocial Interventions," edited by Helen Land. Here are papers on women's and legal issues; service organizations; education; the special dangers of HIV to the young. And so here, the scope includes the "front end" of the problem as it ultimately must — young people, and education.

In the blunt words of Dr. Alfred Saah, an epidemiologist, "Young people generally think they are bulletproof, regardless of sexual orientation."

Viewing the pathogenesis of AIDS in the gay population, it seems education would easily result in the control of AIDS for this group. But some say there's a deep cultural chasm here, not just a need for some lectures on health. And a recent resurgence of HIV infections in San Francisco's gay community almost mandates a new search for control methods.

Continued on Page 10 =-->

MEDICAL NEWS

GROUP SETS FOCUS ON "IMMUNE RESTORATION" ...

The Journal of the American Medical Association reports that a "think tank" made up of diverse scientific talents has for the past 18 months been trying to forge an approach for control or cure of AIDS in the 90's. The group's name gives away its emphasis: "Project Immune Restoration."

Some "controversial concepts" have received the group's attention, says Stella Knight, Ph.D. She's head of the Division of Antigen Presentation Research at the Clinical Research Center, Harrow, Middlesex (UK).

Her work deals with the depletion of dendritic cells, which is now known to precede the better known phenomenon of T-cell depletion in HIV pathogenesis. (Dendritic cells are the differentiated descendant of the Langerhans cell, and they are the most vulnerable part of what is called mucosal immunity.)

Dr. Knight's work indicates that dendritic cells "teach 'naive' T-cells" how to respond to antigen, although she concedes her theories aren't polished or perfected.

But the entire point of Project Immune Restoration is to not spend time proving or disproving contributed ideas -- it is to try to integrate them into a greater whole, and any work that might lead to strengthening immunity is fair game for the panel. No politics involved, no going over old and barren ground.

The project was brought about through the efforts of Jesse Dobson of Project Inform, who died of AIDS- related disease in September 1993 — just as evidence of the think tank's productivity was first being seen.

(Source: JAMA, 1993;270: 2527-2531.)

BOLSTERING IMMUNITY WITH CYTOKINES:

One promising area of immune system research is the use of the soluble natural agents called cytokines. These are part of the "nonspecific" arm of the immune system, perhaps not as exciting at first glance as the specific immune functions such as T-cell activity. Still, the cytokines are vital to immune function, and they may be useful as therapy. One of them, interferon gamma, is already used in treating some liver disorders, though not widely.

Now the attention is on an interleukin or "IL" — called IL-12, an unknown factor until recent times. IL-12 has been produced synthetically for experiments, including those of Dr. Gene Shearer and colleagues for the National Cancer Institute.

Dr. Shearer reports that in the test tube, IL-12 shows very definite promise. He's found that the cytokine provokes a strong immune response called an "HLA Type 1" reaction. If human trials live up to hopes, this response might be able to stave off — even reverse — the damage HIV causes to the immune system.

Dr. Shearer says he found IL-12 could raise T-helper cell levels and numbers of killer cells, meanwhile causing release of other interleukins and interferons. (Sources: CDC National AIDS Clearinghouse throughout; NY Times; Wall St. Journal.)

CD26: THE MORNING AFTER ...

After much publicity over the discovery of a "CD26 co- receptor" said to be HIV's gateway into previously uninfected T-helper cells, some scientific detail is now becoming available. Sources up to and including England's LANCET have published data to give meaning to the earlier, very sketchy

reports.

Also there are now second thoughts being voiced, with a few sources questioning what they see as flaws in a French team's research leading to the discovery. The media are being faulted as well, with complaints they reacted too quickly and strongly.

What we've learned is that the CD26 co- factor, also called depeptidyl IV or "DPP-IV" is said to act at such areas as HIV's V3 loop, cleaving genetic sequences to enable HIV to enter a cell after attachment. At least one source believes that CD26 also sends what are called "transduction signals" through the cell as part of the process.

The French scientists are defending their original work. Unless a cell had CD26 present, they insist, the odds of transfection were only 3.3 percent of what they'd have been otherwise.

(Sources: Lancet, 1993:343; 49- and others.)

ANTIOXIDANTS: Not So Fast, Slick ...

There's increasing interest in the use of substances termed "antioxidants" as a means of protecting or enhancing health. Those with HIV or AIDS are understandably eager to try any regimen that might be beneficial, but on this topic there's a fine line between hope -- and hype. Not that there's anything wrong with the basic facts:

There is an unwanted kind of oxidation — introduction of oxygen into the system — in which molecules called "free radicals" can appear. These are seen as causing harm to fatty cell membranes and possibly inducing mutations of a cancerous nature. One source finds that "oxidative damage has been associated with arthritis and the aging process in general" (Cross CE et al, Oxygen radicals and human disease, Ann Intern Med 1987;107: 526-545).

Part of the fascination of free radicals is that they sometimes appear to be formed during intense immune system activity. This is typical of a heightened white blood cell response to opportunistic AIDS diseases. And there's reason to believe the body's devices for coping with oxidative "stress" are impacted by AIDS.

Antioxidants' mechanism of action is such that, by being readily oxidized themselves, they serve to absorb free radicals — until exhausted. They then must be replaced. Fortunately, natural agents high in beta carotene, zinc, copper, and the common Vitamins C and E are very good antioxidants. Anybody whose nutritive habits are well planned is already being treated for oxidative stress!

For this simple reason, it can be seen that much of the discussion of antioxidants overworks the issue, even to the point where credibility is strained. Unfortunately, there are certain rewards to be had by promoting scientific facts above their true importance.

The danger is that people might be tempted to take excessive amounts of nutritive supplements, after hearing the good news about them, but even vitamins can be somewhat toxic at high intake levels. And experimental or exotic antioxidants are not recommended.

Oxidation is a very real phenomenon, and it does cause unfavorable physical changes. Still, the need for mitigating it artificially hasn't been established, and no antioxidant has curative effects against disease.

The Friends Projects

5

proudly announce

the Release of

MED IC

A Text Database of HIV Related Topics

for IBM-PC and Compatible Computers

MEDIC is a mini-encyclopedia of subjects related to HIV and AIDS, on a single computer diskette. It is being distributed to those who are HIV-infected, educators, the media, advocates, and nonprofit AIDS service organizations as FREEWARE.

That's not a misprint. We want this database, result of several hundred person- hours of research, to be available to anyone who needs it. MEDIC is our donation to the war against AIDS. It has

- Over 2,200 entries, total length 600,000 characters
 A complete medical glossary
- * Essays on the major HIV-linked diseases
- * A section devoted to experimental drugs
- * Notes on conventional therapies
- An emphasis on scientific method and philosophy
- * Legal, financial, and other HIV lifestyle data
- * Resource lists and other features

It's our hope that YOU will benefit from MEDIC's distribution. If you don't have a computer yourself, please mention the database to your local AIDS service organization — they might want a copy. Electronic bulletin board services are encouraged to offer MEDIC as a download item. It may be given away freely in its original form.

MEDIC is available as a download from HNS HIVNet, (800) 788-4118, and other BBS systems. Or, you can request a copy directly from us. Just send a selfaddressed diskette mailer and a new diskette (5.25" ONLY please) along with 52c postage to our mailing address.

MEDIC will be updated and revised as often as needed. User suggestions are very welcome, as are contributions of material. Please send all requests and feedback to ... MEDIC c/o FRIENDS PROJECTS, PO Box 635, Chowchilla CA 93610.

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MEDICAL PUBLICATIONS OF INTEREST

Here's a list of magazines or newsletters available to the person with HIV or others who need HIV- related information. Many or most of them present medical information. We want you to know:

There are, to generalize, 3 "layers" of available medical information. The highest of these are medical journals, i.e., Journal of the American Medical Association or JAMA; the Western Journal of Medicine; New England Journal of Medicine ... etc. Information from these sources, though it won't include "alternative" therapies, is reliable and it's as current as good fact- checking before publication will allow. If one takes time, armed with a medical dictionary or our MEDIC database, one may find items of great relevance in these journals. Available at libraries and sometimes via other expedients.

We won't waste many words on the "lay press." Any newspaper or magazine you can buy at the supermarket is a bad bet. Even the reputable ones have a problem, because final oversight is done by somebody with journalistic and not medical training, and authority to hack away at what the reporter wrote. Tabloids are worse than useless, of course.

The publications listed here cannot be universally endorsed. They are in the "third layer," which means that when they're good they are brilliant, but they're not medical journals. No hard feelings, that's just the way it is. Some of them may feel pressured to be on the "leading edge" of medicine, and risk reaching that edge and falling off. (We understand. Our Medical Consultant has rapped our knuckles a few times. OUCH!)

I HEARD IT THROUGH THE GRAPEVINE, C/O APLA, 6721 Romaine St., Los Angeles CA 90038. Ability to pay. Published by Stephen Korsia, an "experimental treatment specialist," provides information on latest conjectural medicine and offering the excitement of that, researched deeply. Pub. variable.

BULLETIN OF EXPERIMENTAL TREATMENTS FOR AIDS, San Francisco AIDS Found'n., BETA subscription dep't., PO Box 426182, San Francisco CA 94142. \$45 or ability to pay for PWAs, \$90 for organizations, free for S.F. res. Current AIDS research covered, thematic format. Pub. quarterly.

AIDS TREATMENT NEWS, John S. James, PO Box 411256, San Francisco CA 94141. \$100/ year or \$60/ 6 months, write for sliding scale info. Covers current drug trials, interviews, very active. 12-93 needs support to keep publishing. 2 issues/ mo.

POSITIVELY AWARE, Test Positively Aware Network Inc, 1340 W. Irving Park Box 259, Chicago IL 60613. Although one source is advising people that this is a community- oriented monthly, the issues we've seen are universal in relevance and it's a quarterly, as of our 6-92 file issue. Thematic, often aimed "bright and basic" for the newly- diagnosed person with HIV. Write or call (312) 472-

THE POSITIVE WOMAN, PO Box 34372, Washington DC 20043. \$75 or sliding scale for PWAs. Presents a mix of conventional and other therapy information, plus reader input, social issues, etc., from a woman's perspective and for an

audience that's mostly female. Pub. at 2- month intervals.

TREATMENT ISSUES, c/o Gay Men's Health Crisis/ Medical Information, 129 W. 20th St., 2nd Fl., New York NY 10011. \$30 for individuals, \$50 org'ns., PWAs write and make offer. A good general publication including medical trial news, other advances, and educational features. Issued 10 times/ yr.

WORLD, c/o Rebecca Denison, PO Box 11535, Oakland CA 94611. Sliding scale, inquire. Written for the female "audience," covers therapies and research, also addresses political and social issues. Monthly.

CRITICAL PATH AIDS PROJECT, c/o Kiyoshi Kuromiya, 2062 Lombard St., Philadelphia PA 19146. Free to PWAs, \$50 others. Along with specific medical news, social concerns are addressed, some excerpts of interest from other publications. Monthly.

BODY POSITIVE, 51-B Philbeach Gardens, London, SW5 9EB, Great Britain. Inquire for subscription info. Part of the appeal here is that news is found here that won't necessarily be available in U.S. publications. Monthly.

BODY POSITIVE, 2095 Broadway, Ste. 306, New York NY 10023. According to an item in "Positively Aware," this is a "monthly newsletter for HIV- positive people, available in Spanish on limited basis. Voluntary contributions accepted." Is pretty obviously not same as other "B.P."

NOTES FROM THE UNDERGROUND, PWA Health Group of NYC buyers' club, 150 W. 26th St., Ste. 201, New York NY 10001. \$75 institutions, \$35 otherwise, sliding scale for PWAS. As you'd expect, focus here is on alternative therapies and one step further into "underground" treatments. Pub. at 2- month intervals.

PI PERSPECTIVE c/o Project Inform, 1965 Market St., Ste. 220, San Francisco CA 94103. Sliding scale, inquire. Some info of social import along with highlycomprehensive articles about (mostly) alternative therapies. Very energetic. Twice yearly, "briefing papers" available at various other times.

TREATMENT AND DATA DIGEST, c/o ACT-UP/ New York, 135 W. 29th St., New York NY 10001. \$40. Political/ activism items accompanied by clinical trials and other medical developments. Said to be one of the most aggressive in obtaining "fast breaking" developments. Hopefully, this arm of ACT- UP is in a more stable condition than others seem to be. Twice monthly.

STEP PERSPECTIVE, Seattle Treatment Education Proj., 127 Broadway East, Ste. 200, Seattle WA 98102. Ability to pay. A mixture of conventional and alternative treatment news, plus general articles for PWA audience. Has earned some good reviews. Three times per year.

MEDIC ALERT, c/o NAPWA, 1413 "K" St. N.W., Washington DC 20005. Free. Combines conventional treatment news and some very solid general articles with other, rather speculative items. Co-sponsored by T2 Medical, Inc. Pub. at 2month intervals.

PUNCH □ South Bend Tribune □ Friday. December 3, 1993 □ C7

PUNCH

AIDS teaches him about love

By JOSEPH DITS Tribune Staff Writer

SOUTH BEND — George Gladish looks a reporter straight in the eves and says, in all honesty, "The best thing I have ever had happen in my life is being HIV positive." He's serious.

"I have more love in my life than I've ever had," explains the former psychotherapist from San Francisco.

It's the lessons he's learned about love and compassion that are making it an enriching experience.

"I wish I could have learned these lessons another way, but I couldn't." he says.

Gladish will teach many of those lessons during a seminar Saturday called "Hope & Healing." It is designed to help HIV and AIDS victims, their family and friends and caregivers cope with the disease. The workshop is sponsored by Family & Children Services.

Gladish started to learn about AIDS when he was diagnosed as HIV positive in 1990. He was working as a psychotherapist in Philadelphia. He remembers hearing the news. He figured he would live only a short while and that no one would ever love or touch him again.

"When I walked out of the doctor's office, I was in a bubble. ... I felt out of body."

For three days, he remained in that "bubble," reading and researching whatever he could on the virus. But he didn't know how to feel. So, he decided to move to a region he always enjoyed, to a city where he knew he could work out the meaning of his infection: San Francisco.

There he volunteered his time to the Names Project, which is responsible for a giant quilt that travels the country and illustrates the personal impact of AIDS.

He also looked for a job. But even Gladish, who had flown na-

CONNECTIONS

Here are two ways to help yourself and others cope with the uncertainties of AIDS:

The seminar "Hope & Healing" on Saturday is open to any HIV or AIDS victim, their family or friends or caregivers or anyone interested in fighting the disease. It opens with registration from 8:45 to 9:30 a.m. and ends at 5:30 p.m. Lunch is provided. It will be held at First United Methodist Church, 333 N. Main St., South Bend. The \$10 seminar fee is waived for HIV and AIDS victims and their families. The workshops are mostly exercises that help participants work through the concerns and emotions related to the disease. It is sponsored by Family & Children Services in South Bend.

■ George Gladish's newsletter "Exploring New Frontiers" can be ordered by calling or writing 1831 47th Ave., San Francisco, Calif. 94122; (415) 759-6607.

tionwide to provide counseling for large corrorations, received 60 rejection letters.

For the est time in his life, he began to collect welfare checks and food stamps.

"That was an eve-opening experience, as a productive member of society," he says. "Our society has a tendency to look down on people on welfare."

He began to feel like a number flipping through the bureaucracy



George Gladish Psychotherapist

of government agencies. But it awoke in him a new sense of empathy for others.

"I don't step over a homeless person anymore," he says. "I don't treat them as a nonentity."

Meanwhile, his immune system began to weaken. He'd developed what's known as AIDS-related fatigue.

Soon he began to drive his compassion into a newsletter he created, "Exploring New Frontiers: A Chronicle for People With HIV Concerns." At the Names Project, he was sifting through a thousand or more postcards folks had sent in to urge President Bush to increase funding to fight AIDS. There was personal saga after personal saga about people who watched loved ones die from AIDS.

And the monthly newsletter was born. From meager beginnings, and through word-ofmouth. it's circulation has grown to about 9,000 nationwide.

It is simply a compilation of stories about coping with AIDS written by everyday people. As Gladish says: "It's about growth, it's about learning, it's about how people learn to love each other, it's about how people (with HIV or AIDS) lock themselves in their homes and don't come out. And it's about how people have risen above that and how life has changed.

"It is not political or scientific or medical. It's spiritual, but it's not religious."

He is also moderator for "Living With HIV," an international conference line that is available through computer bulletin boards. It reaches out to people everywhere from South Africa to Russia.

He continues to fund the newsletter through donations and the \$740-a-month welfare checks he receives, after he pays for his living expenses.

He works and lives in a garage that he rents out of a friend's home. A space heater helps take out the damp chills. He goes upstairs into the home whenever he needs to use the bathroom or kitchen.

"And I'm the happiest I've been in my life," he says.

When he runs out of funds or resources, it seems there's always a loving hand to help. One day, he didn't have enough to pay for stamps. By coincidence, the head of a national nonprofit AIDS agency was driving past Gladish, who was walking on the sidewalk. The man backed up his van, motioned Gladish over and hurriedly handed him a \$100 bill.

"This happens constantly." Gladish says.

"I've learned to receive unconditional love," he says, recalling how he has always enjoyed showering others with love. "That's one of the most difficult things. ...But by me receiving their love. in essence, I'm allowing them to

have those same feelings I was

having."

Comments University of California behavioral epidemiologist Ron Stall, "You can't do a large campaign, get an unprecedented decline in risky behaviors, declare victory, then leave the field."

Does a rejection of values associated with "family" and heterosexuality form part of the gay experience? Where monogamy is part of a sanctioned marriage in the eyes of young gay people whose relationships won't be even accepted by outsiders, does monogamy then seem to be an unnatural act? It can't be argued that to be gay is often to rove from one bedmate to another, and no other behavior spreads HIV faster.

And the problem must be understood if it is to be solved. The quick fix has failed. There is dark talk about what is termed "behavior modification" in some quarters, but its originators don't seem to understand the world of the homosexual, especially of the young and promiscuous, who clearly do not feel they should be deprived of their comforts and pleasures.

A U.S. Public Health Service official, Rayford Kytle, has thoughts to offer. These boil down to a plea for understanding and tolerance for young people growing up -- and remaining -- gay. A loving and supportive environment would take the heat off, says Kytle, and the newly- relaxed climate would allow for positive change including decreased hazardous behavior.

A negative environment, this source says, only creates confusion and fear in the mind of a young person coming to terms with his or her sexuality. The other side of the coin is that those given acceptance can develop a normal and healthy sense of self esteem. And where this is the case, young people have a positive inducement to lead healthy lives, not self- destructive ones.

Meanwhile, racial factors are equally pressing. "Getting tough on crime" in our ghetto areas has apparently made drug use and sale even more alluring, HIV more prevalent. Our obvious failure here doesn't call for surrender, but for rethinking of strategies, with help from the social sciences.

These matters have come before us unexpectedly and loudly in the age of AIDS, and they won't go away. Our old beliefs about the psyche begin to seem unsteady, unreliable. Only one certainty is left to us: We can adapt, learn, and work together to find the answers, and we will.

ON THE NEXT PAGE



Thanks to Ken Riley for sitting in for us awhile and doing Member Advocacy, probing into the policies of the Social Security Administration on disability benefits for PWA's. We reprinted our letter to an SSA spokesman in Issue 23, and are pleased to say we've received a response accompanied by reference material on the topic.

An analysis of the material is in the works for a forthcoming issue of the SURVIVOR. In the meantime, we underline one point made in the following: When speaking with those who take an SSDI/ SSI application, ask for names. This is a reasonable request, and you need to know who your local SSA "contacts" will be. We'll have more tips on clearing the hurdles soon.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Social Security Administration

Refer to: 11

Baltimore MD 21235

December 8, 1993

Mr. Ken Riley, Administrator The Friends Projects PO Box 635 Chowchilla, CA 93610

Dear Mr. Riley:

I apologize for the delay in responding to your letter of November 1st. Enclosed are some additional Social Security public information materials that you should find helpful as you prepare the article for your newsletter.

All claims for benefits based on an allegation of HIV disease that Social Security receives are processed on a priority basis. Both Social Security district offices and all state Disability Determination Services (the offices that make the medical determination of disability) are aware of the internal, administrative procedures for expediting decisions on these kinds of claims.

The matter of "presumptive disability" is a part of the Social Security Act that applies only to SSI (not SSDI) claims. People who are not working, who meet the nonmedical SSI requirements regarding limited income and resources, and whose medical source confirms the presence of HIV infection severe enough to meet our criteria, are presumed to be disabled pending a formal decision on their claim. This is not to say that claims for SSDI benefits are not also expedited--only that this particular provision of the law only applies to SSI benefits. All SSI claims based on an allegation of HIV/AIDS are automatically considered for possible payment under this "presumptive disability" procedure.

Claimants who want the status of their pending claim should call SSA's toll-free number, 1-800-772-1213. They may also contact directly the Social Security district office that took their claim. The Social Security claims representative who takes the application is able to monitor the progress of the claim and find out the status of the medical decision from the Disability Determination Service. The claimant, or any person the claimant has authorized in writing to represent him or her, can contact Social Security for information on the claim. Due to a dramatic increase in the numbers of new disability claims that have been filed over the past several years, there have been some delays in making decisions on appealed disability claims. Some regions of the country have been affected more by this than others. The Social Security Administration is, as I write this, looking at several ways of addressing this problem and expediting decisions on these claims. However, if a claimant believes there has been an undue delay in having his or her case heard at the hearing or appeals council levels, the claimant or his or her authorized representative should contact the Social Security claims representative who originally took the claim, or the actual hearing office that scheduled the hearing, to see if an earlier appointment can be scheduled.

I hope the materials I've enclosed answer any further questions you may have. If you'd like we may be able to arrange some sort of training through our regional office for your staff and clients covering Social Security benefit programs, the application aprocess, the appeals process, etc. Please give me a call if you have any other concerns or questions.

Robert G. Goldstraw Social Insurance Specialist (AIDS Outreach)

* THE SURVIVOR is published by the FRIENDS Projects, a nonprofit AIDS service organization. Newsletter distributed free to members of PEN PAL, a nationwide correspondence club for people with AIDS. We ask that you PLAGIARIZE this newsletter joyously and with our blessing. Send photocopies to friends, ask PWA centers to let you post it on their bulletin boards, mail it to Members of Congress, send it to other newsletters or the Features Editor of your local paper. Circle items of interest in RED INK before forwarding or posting. For info on joining PEN PAL (basic dues \$3/6 mos.) send SASE only to address on masthead. If you don't want to join, send a #10 SASE and 50c and we'll mail you the next issue of SURVIVOR. Better yet, CONTRIBUTE written material for us to publish.

> THE HOPEFUL WILL BE COURAGEOUS THE COURAGEOUS WILL PREVAIL!

FRIENDS PROJECT NEWS

They are able because they think they are able. -- Vergil

While assembling this issue of the SURVIVOR, we received word that we have lost Jeffrey, Box 223, of Ohio. He was 30 years of age. We will remember him for his quiet charm, and we believe he would want us to renew our dedication to the fight against HIV and AIDS as a mark of our respect for his own courage and willingness to reach out.

OUR RESOLVE ALREADY STRENGTHENED ...

... by many generous offers of help and support, gifts making it possible for us to press on. The richest of these is in the hearts of those who come forward to join us on the journey. We understand you're with us as a vote of confidence — thank you for that.

We introduce CHRIS, Box 418 of DC, who has sponsored a full membership for someone who can't afford dues but needs our services. JOHN, Box 420 of AZ, has made it possible for us to make those services known to people who haven't yet heard of us. His generosity is matched by CHARLIE, Box 420 of NJ — underwriter of printing costs for this issue of the SURVIVOR.

Once again, we feature a cover drawing by DONNA (251, MA), whose patient hand and witty perspective have given you something to look forward to each time we published. This pen- and- ink is called "Porch." By the way, which one of you parked your Schwinn there? Just wondering, no big deal.

BUT HOLD ON! There's More ...

The list of miracles is not done. We've just received word that we're to be given electronic access to the NATIONAL LIBRARY OF MEDICINE. This is a great privilege for us, but its real value is in the access to fully reliable medical information our members and readers will receive.

We've always promised you NO BUNK in medical research, and with NLM, CDC, NAPWA, HNS HIVNET, and DR. "X" as sources we'll be able to offer better service than ever before.

CONSIDERATIONS 1 ... A Second Anniversary Noted:

On February 7, 1992 a young man by the name of David Richardson contacted us, sending from nearby Fresno a letter proving the contention that good correspondence is an art form. We signed him up as a member in a hurry. A short time later, David came to work here as an all- around assistant.

That arrangement only lasted until we realized that we needed this fellow, with his innate sensitivity and understandin. If people, for a higher purpose. Promoted to Membership Manager, David _______ d into the work as if the job had been created for him in the first place.

Now more than ever, we rely on you, David. We're fortunate to have your donated services and promise not to take them for granted!

CONSIDERATIONS 2 ... Northern Lights:

We've just received a packet of information from Bill, Box 245, now located in Minneapolis, MN. Since joining us in April '92 then relocating, Bill has become a highly visible advocate for those whose history of drug use targets

.....

them for HIV. In the material before us, Bill is asking pointed questions of National AIDS Policy Coordinator Christine Gebbie, at the same time educating the public — a double play.

Among the issues touched on in various news items: Viability of clean needle exchange programs (now proven), and of treatment methods that can restore drug users to productive life more cheaply than the cost of merely jailing them.

We feel a sense of pride that one of "our own" has taken on these major issues, knowing that it takes guts and love for the human race to stand up and make a positive difference. Well done, Bill.

CONSIDERATIONS 3 ... The Best Part:

What's best of all is that David and Bill are not isolated examples. Others among us are helping to fashion a better tomorrow with activism or volunteerism. You know who you are, Mae, Steve, Lisa ... Michael, Bob, Arthur ... all the others, applause and roses.

THE POSTAL ACTIVITY INDEX:

The Pen Pal Division has been moving along fitfully the last 45 days or so, mostly due to the awful winter weather over on the East Side, along with some understandable nervousness up and down the California coast and other distractions. So here's a gentle reminder -- nothing written, nothing gained. Get out the ballpoint, dust off the Smith- Corona, the world of ideas and friendship is waiting for you ...

NEWS CREDITS:

"Psychosocial Aspects of AIDS" is a staff article, hereby released into the public domain. Thanks to CDC National AIDS Clearinghouse, our mainstay for plentiful, accurate information now as always. Also Los Angeles Times, Focus, Baltimore Sun, Science News, Dr. "X," Washington Post, Washington Blade courtesy Chuck 273, and others.

SO WHAT'S THIS ABOUT A NEW FORMAT? GIVE.

Oh, that? Well, it wouldn't be right to blab too much and spoil what's going to be a pleasant surprise if it works out well. On the other hand, it has to be conceded that some of the details are not yet firm in our minds. No, no, it's okay, not to worry.

Here's what we can tell you. The change ought to bring better "production values," not something less than the standard SURVIVOR way of doing things. It's painfully clear that cutbacks and downsizing have become permanent parts of the American way of life, but we don't care for any of either, thanks. If we do it at all, we'll do it adequately.

We will have a period of adjustment to get through, during which the number of gross words- per- issue may drop -- that's probably okay! What's important is what YOU want from the SURVIVOR.

Speaking of which, we're not planning to change that name. It's served us well, and everybody's used to it now. The masthead will stay intact in general design. Though we'd like to start presenting splashy graphics, that doesn't seem to be in the cards, sorry!

One last hint: The overall effect of the change is (supposedly) to make

assembly easier for the Staff. If this dream doesn't come true to some degree, we'll have to shift gears again. Still, we're going to give the SURVIVOR, and you, every effort.

AN OPEN LETTER FROM JAY:

Dear Brothers and Sisters, I try not to do this often, knowing that these personal messages seem gratuitous, to put it politely. But I need to have a little heart to heart talk with you, it's full disclosure time again.

My health is failing. I don't want you to be concerned about that, I'm not ready to chuck it yet and won't. I do have to explain that something has gone wrong, and my very capable doctor can't do anything about it. I'm down to 123 pounds, and from here on out, there's reason to believe I'll go on metabolizing a few ounces of healthy tissue each month.

This began happening around October of last year, and it's making it almost impossible for me to work. It would be easiest for me to just allow myself to become bedridden, stay where I'm fairly comfortable. I propose to go on working anyway.

I saw this coming. Now you know why I was yelling for someone to take over for me, or any other offer of volunteered time and help. (It happens that we've got one offer, but from somebody awfully far from here, so we're just in the discussion stage with that prospect.)

Well, I've considered the alternatives. Drop FRIENDS? Dump the newsletter? Close down all but Pen Pal and a quarterly newsletter?

I'm not gonna dump FRIENDS, or any part of it. If nobody can take over for me, I'll stay right here. The good that this entity can do is almost without limit, whether I have limits or not. I am saying, "It's bigger than I am." And that can't be argued, and now my mind is at ease, no further problem with priorities.

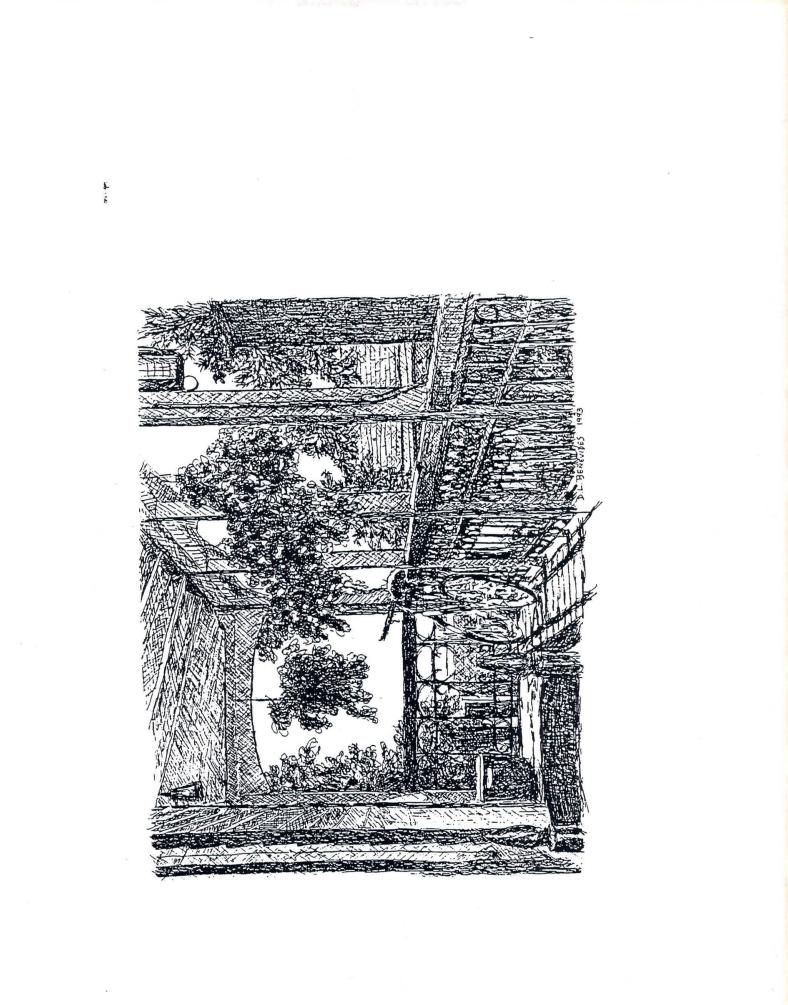
We're going to economize on effort in every non-critical area. For one thing, after quickly redoing the existing forms and fact sheets, these items will take the place of letter writing. I'm no longer physically able to handle this, so out it goes, though the personal touch is nice. Speaking of which, though, my personal letter and note writing is going to slow to a trickle, then evaporate. My beloved friends will surely understand, they got the best of that while I could give of myself in that way.

We'll suspend leaflet publication, and look for somebody with a computer and modem to operate the Friends "BBS" on his or her premises part time. Advocacy, referrals and medical research will stay; the SURVIVOR will survive, and Pen Pal's mail will go on its appointed rounds.

Now that you know the score, I'd be glad if you wanted to help plan a future for our projects. And this is my point in telling you about my personal health and welfare — I want some signals from you as to how to ease FRIENDS into other hands over the months to come. I've never been more serious in my life, and the idea is worth the thought and hassle.

I want to pay tribute to the spirit, and the love, of my partner Kevin. I sometimes think he is keeping me going by sheer will power and sweetness. Whatever his approach is, it works. Thank you, Angel.

And thanks again to you, for letting me bend your ear. I hope to hear your thoughts soon, while I'm still able to acknowledge and discuss them. As always, I believe together we can accomplish anything!





NO 28

SPRING 1994

WEST COAST UPDATE

--based on Grahame Perry notes

Project Inform holds monthly Town Meetings in San Francisco. This report features excerpts from recent presentations by Brenda Lein and Martin Delaney giving treatment updates as well as opinion on public policy that affects HIV research.

Project Inform operates a nationwide treatment hotline: (800) 822-7422, 10 AM-4 PM PST, Mon-Sat. New callers can receive the Treatment Information Packet, as well as other fact sheets and recent

bulletins. The October meeting was dedicated to Jesse Dobson, founder and coordinator of Project Inform's Project Immune Restoration. Jesse died on September 23rd of AIDS.

PHILADELPHIA TOWN MEETING: On Tuesday, April 12th, 7 PM-9 PM, Philadelphia FIGHT, We the People and other organizations including Critical Path, will sponsor a Project Inform Town Meeting with Martin Delaney, Founding Director of Project Inform, at Graduate Hosp. Aud., Lombard at 18th St. Refreshments will be provided.

TOPICS: Political Update, Antiretrovirals, Resistance Forum, Protease Inhibitors, Non-nucleoside Analogs, CD8 Expansion, Immune-based Therapies, TNF Inhibitors, Clarithromycin and Rifabutin, MAI, KS Progress, TAT, DNCB, IL-2, Oral Ganciclovir, Stem Cells, HCG, etc.

Political Update: Martin Delaney, Founding Director of Project Inform, fears the current wave of apathy--a lessening in the level of energy because people are tired and because of continuing losses suffered because of AIDS. In



OXIDATIVE STRESS

by George Carter, Craig Sterrit, Howard Greenspan et al

At the IXth International Conference on AIDS, serious discussion of Oxidative Stress was relegated to a satellite meeting that convened in a stark, rather old-fashioned medical classroom with stiff-backed wooden pews, located at a hospital in an area of Berlin called Westend. Of the 15,000 attendees to this largest AIDS meeting of the year, only about 15 or 20 persons attended

this session and were treated to some remarkable information. More recently, Howard Greenspan, one of the conveners of that impromptu European meeting organized a larger conference in Bethesda, the very first looking into the subject of oxidative stress.

This article will try to bring together some of the data from these meetings: 1) background on oxidative stress and its implications for HIV treatment summarizing the Conference on Oxidative Stress in HIV/AIDS (Nov. 8-10, NIH, Bethesda, summary courtesy of George Carter of ACT UP/NY and Craig Sterrit (Treatment Action Group), and 2) A summary of Dr. Howard Greenspan's thesis as presented in Berlin.

Although oxidative stress has emerged in recent years as a suspected critical component of the course of HIV infection and disease progress, its status remains on the fringes.

More and more, researchers are acknowledging that even in the earliest stages of HIV infection a deleterious reductive-oxidative (redox) imbalance is evident. What results is an increased generation of damage-causing reactive oxygen intermediates (ROIs), also called reactive oxygen species (ROS) or "free radicals," coupled with a

Cont'd on page 37



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in association with

The AIDS Information Network 32 N. 3rd St., Phila., PA 19106 (215) 922-5120, fax 922-6762, tdd 922-7999.

Some information on AIDS and its treatment may be difficult to understand. But don't be discouraged--it can all be explained in simple terms.

A big part of our work is answering your questions--helping you understand your treatment options. If you have questions about material presented in here, we urge you to phone our hotline (215) 545-2212. The Hotline was founded to meet an urgent unmet need. It is the only 24-hour PWA hotline anywhere, please use it within reasonable limits.

KEEPING ON THE CUTTING EDGE

In the light of recent revelations that 12 years of HIV antiviral research have yielded only marginal and transient benefits, married to known toxicities, you may no longer know what to expect of your doctor. Nor your doctor, you.

Rather than swallow unquestioningly the bitter pill of marginal treatment benefits, one must--more than ever before--study one's options, even though they are often couched in esoteric language, the specialists' technical lingo.

Your doctor no longer has the iron-clad force of absolute science to back his entrenched antiviral regimens. He is as likely as ever to leave treatment options to you and may even elicit your own feelings about antivirals such as AZT, ddI, ddC, and D4T and may not discourage you from considering the use of complementary therapies of your choice--you may choose to self-medicate against opportunistic infections long before experimental drugs become a gold standard. (See "Standard of Care," page 13-16)

Even if your doctor is an AIDS expert with a huge HIV practice, well-read, and nationally known figure in the clinical trials scene, he is unlikely to know all of the regimens and experimental and alternative therapies that are currently available to you. Only a handful have looked into oxidative stress, for example. (See "Oxidative Stress," page 1.)

In the face of AIDS, some of our brightest and bestdisinclined to lie down and die--have become proactive treatment activists and community experts on treatment of HIV/AIDS. For the first time in history, the patient has assumed a new role vis-a-vis his or her doctor: patients demand access to the same medical literature, medical conferences, and other resources as the doctor and researcher.

There have been victories along the way. For example, the management of opportunistic infections has made significant, life-extending progress. In January, after a year of lobbying since the PETT (Patient Education Technical Transfer) Conference, activists have won free access to the AIDS databases that reside at the National Library of Medicine (NLM). A year ago, activists told NLM Director Elliott Segal that as far as they were concerned, the tax-paying public had already bought this information reposited in the NLM. We should not have to pay an additional \$18 an hour to search the abstracts from AIDS Conferences--Florence, Amsterdam, Berlin. This life-saving research and treatment information and data should be free for both individuals with AIDS and for their information providers.

On January 23rd, the NLM announced that its four main databases on AIDS would now be free to all because of activist pressure and its own increased budget, and it would issue special phone numbers and passwords to all organizations and individuals who request them. The office was quickly overwhelmed with requests. Critical Project will provide these searchable databases to the public on its BBS.

Information in treatment newsletters or online differs inherently from journalism--it is technical info. It is designed by activists to keep you on the cutting edge of treatment. This strategy is one for realists--the practical side of hope.

A GUIDE TO WHAT'S INSIDE

1 WEST COAST UPDATE based on Grahame Perry notes, edited by Kiyoshi Kuromiya A treatment update from recent Project Inform Town Meetings, featuring Brenda Lein and Martin Delaney.

1 OXIDATIVE STRESS by George Carter, Craig Sterrit, Howard Greenspan

An overview and review of the first Oxidative Stress Conference and Howard Greenspan's Berlin presentation. 2 THE CUTTING EDGE

Critical Path's activist approach (information gathering and problem-solving) to the current treatment dilemma. 4 TREATMENT AND DATA DIGEST

AZT Patent Challenged; Aztec: A sustained-release formulation of AZT; Alloimmunization as an AIDS Vaccine; Envelope Vaccines Could Backfire; Stalking a Vaccine; The Department of Defense Vaccine Trials; Salk Immunogen Development Rights in Arbitration; Last Gasp for the TAT Inhibitor; Mark Jacobson Advises Against Amikacin; Nizoral-Seldane: A Dangerous Combination; Pennsylvania Special Pharmaceutical Benefits Program Adds Five New Drugs; Controversy Surrounds Theory of New HIV Co-Receptor; Landmark Suit Settled Against Philadelphia Paramedics; Wasting Syndrome-Kotler Finds New Agent.

8 SPANISH LANGUAGE RESOURCE INFORMATION (IN SPANISH)

13 HIV/AIDS STANDARD OF CARE by Jonathan Lax, Kiyoshi Kuromiya, and others Edition No. 5 of ACT UP Philadelphia's HIV Standard of Care.

17 PHILADELPHIA AREA AIDS/HIV CLINICAL TRIALS

An constantly updated listing of current local clinical trials plus access to other experimental treatments, through Treatment INDs, Compassionate Use, Expanded Access, Buyers' Clubs with annotations.

34 CLINICAL TRIALS IN PRISON

Guidelines for clinical trials in prison environments and our PWA Prisoner Resources Guide.

45 COMMUNITY ADVISORY BULLETIN BOARD edited by Greg Haas, Kiyoshi Kuromiya

News of interest to the community members of the clinical trials networks, designed to further communications between the ACTG Community Constituency Group and CABs, the CPCRA community advisors, and others. Contents: Toxicities Reported in ACTG 196/CPCRA 009; ACTG CAB Update; Spanish Language Consent Forms; Immunology Committee; Primary Infection; MOPPS; Pharmacology Report; Women's Health Report; ACTG 076 Concludes that AZT Reduces HIV Transmission from Mothers to Infants; CPCRA/ACTG Link; IVIG Product Recalled Due to Hepatitis C Transmission; Community Constituency Group Members Phone and Committee List.

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The most complete listings for the area (Pennsylvania and neighboring states).

- 57 DIRECTORY OF PWA RESOURCES: Philadelphia's most complete monthly resource listings.
- 61 CALENDAR A calendar of events of interest to persons with HIV/AIDS.

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64 SUBSCRIPTION INFORMATION FOR CRITICAL PATH AIDS PROJECT

Critical Path is also available in an online edition, available on Critical Path AIDS Project BBS, (215) 463-7160 (N-8-1 full duplex) and from other online services.

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THE TREATMENT & DATA

DIGEST

AZT Patent Challenged

AZT's patent, currently owned by Burroughs-Wellcome, has been challenged by Barr Laboratories and Novopharm, who claim that researchers from the National Cancer Institute who developed the drug should be added to the patent. A successful challenge would allow generic companies to sell AZT for less money in the US. In July, a judge ruled that there was no basis for adding the government scientists to the patent, since they merely served as BW's "technicians" in testing the compound against cultured HIV. The case has been appealed.

Aztec: A sustained-release formulation of AZT.

Aztec (AZT Efficiently Controlled) is a sustainedrelease form of AZT being developed by Verex Labs of Colorado. The product is a sustained-release formulation which releases AZT into the system more gradually to achieve better intracellular levels of the active form of AZT. Verex has received permission from the FDA to the put the product into Phase III trials. Verex lawyers claim they will be able to sell the product regardless of the outcome of the current patent suit filed against Burroughs-Wellcome, the makers of AZT.

Alloimmunization as an AIDS Vaccine

In a letter in Science (10/8/93), Gene Shearer and Mario Clerici of the National Cancer Institute describe the idea of a vaccine for HIV based on cellular proteins known as human lymphocyte antigens (HLAs). This idea is based on the speculations of Stott and colleagues, and the work of Larry Arthur and others. An antigen is any substance or microorganism that is recognized as foreign by the immune system and induces a response on the part of the same system, such as production of specific antibodies.

These cellular proteins can be identified as HLA alloantigens (or "xenoantigens" in Stott's work) when first entering the host during the first stages of HIV infection.

Studies indicate that protection of macaques against SIV (the equivalent of the AIDS virus in monkeys) is correlated with the presence of antibodies against these particular antigens. Recognition of HLA alloantigens supports Plummer's theory that prostitutes in Nairobi who seemed to be resistant to HIV may be responding to this phenomenon of alloantigen recognition and thereby rejecting HIV-infected leukocytes in semen before HIV infection could occur. Shearer and his colleagues note advantages of alloimmunization as a potential HIV vaccine. According to the report, allogeneic response is the strongest known antigen-specific immune response. It does not require preimmunization since it is well developed at birth. It is also responsible for foreign tissue rejection, which could kill allogeneic leukocytes introduced by exposure through needle sticks. On the down side, alloantigen-immunized people may not be good candidates for allografts. Also, it is impossible to determine which HLA antigens would need to be known.

Finally, immunization with foreign leukocytes comes with the risk of infecting the individual with other viruses.

Envelope Vaccines Could Backfire

Some experimental vaccines designed to prevent and combat the AIDS virus may, in fact, make it easier for certain viruses to infect a person, say researchers. Vaccines under current development focus on the outside envelope coat of HIV. An immunized person responds to the vaccine by producing immune system antibodies that bond to HIV deactivating it. According to researchers at the University of California at San Francisco, these antibodies, instead of deactivating immunodeficiency viruses, either neutralize them, enhance them, or have no effect whatsoever.

According to research team head Jay Levy, this can occur because of the ability of HIV to undergo genetic changes, resulting in the creation of new mutant strains, some of which resist the body's immune response. The studies show that genetically different strains of HIV respond differently to a single species of antibody, suggesting that it is possible for a vaccine to stimulate production of antibodies that neutralize one strain while making it easier for other strains to cause infection.

All news on vaccines is not bad, however. Theoretically, the core (vs. envelope) vaccines may not be subject to the effects of mutant strains. The Salk immunotherapeutic, for example, is a core vaccine. (See also, "Stalking a Vaccine," below.)

Stalking a Vaccine

According to Washington Technology (Dec. 12, 1993), while most potential AIDS vaccines focus on the outer "envelope" of HIV made up of proteins and able to change a thousand times faster than the second fastest virus, Cel-Sci Corp. of Alexandria, Virginia, is taking an out-of-themainstream approach. The company's vaccine HGP-30, was the first in the world to concentrate on the core of HIV, but is still a relative unknown. It is based on a protein in the core of the virus that does not change throughout its strains and is a synthetic copy of the core protein so that it cannot cause AIDS in healthy people.

Early trials indicated that the vaccine produced killer Tcells, which destroy AIDS-infected cells before they take over the body. Other studies observed immune responses triggered by the vaccine. In addition, blood immunized with the drug and placed in mice without an immune system

Volume 1 Number 2 January - March 1994

HIV Educator

Focus: Substance Users
 E&Ps in Area of Focus
 Calendar
 Educational Materials
 Order Form



It Takes All of Us Working Together to Stop the Spread of HIV This issue of the HIV Educator focuses on HIV/AIDS and Substance Use. After talking with E&Ps from this Area of Focus, we've learned that many feel posters are very successful in outreaching this population....so, we've been working together with the National AIDS Clearinghouse to bring you limited edition posters targeting Substance Users, and other populations too (see page 69).

Also included in the Educational Materials Section of this issue are generic "tear-outs" of "Do the Right Thing" and "Remember: 3 X 3", both in English and Spanish! You, as an E&P Program, can have your copies of these materials customized with your own logo and local reference numbers, but we know that many of you interface with other community-based organizations in your area that you might like to share these materials with. They can photocopy them and stamp them with their own information!

We are open to your Educational Materials needs! Tell us what you want! Let us know what materials you are currently using: materials that you've ordered from CAC in the past; materials that you've ordered from other sources or clearinghouses; and especially materials you've developed yourselves!

We know that no one clearinghouse can possibly supply you with all of your educational materials needs. So, as you peruse this issue of the HIV Educator, please take a moment to note information on "other" clearinghouses. You might like to request their catalogs.

California AIDS Clearinghouse And

Computerized AIDS Information Network Advisory Council Members

A Member of the Advisory Council will be calling you personally to discuss your Educational Materials needs.

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Computerized AIDS Information Network (CAIN)

Have you ever been late for a meeting with a big agenda...even 5 or 10 minutes...and discover that you *do not even have a clue* as to what these people are talking about? No matter how hard you listen, you just don't seem to be up to speed? HIV/AIDS education is very much like a high-powered business meeting in that the information is flying in and out, fast and furious, and if you are not *getting* all of the information from the get-go, how can you be certain you are *giving* out the right information? CAIN can help you stay on top of the information.

What is CAIN?

CAIN is an inter-active on-line network of HIV/AIDS information that you can access through your computer and modem. CAIN offers immediate access to a wide variety of HIV/AIDS information from virus transmission, epidemiology, statistical data, diagnostic data and treatment, to health promotion and prevention, psychosocial issues, and nutrition.

How can CAIN Help Me?

CAIN can provide you and your program with direct access to:

- •monthly educational and medical abstracts
- •up-to-date HIV/AIDS statistics and drug studies
- •selected full-text journal articles and newsletters
- "popular press" articles and wire-service stories
- •a monthly calendar of conferences, events, trainings, etc.
- •an Electronic Mail (E-mail) service
- •Forum services (Bulletin Board)

Approximate Posting Dates

Daily UPI/Related News Forum Messages Wednesdays Calendar Events Updated Thursdays FDA/Federal BBS (reviewed) NAC BBS (reviewed) MMWR

1st Week of the Month G/L Info Bureau BBS (GLIB) AIDS Educ & Prevention Journal Veterans Affairs Newsletter AIDS Treatment News

2nd Week of the Month AIDS Information BBS HIV/AIDS Info BBS California DHS/OA Statistics Educational Journal Abstracts US Conference of Mayors Newsletter

3rd Week of the Month CA DHS/OA HIV Update Directory of Services Updated Veterans Affairs Newsletter AIDS Treatment News

4th Week of the Month AIDS-Current Science Los Angeles DHS Statistics Educational Materials Updated Frontiers Edge Magazine Lesbian News The Advocate

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A MARCC Perspective on Two Epidemics: Substance Abuse and HIV at a Glance By Chris Sandoval, MARCC Director

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The twin epidemics of substance use and HIV disease require the mobilization of multiple disciplines and multicultural communities across all systems of research, health education, and health service delivery. The issues which confront us are complicated and sometimes seem overwhelming. This guideline should be used as a way to tease out important psycho-social variables, risk factors, and intervention strategies in building a strategic planning process or to support the creation and design of prevention-case management tools by local communities.

Extensive research provides a baseline for understanding the psycho-social challenges which must be assessed to understand where the client is in terms of his/her feelings, his/her mental health response to addiction and HIV disease, and to determine the appropriate plan of prevention case management.

Risk factors for substance abuse and HIV disease overlap enormously. The rapid assessment guideline attempts to cover the major factors involved in predicting and diagnosing the problems and prescribing the appropriate course of multidisciplinary response. While both lists are set side-by-side there has been no attempt to correlate the psycho-social issues and the risk factors, although the relationship overall is obvious. The strategies outlined are an attempt to list some of the interventions that work. There is no magic bullet in prevention education. A combination of strategies designed by professionals from multiple disciplines seems to work best.

MARCC Substance Use-HIV Disease Rapid Assessment Guideline

Psycho-Social Assessment Issues

- •Fear of Abandonment
- Loneliness
- Isolation
- Alienation
- •Feelings of Emptiness
- Confusion
- Anger
- Shame
- Envy
- Immobility
- Obsession
- Dependency
- Compulsiveness

- Paranoia
- •Loss of Boundaries
- Blaming
- Depression
- Denial
- Powerlessness
- Rebelliousness
- Aggressiveness
- Impulsiveness
- Bargaining
- Manipulative
- Multiple psycho-social issues

Risk Factors

- Poor academic performance
- •Low or negative religious affiliation
- Early initiation to alcohol use
- Poor self esteem
- Pleasure seeking
- •Dysfunctional family
- Drug peer group modeling
- Search for anxiety reduction
- •Gender variable (males)
- •Low sense of social responsibility
- •Meaninglessness of life
- Escape from reality
- Poverty cycle

- Hopelessness
- Misperceptions of danger of cigarettes or nonuse of seatbelts
- Alienation
- Media influence
- Incest
- Family battery and violence
- Personalized and institutionalized racism
- Personalized and institutionalized homophobia
- •Use of diet pills, diuretics, and laxatives
- Worry diversion
- •Enhancement of personal power
- Multiple risk factors

Prevention-Education Intervention Strategies

- Promote positive values for the individual, family and community, particularly love and tolerance
- Promote self-esteem and positive affirmation
- Promote clarification of "values"
- Promote alternative choices or behaviors
- Promote peer leadership training
- Promote community involvement for families, faith communities, schools, mass media, and clients through multidisciplinary and multicultural participation. (This includes bringing researchers, prevention-education practitioners from the fields of mental health, drug, alcohol, public health in government, university, and community settings)
- Promote refusal skills through roleplays and realplays
- Promote social marketing of condoms, safer sex, and needle exchange in the broader context of a comprehensive substance use and HIV community strategic plan
- Promote knowledge of substances and their adverse impact on the body, mind, and spiritual well being of communities at risk
- Promote programs which address addiction to substances and behaviors
- Promote street outreach and peer education
- Promote 12 step programs and other treatment programs
- Promote early intervention support
- •Promote psycho-social and clinical support for people with HIV and substance use risk factors
- Promote primary, secondary, and tertiary multidisciplinary, multicultural, multifocused HIV and substance use prevention-education
- Promote access to communities of color by utilizing culturally appropriate, language appropriate, and skill and life experience appropriate individuals in education and service delivery
- Promote a combination of research, education, and treatment strategies

Friendly Reminder

As you know MARCC is currently undertaking a statewide needs assessment in California to all State Office of AIDS funded prevention providers and their subcontractors. We would like to encourage you to reply at your earliest possible convenience so that we can report back the results to you. Thank you in advance for all your support and co-operation.

MULTICULTURAL AIDS RESOURCE CENTER OF CALIFORNIA (MARCC)



A JOINT PROJECT OF THE CALIFORNIA STATE OFFICE OF AIDS AND POLARIS RESEARCH AND DEVELOPMENT

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THE WASTING SYNDROME IN HIV INFECTED INDIVIDUALS

eight loss is a common complaint of individuals with HIV infection and AIDS. The Centers for Disease Control (CDC) defines wasting syndrome as an unexplained weight loss greater than 10% from baseline or ideal body weight in conjunction with constitutional symptoms lasting one month or longer¹. Many researchers are investigating the cause of wasting syndrome in AIDS. To date there is no single mechanism which completely explains wasting syndrome; the underlying etiology is most likely multifactorial. This article will review what is known about wasting syndrome in AIDS, discuss treatment options, and make recommendations based on these data³.

Wasting specifically refers to the loss of muscle protein often termed lean body mass (LBM). Studies have demonstrated that there is a critical level of LBM necessary to sustain life^{2,3}. People with AIDS who begin to waste unchecked have significantly greater morbidity (incidence of illness or symptoms) and mortality (death) as they approach this level. Many measures exist to determine LBM, however the majority are often influenced by other factors such as drug therapy, other disease states, or adipose tissue deposition.

Total LBM can be determined by a number of specialized techniques that are available in a research setting. These studies are often too laborious and require special technology not readily available in the clinical environment. It is clear that following the patient's weight regularly will give some indication of overall nutritional status, however this may not adequately reflect LBM in the seriously ill person with AIDS experiencing significant weight loss⁴. Serum albumin and tricep-fold anthropometric measurements are two tests that are inexpensive, clinically available, and easy to perform that will assist clinicians in evaluating LBM in their patients.

Wasting can occur because of inadequate intake due to anorexia (poor appetite) and fatigue resulting from disease or medications. Given this scenario, a vicious cycle can occur in the seriously debilitated person as malnutrition often produces these very same symptoms. Thus the individual becomes increasingly malnourished because he/she has no appetite to eat or limited energy to purchase and prepare food. Inadequate financial resources for food can further complicate this picture.



Evaluating Alternative Therapies page 5

due to malnutrition is the most common cause of wasting syndrome in people with AIDS⁴. Therefore it is important that individuals and their health care providers pay close attention to nutritional status, intervening before wasting has become clinically evident. This intervention can be as simple as encouraging individuals to eat more, particularly foods which have a high caloric value and are 'nutritionally dense.' (I often refer to this as Jewish-mother therapy.) Nutritionally dense foods are those with high calories and high nutritional value vs. those which are high in calories with limited nutritional value. Peanut butter and jelly sandwiches vs. a six-pack of cola soft drinks are an example of this comparison.

Studies have demonstrated that wasting

Individuals who are more debilitated or who find eating large or frequent meals difficult, may benefit from dietary supplements. These come in many forms, examples being Ensure, Sustacal, Resource, Lipisorb, etc. However, dietary supplements are expensive and often not necessary. Consultation with a skilled and experienced nutritionist is invaluable in developing the best dietary prescription. On

See WASTING, page 22

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Pregnancy & hiv page 8 d4T as Antiviral Alternative

HIV & PET OWNERSHIP

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New Drug approved for MAC Prophylaxis

by Jeff Schouten, MD

Mycobacterium avium complex (MAC) is a serious life-threatening infection in persons with severely weakened immune systems. MAC was formerly referred to as Mycobacterium avium intracellulare(MAI). The causative agent is a mycobacterium,

like tuber-

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and other

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The causative agent is a

MYCOBACTERIUM,

LIKE TUBERCULOSIS,

WHICH CAUSES

DISSEMINATED

INFECTIONS.

usually includes the gastrointestinal tract,

liver, and blood. Persons with CD4 counts less than 250 mm³ are at risk, with the risk greatly increasing when CD4 counts are less than 50 mm³. One study followed 1020 people with AIDS or ARC for a median of 600 days with CD4 counts less than 250 mm⁵ who were receiving AZT found that 19% developed MAC1. a Mycobacterium avium can often be found in stool cultures in asymptomatic persons, but this usually is not an indication for therapy. Treatment for MAC is usually based on finding the organism in blood cultures. Cultures can take three to six weeks for results since the organism is very slow growing in lab cultures

Treatment of MAC, once the infection is clinically significant, is difficult. Treatment usually consists of multiple antibiotic combinations, with serious side-effects. Clarithromycin is the drug used in most combinations. Therefore, the need is great for effective prophylactic therapy. For most HIV-infected people, now that there is very effective prophylaxis for *Pneumocystis carinii* pneumonia, MAC is the most common life-threatening infection.

The FDA has recently approved the use

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of rifabutin for the prophylaxis of MAC. Rifabutin (300 mg) was approved for use for MAC prophylaxis in HIV positive patients 12 years of age or older with CD4 counts of 200 mm³ or below. Rifabutin is the first drug for which controlled data is available to show efficacy against MAC. Rifabutin use in patients with established MAC has not been shown to be effective. The most common side effects, which tend to be minor, include flu-like symptoms, gastrointestinal problems, rash, and discoloration of the urine. The other reported less common side effects of rifabutin include, neutropenia (lowering of white blood cell count), anemia, lowering of platelets, and mild liver and kidney damage. These side effects are usually asymptomatic and reversible if the drug is discontinued. Rifabutin is not 100% effective in preventing MAC, but it did prevent MAC infection in a significant group of those treated.

Two studies were reported at the 1992 International AIDS Conference which noted the efficacy of rifabutin prophylaxis for MAC. William Cameron, M.D. compared rifabutin (300 mg a day) to placebo in 556 people with AIDS with CD4 counts less than 200 mm³. Fifty people in the placebo group developed MAC compared to only 24 in the rifabutin treated group. Fred Gordin, M.D. reported another rifabutin prophylaxis study and observed that 15% of the people in the placebo group developed MAC, compared to only 9% in the rifabutin group.

Tonisa Claridy, who spoke at the STEP Community Forum on October 24, 1992, emphasized the importance of tuberculosis (TB) testing in all persons who are considering rifabutin for MAC prophylaxis. This is important since rifabutin is closely related to a drug which has some efficacy against TB, rifampin, but only when used in combination therapy. Rifabutin therapy, in someone with TB, could result in the development of a drug-resistant strain of TB. ◆ How to Read & Interpret your Laboratory Blood Test Results

by Joel Gibson, MS

A key element to taking control over your health is learning to monitoryour immune system. The bulk of immune monitoring is done through a variety of blood tests. Learning to read and understand your laboratory tests can be quite frustrating. This article will provide the basic information to help with this process. Because different labs report results a little differently, it may be wise to ask your primary health care provider to help you read your results as well.

There are some basic rules which hold true for nearly all laboratory tests:

1. Different laboratories can get different results on the same sample of blood. Make sure you ask your primary health care provider which lab was used if it is not noted on the report.

2. Laboratories can make mistakes. If your results have changed dramatically from your previous test, have it run again.

3. Most lab values need to be interpreted along with other clinical and laboratory data in order to develop a meaningful diagnosis. Very seldom will only one value give all of the answers.

4. Laboratory values differ according to age, sex, current medications, etc. Therefore, the interpretation of these values needs to be done with these other parameters in mind.

5. The "normal" range is the value that is normal for a person who does not have HIV. For example, a low cholesterol value in an HIV infected individual is not uncommon.

CBC — The COMPLETE BLOOD COUNT (CBC) is one of the most common tests ordered by a provider. It is a routine test used to evaluate the blood and general health. Asymptomatic, HIV positive individuals should have this test done twice a year. Symptomatic individuals should have their CBC done at least every three months. Additionally, if you are on antivirals or other medications you might need to have this test done more often. A CBC measures all of the following parameters: red blood cell count (RBC), white blood cell count(WBC), hemoglobin, hematocrit, three red cell indices, and the white cell differential. Platelet counts are sometimes included in a CBC.

RBC COUNT - The RBC COUNT is the number of RBCs in a cubic millimeter of blood. the RBCs are the cells produced in the bone marrow that carry oxygen to your tissues. The normal range is 4.5-5.9 million/mm³ for men and 4.0-5.3 million/mm³ for women. A slightly decreased value is not cause for alarm as many individuals with HIV infection have values below the normal range. However, a markedly decreased value should be thoroughly investigated. A person with a significantly low RBC count can have symptoms of fatigue, shortness of breath, and appear pale in color. A low RBC count can be due to progressive HIV illness or to certain medications or both. AZT, for example, can suppress the production of RBCs in some individuals. A decrease in the RBC count usually causes a decrease in the hemoglobin and hematocrit values.

WBC COUNT - The WBC COUNT is the number of WBCs in a cubic millimeter of blood. The primary function of these cells is to prevent and fight infections. There are many different types of white blood cells that play specific roles in fighting infections. These specific types of WBCs can be measured in the white cell differential. Normal WBC count is from 4,500 to 11,000. The WBC count can be decreased for a variety of reasons: certain medications decrease the production of WBCs in the bone marrow, minor viral infections which you may not even be aware of, stress, and opportunistic infections. Values markedly decreased should be cause for concern, since during this situation one is more susceptible to other infections.

Hemoglobin — Oxygen is carried to the tissues via *HEMIOGLOBIN* in the RBC. A normal hemoglobin level is 14.0-18.0 g/dl for men and 12.0-16.0 g/dl for women. A slow, progressive decline in hemoglobin is often seen in people with AIDS. This is usually due to a decline in the number of RBCs produced in the bone marrow. Any drug which causes a suppression of the bone marrow, will decrease the hemoglobin level. In most cases it's a matter of balancing the effects of the drug with its potential side effects. When the

side effects become too great, either the drug must be removed or the dose reduced to a tolerablelevel. Adrug which mimics the action of the hormone erythropoietin (AKA Procrit, EPOand other names), has its effect on the bone marrow causing the production of new RBCs. It has provided great relief to thousands of individuals with HIV infection and kidney dialysis patients. Erythropoietin has enabled many people to stay on bone marrow suppressive drugs without the need for transfusions.

DIFFERENT LABORATORIES CAN GET DIFFER-ENT RESULTS ON THE SAME SAMPLE OF BLOOD. MAKE SURE YOU ASK YOUR PRIMARY HEALTH CARE PROVIDER WHICH LAB WAS USED IF IT IS NOT NOTED ON THE REPORT.

HEMATOCRIT — The HEMATOCRIT is the percent of the cellular components in your blood to the fluid or blood plasma. This test is one of the truest markers of anemia. Normal values for men are 40-54% and for women 37-47%. A decrease in hematocrit is always seen with a decrease in the hemoglobin. These two values are linked to one another.

See LAB next page

LAB, from previous page

MCV — The mean cell volume or *MCV* is the most important of the RBC indices. It is a measure of the average size of the RBC. For those individuals taking AZT, the MCV will always be normally elevated, i.e. greater than 100. Vitamin B12 and Folic Acid deficiencies also cause increases in MCV. Normal MCV levels are 80-96.

The other 2 indices are not so important. They are the MCH and the MCHC and are used to help diagnose various anemias and leukemias.

PLATELETS - PLATELETS are cellular fragments which are necessary for the blood to clot. When activated by "trauma," platelets migrate to the site of injury where they become "sticky," adhering to the injured site and subsequently used in the developing fibrin clot (scab). Normal platelet values are 150,000-350,000. In some individuals, HIV infection itself causes a decrease in the number of platelets. Otherwise, drugs can also cause low platelet counts. Even though counts are considered low below 150,000, most people can survive without the threat of internal bleeding with counts above 50,000. On very rare occasions, the number of platelets present are adequate, but for unknown reasons they don't function correctly. Any malady involving ones platelets can be a potentially serious condition.

WHITE CELL DIFFERENTIAL The WHITE CELL DIFFERENTIAL counts 100 white cells and differentiates them by type. This gives a percent of the different kinds of white cells in relation to one another. The three main types are: polymorphonuclear cells (or PMNs), lymphocytes, and monocytes. PMNs are increased during bacterial infections while lymphocytes are decreased with viral infections. Increased monocytes are sometimes seen in chronic infections. Normal percent of PMNs is 55-80%. 25-33% is the normal number of lymphocytes, and 3-7% is normal for monocytes.

There are a wide range of blood chemistry tests which are done on individuals either routinely or for a specific reason. Some of the ones pertaining to HIV infection are mentioned below. CHOLESTEROL — CHOLESTEROL levels, as mentioned earlier, are routinely decreased in HIV positive individuals. It's not understood why this occurs, but is thought to be related to altered metabolism. Normal cholesterol levels are 150-250 mg/dl.

AMYLASE — AMYLASE is an enzyme that is secreted in the mouth by the salivary glands and also in the pancreas. It can be an early warning sign of acute pancreatitis when elevated. ddI can cause problems with the pancreas in a small number of patients taking the drug. Normal amylase levels are 25-125 milliunits/ml.

CPK — CPK or CK is an enzyme that's found in the brain and the muscles of the body. Strenuous exercise as well as a heart attack can cause increases in CPK. This makes clear the point of evaluating an abnormal test result in the context of other factors. Myopathy, dysfunction/distress with the muscles, can sometimes be confirmed with an elevated CPK. Myopathy is usually caused by HIV but can also be due to AZT, especially at higher dosages. Normal levels of this enzyme are 12-80 milliunits/ ml (30 degrees) or 55-170 milliunits/ml (37 degrees). Values will be slightly lower for women.

LIVER FUNCTION TESTS - LIVER FUNCTION TESTS include 5-6 individual tests which collectively can help determine the status of ones liver. Elevated liver enzymes are most often caused by certain medications. The HIV infected population also has a high prevalence of hepatitis. At least 4 different viruses are known to cause hepatitis, all leading to increased liver function tests. Therefore compound factors can be at work. If liver enzymes are only moderately elevated, most providers will take a "wait and see" attitude, monitoring them over a period of a few weeks to a few months. However, if the elevation is quite high, the underlying factor must be found. This might very well be one of the medications that you're currently taking. The names of these liver function tests include SGOT, SGPT, alkaline phosphate, total bilirubin, and LDH.

KIDNEY FUNCTIONS — Two tests which measure kidney function are the BUN AND CREATININE. The usefulness of these tests in an HIV infected individual usually relates to medications possibly toxic to the kidneys. Hence kidney function is monitored in this way. Forcarnet is an example of a drug which can cause renal toxicity. Normal BUN levels are 10-20 mg/dl. Normal levels of creatinine are 0.6-1.2 mg/dl.

LYMPHOCYTE SUBSETS - The category of LYMPHOCYTE SUBSETS includes absolute counts and percentages of CD4 and CD8 cells as well as other parameters. Usually the number and percent of B cells is included and the number and percent of all lymphocytes (except those called "natural killer" or NK cells). Lymphocytes are broken down mainly into T and B cells. T cells are further divided into CD4 (+) cells and CD8(+) cells. It is well known that HIV infection causes a slow, progressive decline in the number and percent of CD4(+) cells in most individuals. There are exceptions. Some individuals progress in their disease very rapidly and others don't seem to progress much at all after more than 12 or 13 years of infection. Normal CD4 counts are 400-1500. The role of CD8 cells is less clearly understood. Early on in the epidemic, high CD8 cell counts caused inversion of the CD4:CD8 ratio and was thought to adversely affect illness. Now it is generally believed that elevated CD8 cell counts are advantagous in the HIV positive individual as it's thought to indicate the body's ability to keep HIV somewhat constrained. Normal CD8 cell counts in an HIV negative individual are 275-780. How CD8 cells are beneficial is still being investigated. **6**

Please refer to page 25 of this newsletter for a copy of our LabTest Tracker form for assistance in recording your lab test results.



Volume 3, Number 1

The National Hemophilia Foundation

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This publication is intended to give the reader an overview of consumeroriented AIDS treatment literature by providing citations or the full text of articles published in the last quarter. In order to enhance the timeliness of this issue, articles received during production are listed as citations in the boxes following each topic. Recent major events covered by the news media also are included in the Newswire section.

HIV Treatment Information Exchange

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The National Hemophilia Foundation 110 Greene Street, Suite 303 New York, NY 10012 212-431-8541 800-42HANDI FAX: 212-431-0905 © 1994 THE TREATMENT OF HIV DISEASE IS CONSTANTLY EVOLVING. THIS SECTION OF *HTIE* IS DESIGNED TO HIGHLIGHT THOSE DEVELOPMENTS AND ADVANCES ANNOUNCED BY THE NATIONAL HEMOPHILLS FOUNDATION AND COVERNMENT ACENCIES, SUCH AS THE NATIONAL INSTITUTE OF ALLERCIES AND INFECTIOUS DISEASES (NIAID) AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC).

AZT Reduces Rate of Maternal Transmission of HIV

NIAID News, February 21, 1994

Zidovudine (AZT) therapy has reduced by two-thirds the risk of transmission of virus from HIV-infected pregnant women to their babies according to preliminary results of a trial sponsored by the National Institute of Aliergy and Infectious Diseases (NIAID), in collaboration with the National Institute of Child Health and Human Development (NICHD) and Institut National de la Sante et de la Recherche Medicale (INSERM) and Agence Nationale de Recherches sur le SIDA (ANRS) of France. Both NIAID and NICHD are part of the National Institutes of Health (NIH).

An interim review of the study, AIDS Clinical Trials Group (ACTG) Study 076, revealed a transmission rate of 8.3 percent when both mothers and their babies received AZT, in comparison with a transmission rate of 25.5 percent among those receiving a placebo.

"Although this treatment did not protect all the babies in the study, the news that the risk of HIV transmission to newborns can be significantly reduced is very promising," says Donna Shalala, secretary of the U.S. Department of Health and Human Services (DHHS).

Anthony S. Fauci, M.D., NIAID director, stresses "Long-term follow up of all of the children born to mothers in this study is essential to learn more about the risks and benefits of the treatment beyond these encouraging early results."

An independent Data and Safety Monitoring Board (DSMB) reviewed the ACTG 076 preliminary findings. As a result of the DSMB's review and recommendations, the study investigators have stopped enrollment of women into ACTG 076 and are offering AZT to all currently enrolled pregnant women who remain in the study, as well as to their infants for the first 6 weeks of life. The study investigators plan to follow the infants for a number of years because the long-term consequences of AZT therapy are unknown; in addition, they will follow the women in the trial for six months after delivery.

Researchers will monitor the growth and development and look for any unusual illnesses among the infants, according to the chairs of the ACTG 076 protocol Edward M. Connor, M.D., associate professor of pediatrics at the University of Medicine and Dentistry of New Jersey in Newark, and Rhoda Sperling, M.D., of the Department of Obstetrics and Gynecology at Mount Sinai School of Medicine.

Because long-term effects of therapy on the infants are currently unknown, no recommendations about treatment to prevent transmission of HIV during pregnancy and delivery are being made pending development of consensus on the balance between known benefit and unknown risk. In the meantime, more details about this study are included in a Clinical Alert to Physicians and in a Summary of ACTG 076 Findings. These documents are available from the AIDS Clinical Trials Infor-

About this publication...

The *HIV Treatment Information Exchange (HTIE)*, produced by the Hemophilia and AIDS/HIV Network for the Dissemination of Information (HANDI) and the Department of Clinical Research of the National Hemophilia Foundation, is a service designed to provide the hemophilia community with news and information on advances in the treatment of HIV. Content is drawn from a wide scope of newsletters and bulletins focused on HIV treatment. Articles are chosen that provide the least technical discussion of HIV, related disorders, and their treatments. Those interested in more technical, medical, or scientific material should contact HANDI to access this information.

The National Hemophilia Foundation provides the material in this publication as a source of general information. It is not intended to substitute for the guidance provided by the private physician or hemophilia treatment center. For more information on any of the topics included or other HIV treatment issues, readers should refer to the Resources section at the end of this document, call HANDI, or contact their local hemophilia treatment center.

The National Hemophilia Foundation

Spring 1994 • Page

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mation Service, 1-800-TRIALS-A. Thewere HACTG 076 investigators are preparingwomena report of the study that will be sub-35 andmitted for publication to a peer-re-Unitedviewed medical journal.in FrancHIV is the fifth leading cause of death[This

in U.S. children younger than 15 years, according to the National Center for Health Statistics. As of Sept. 30, 1993, the Centers for Disease Control and Prevention have received reports of 4,906 AIDS cases in children younger than 13 years. Of these children, 4,328 had a mother with, or at risk of having, HIV and 2,615 have died. Annually in the United States, an estimated 7,000 HIV-infected women give birth to infants, of which approximately 25 percent are HIV-infected.

ACTG 076 began in April 1991, with a target enrollment of 748 HIV-infected women in their 14th to 34th week of pregnancy who did not need AZT as part of their medical care. The women received either AZT or a placebo during pregnancy and labor. Neither the researchers nor the women knew to which treatment arm the women had been randomly assigned. The length of treatment ranged from one to 29 weeks, based on the time of the womens' enrollment.

Within 24 hours after birth and for six weeks thereafter, infants received the same treatment, either AZT or placebo, as their mothers.

The women received either a placebo or a standard adult dose of AZT during pregnancy. During labor, the women received a continuous intravenous dose of the placebo or AZT. The babies subsequently received a syrup of the placebo or of 2 mg/kg AZT four times a day for six weeks.

As of Dec. 20, 1993, 477 women had enrolled in the trial and 421 babies had been born. The results of at least one HIV culture test were available for 364 infants. Of these 364, 53 had HIV, of which 13 were born to mothers receiving AZT and 40 to mothers on placebo.

Investigators found that both mothers and infants tolerated the AZT treatment well, with no significant shortterm side effects other than reversible mild anemia (low red blood cell counts) in some infants.

The women ranged in age from 15 to 43, averaging 25 years. Of the 463 women completing the trial, 50 percent were African-Americans and 29 percent were Hispanic. Of the 59 sites enrolling women into the trial, NIAID supported 35 and NICHD supported 15 in the United States; INSERM supported nine in France.

[This NIAID release is accompanied by an executive summary and a question and answer supplement - please contact HANDI for copies.]

Trends in Survival Among Persons with Hemophilia AIDS Update:Medical Bulletin #190, Chapter Advisory #194, February 7, 1994

[Editor's Note: The National Hemophilia Foundation (NHF) recently distributed an article entitled, "Changes in Longevity and Causes of Death Among Persons with Hemophilia A," published in February, 1994, issue of the American Journal of Hematology, to keep the community informed of the most current information about hemophilia and HIV disease related to hemophilia.]

The authors of the article reviewed death certificates to determine both the average age at death and cause of death in persons with hemophilia A (factor VIII deficiency) between the years of 1968 and 1989. Unfortunately, this study confirmed the sad facts that the hemophilia community already knows.

- The average age at death for persons with hemophilia A increased between 1968 to 1983 from less than 40 years of age to 64 years of age.
- The average age at death began to decrease again in 1983 and by 1988 was back to 40 years of age.
- The death rate in persons with hemophilia A increased by over 150% from 1983 through 1989.

These statistics are associated with HIV infection. Persons with hemophilia A and HIV infection died at a significantly younger age than non-infected persons. By 1988, HIV infection had replaced heart disease and hemorrhage as the leading causes of death for persons with hemophilia.

The attached study offers evidence that the hemophilia community did make tremendous gains in the treatment of hemophilia between 1968 and the early 1980s. These gains are evi-

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denced by a decreasing death rate and an increase in the average age at death. Tragically, HIV infection has disrupted much of the progress that was seen with the advent of factor replacement therapy in the 1970s.

It is important to keep one thing in mind as you read articles about groups of people. The conclusions of the study are based on overall group averages. This type of information can be useful to know, but remember each individual is unique. This information does not necessarily tell you about your medical condition, please discuss them with your medical doctor or hemophilia treatment team.

Obviously, these results are not what we want to see. Even though this information might be upsetting, we think it is important for the entire hemophilia community to have access to all the available information. Reading this summary and reviewing the article might leave you depressed or upset. If you do feel upset, or have some specific questions, it is important to talk to members from your Hemophilia Treatment Center team or other medical specialist.

Note: This article represents a dramatic contrast to a 1985 article that was published in the American Journal of Epidemiology in which the authors demonstrated (Johnson, et al.) that "improved care for hemophilia, including the use of clotting factor concentrates, dramatically reduced hemophilia mortality rates during the 1970s." The 1985 article pointed out that between 1972 and 1982 the median age of patients reported by hemophilia treatment centers increased from 11.5 to 20 years. It is clear from the article cited above that all of the life prolonging advances that we experienced in the 1970s have been eliminated in the 1980s as a result of the AIDS epidemic in the hemophilia community. References are provided below for the 1985 article and other articles/letters that characterize the causes of death in the hemophilia community. Copies may be obtained from HANDI.

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Product Withdrawal of Gammagard and Polygam AIDS Update: Medical Bulletin #191, Chapter Advisory #195, February 25, 1994

We learned late yesterday that Baxter Healthcare Corporation and the American Red Cross have initiated a voluntary withdrawal of their intravenous gamma globulin products, GAMMAGARD and POLYGAM, respectively. This withdrawal was begun because there have been recently reported cases of hepatitis, most probably hepatitis C, potentially associated with these products. Additional information on the withdrawal can be found in the attached letters from Baxter to physicians and customers.

The companies have requested that individuals, physicians, hospitals, pharmacies, homecare companies and drug wholesalers who have these products return them to the company that they were purchased from; credits/refunds will be arranged. For information on alternatives to either GAMMAGARD and POLYGAM, individuals should consult with their physician. In addition, if you have received one of these products, please contact your physician to discuss possible exposure to hepatitis C and appropriate next steps. Feel free to share this AIDS Update with your provider.

While intravenous gamma globulin is not a specific treatment for hemophilia, many individuals with hemophilia complicated by HIV and immune (idiopathic) thrombocytopenic purpura (ITP) may receive regular treatment with this type of product.

It should be noted that these gamma globulin products have not been subjected to the same viral attenuation processes as the factor replacement therapies manufactured by Baxter and American Red Cross. In addition, there have not been any reported cases of transmission of hepatitis C virus associated with these factor replacement products. We will continue to closely monitor the possibility of transmission of hepatitis C virus via concentrates in collaboration with the Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC).

We will provide you with more information on this product withdrawal as it becomes available to us from the manufacturers and the FDA. In the interim, individuals should contact their physician or hemophilia treatment center for further information.

[The update is accompanied by copies of Baxter correspondence - please contact HANDI for copies]

Additional Information on Product Withdrawal of Gammagard and Polygam AIDS Update: Medical Bulletin #192, Chapter Advisory #196, February 28, 1994

Last week, we sent Medical Bulletin # 191 and Chapter Advisory # 195 to individuals regarding the voluntary withdrawal of GAMMAGARD and POLYGAM. Since that time, we have received additional information on POLYGAM, the gamma globulin product distributed by American Red Cross (ARC), and manufactured by Baxter with ARC plasma. Attached are statements from American Red Cross and the Food and Drug Administration (FDA).

It should be noted that there have not been any reported cases of possible hepatitis C transmission potentially related to POLYGAM. However, the same manufacturing procedure is used in the production of both POLYGAM and GAMMAGARD.

In addition, these gamma globulin products have not been subjected to the viral attenuation processes used in the manufacture of factor replacement therapies produced by Baxter and American Red Cross. Further, there have not been any reported cases of transmission of hepatitis C virus associated with these factor replacement products. We will continue to closely monitor the possibility of transmission of hepatitis C virus via concentrates in collaboration with the Food and Drug Administration and the Centers for Disease Control and Prevention (CDC).

We will also provide you with more information on this product withdrawal as it becomes available to us from the manufacturers and the FDA. In the interim, individuals should contact their physician or hemophilia treatment center for further information. If you have not received the previous AIDS Update on this product withdrawal, please call HANDI at 1-800-42-HANDI to request a copy.

[The Update is accompanied by Baxter and American Red Cross releases please contact HANDI for copies]

Immunomodulators

by Shahik Gregorian, PhD, Chair of the AIDS Treatment Working Group AIDS Update, Medical Bulletin #195, Chapter Advisory #199, April 18, 1994

Immunomodulators are agents that affect the actions of the immune system. The future role of the

immunomodulators in medical practice is yet to be defined. The key question is whether these new agents will bring remarkable progress in the treatment of AIDS, or whether they will be of only minor importance. Currently, there are a number c these substances that are being used under experimental conditions to evaluate their effect on the immune system. Some of these substances have been shown to boost the immune system and restore an impaired immune response in test tubes. Efforts are underway to test these findings in patients with HIV.

Some of the common immunomodulators that have received attention in the medical community include interferons, immune globulin, interleukins and beta (β)-carotene. Whether these substances will be able to work in AIDS patients to improve their damaged immune systems remains to be seen. [Please refer to the glossary for further clarification and definition of some of the terminology used in this article.]

Intravenous immunoglobulin (IVIG)

Intravenous immunoglobulin (IVIG) is prepared from plasma of donors that are not HIV infected. IVIG contains a concentration of antibodies against a broad variety of microbes, including bacteria and viruses. IVIG has many potential uses in therapy, including acting as an immuno-modulator in HIVinfected children. It has been shown to reduce the occurrence of serious bacterial infections (meningitis, sinus infections, etc.) in HIV-infected children with CD4 cell counts greater then 200/ mm³. In another study that included 20 adults in a randomized open-label trial, it was concluded that IVIG therapy had no effect on the overall number of infections. However, the number of deaths in the group receiving IVIG was smaller than that in the untreated group. The role of IVIG in reducing the number of deaths is not clear. In conclusion, studies from a number of trials indicated the benefit of IVIG in reducing the frequency of recurrent bacterial infections among HIV-infected children. Whereas, the evidence for such efficacy in adults still has not been shown.

Interleukin-2 (IL-2)

IL-2 is a protein produced by the body which stimulates the growth of Tcells. A man-made genetically engineered form of IL-2 has just been approved by the FDA for use in treating certain cancers. IL-2 activates and causes multiplication of various white blood cells, including cytotoxic T-lymphocytes, natural killer cells. These cells recognize, attack and destroy HIVinfected cells. IL-2 has been used in a number of small trials in HIV positive patients. A modified version of IL-2 (PEG-IL-2) with longer half-life in the body is being studied in clinical trials.

Initial clinical trials with IL-2 alone showed no clinical benefits and numerous general side effects (fever, rash, and diarrhea). Subsequent clinical trials were designed to use PEG-IL-2 (IL-2 modified to last longer in the body) with an antiretroviral agent such as AZT or DDI. There were no significant increases in CD4 cell counts in patients with very low CD4 cell counts, but there were significant increases after therapy for patients who entered the study with a CD4 cell count greater than 400/mm³. Mild side effects were observed including a local reaction at the injection site.

Overall, these studies indicate only transient CD4 cell count increases and no changes in the amount of HIV in the blood were noted.

Interferons (IFNs)

IFNs are a group of proteins that have antiviral and immune activities. They are produced by various cells infected by almost any virus. There are three groups of IFNs: IFN-alpha (α), IFN-beta (β), and IFN-gamma (γ). Interferons are produced by white blood cells, including lymphocytes and macrophages (scavenger cells specializing in destruction of harmful bacteria).

IFN- α is approved for the treatment of AIDS-associated Kaposi's sarcoma and extensive clinical experience has been gained with this treatment. Initial studies indicated that poor response to the treatment was seen in patients with a previous history of opportunistic infections who were more immune-suppressed because of advanced HIV infection. A positive response to IFN has been correlated with a healthier immune system.

A recent study in HIV positive patients with CD4 cell counts greater than 400/mm³ showed no changes in CD4 cell counts. No patient treated with IFN developed an AIDS-defining illness during follow-up compared to 5 patients who did develop illness in the placebo group. Other studies have shown that the combination of IFN- α plus AZT is more toxic than AZT used by itself in patients with advanced HIV infection. Large clinical studies are underway to clarify whether to use IFN- α alone or in combination with antiviral drugs such as AZT.

IFN-β

These group of proteins are produced by fibroblasts (a type of cell found in skin and other tissue) and it has similar antiviral activity to that of IFN- in the test tube. A clinical trial was reported in patients with poor-prognosis Kaposi's sarcoma with two different dosages. The results show 50% decline

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in p24 antigen but CD4 positive cells significantly declined. There were minor toxicity of erythema and ulceration at the injection site. We will update you on any future trials of combination therapy with antiretroviral agents.

IFN-γ

These proteins are produced by Tcells, and (in vitro) studies have shown to have antiviral activities. The general conclusion from a number of clinical trials indicate that the activities of IFNseen in laboratory studies do not translate into significant clinical activity.

Adoptive Cellular Immunotherapy

Increases in cell-mediated immune response in HIV-infected individuals could have beneficial effect in controlling viral replication and slow the progression of clinical disease in these patients. Cytotoxic T-lymphocytes (CTL), the immune cells that manage this type of immune response, have the capability to kill HIV-infected cells in culture and may also block HIV replication by release of cytokines (chemicals produced by the cells). The results of number of studies indicate the importance of HIV-specific CTL in providing protection against HIV. Furthermore, many investigators have shown that the activity of CTL against HIV decreases with advancing disease. Similar observation was made in HIV-infected hemophilic children.

Expansion and transfusion of CTL from HIV-infected individuals is undergoing initial clinical evaluation. This is a process where cells are removed from a patient and grown to large numbers in the lab, before being transfused back to the same patient. These clinical trials are testing the theory that these cells may be important in protecting individuals against HIV-infection. Given the difficulty and expense in growing these cells outside of the body, this approach is unlikely to have widespread use in the near future. However, these studies may provide valuable information on the role of CTL in controlling viral replication. The Center for Special Immunology will be performing studies of this technique and more information may be obtained from Susanne Loarie (305/766-2552 ext.100).

Beta (β)-Carotene

ß-Carotene, a form of carotene (a building block of vitamin A, which oc-

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curs naturally in plants and has antioxident properties), is a non-toxic carotenoid with immunomodulating properties in animals and humans.

A preliminary trial of 11 patients infected with HIV was performed. Each individual received 60mg of B-carotene daily for 4 months. Clinical and laboratory studies were obtained at baseline every month while on treatment, and for two months after treatment. The results indicate an increase in natural killer cells and activated lymphocytes. However, after 3 months of treatment the effect was diminished. There were no major changes in CD4 cells. No clinical toxicity was observed. It was concluded that B-carotene can modulate certain immune markers in HIV-infected individuals. Further study of this compound in HIV infection may be warranted.

Many of the immunomodulating therapies reviewed herein such as IVIG, IL-2, IFN and CTL are hampered by toxicity and technological difficulties. The use of immunomodulators in combination with antiretroviral drugs looks promising. These clinical trials promise to yield significant new information on the roles of cytokines, and cell-mediated immunity in the progression of the immune defects seen in advanced HIV infection. We will keep you updated on any new developments in this area.

In this AIDS update, we have provided you with a mini review of certain immunomodulators. Further information about clinical trials on immunomodulators is available from the AIDS Clinical Trial Information Service, 1-800-TRIALS-A. In addition, more information can be provided for you by calling the National Hemophilia Foundation, at 1-800-42-HANDI.

GLOSSARY

AIDS CLINICAL TRIALS GROUP (ACTG): A network of 52 medical centers, sponsored by the National Institute of Allergy and Infectious Disease, which conducts multi-center trials of treatments for AIDS/HIV and opportunistic infections.

ABSOLUTE CD4+ CELL COUNT (T4 Count): The number of T helper cells (lymphocytes) in a cubic millimeter of blood. The CD4+ cell count is significantly lower in people whose immune system has been affected by HIV.

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS): The most severe manifestation of infection with the human immunodeficiency virus (HIV).

ACTIVE IMMUNITY: Immunity produced by the body in response to stimulation by a disease-causing organism or other antigen.

ADJUVANT: Any substance which increases the immune-stimulating properties of an antigen or the pharmacologic effect of a drug.

ANEMIA: A lower than normal number of red blood cells.

ANTIBODIES: Molecules in the blood or secretory fluids that tag, destroy or neutralize bacteria, viruses, or other harmful toxins. They are members of a class of proteins known as immunoglobulins, which are produced and secreted by B-lymphocytes in response to stimulation by antigens.

ANTIGEN: A substance, which when introduced into the body, is capable of inducing the production of a specific antibody.

ANTIOXIDANTS: A substance that inhibits oxidation or reactions promoted by oxygen or peroxides.

ANTIVIRAL: A substance or process which destroys a virus or suppresses its replication.

ASYMPTOMATIC: Without symptoms.

B CELLS: See B-Lymphocytes.

BIOLOGICAL RESPONSE MODIFI-ERS (BRMs): Substances, either natural or synthesized, that boost, direct, or restore normal immune defenses. BRMs include interferons, interleukins, thymic hormones and monoclonal antibodies. (See immunomodulators.)

B-LYMPHOCYTES (B-cells): One of two major types of lymphocytes. During infections, these cells produce large quantities of antibody directed at a specific microbe. CELL-MEDIATED IMMUNITY (CMI): See cellular immunity.

CELLULAR IMMUNITY: The branch of the immune system that relies primarily upon specific defense cells rather than antibodies. See also: humoral immunity.

CYTOKINES: Soluble, hormone-like substances, produced and released by lymphocytes, which act as messengers between cells.

CYTOTOXIC: An agent or process which is toxic to cells; that results in suppression of function or cell death.

CYTOTOXIC T LYMPHOCYTE (CTL): A lymphocyte that is able to kill foreign cells that have been marked for destruction by the cellular immune system.

DOUBLE BLIND: A clinical-trial design in which neither the participating patients or doctors know which patients are receiving the experimental drug.

ENVELOPE: In virology, a protein covering which packages the virus' genetic information.

EPIDEMIOLOGY: A discipline concerned with the determination of the specific causes or distribution of a disease or the interrelation between various factors determining a disease.

HALF LIFE: The time for the amount of a drug to be reduced by through metabolism and/or excretion in the body.

HELPER T CELLS (T4, CD4): A subset of T cells that carry the CD4 Protein which are essential for activating immune responses.

HEMATOCRIT: A laboratory measurement of the percentage of packed red blood cells in a given volume of blood.

HUMAN IMMUNODEFICIENCY VIRUS TYPE I (HIV-1): The retrovirus isolated and recognized as the etiologic agent of AIDS.

HUMORAL IMMUNITY: The

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branch of the immune system that relies primarily upon antibodies. See also: cellular immunity.

IMMUNE DEFICIENCY: A breakdown or inability of certain parts of the immune system to function, making a person susceptible to certain diseases which they would not ordinarily develop.

IMMUNE RESPONSE: The activity of the immune system against foreign substances.

IMMUNE SYSTEM: The complex functions of the body that recognize foreign agents or substances, neutralize them, and recall the response later when confronted with the same challenge.

IMMUNITY: A natural or acquired resistance to a specific disease. Immunity may be partial or complete; long lasting or temporary.

IMMUNOMODULATOR: Any substance that influences the immune system. (See biological response modifier)

IMMUNOSTIMULANT: Any agent or substance that triggers or enhances the body's defenses; also called immunopotentiators.

IMMUNOSUPPRESSION: A state of the body in which the immune system is damaged and does not perform its normal functions. Immunosuppression may be induced by drugs or result from certain disease processes (such as HIV infection).

IMMUNOTOXIN: A monoclonal antibody linked to a toxic drug or radioactive substance.

IMMUNOTHERAPY: Treatment aimed at reconstituting an impaired immune system.

IN VITRO: In an artifical environment, as in a test tube or culture media.

IN VIVO: In the body of a living organism.

INTERFERON: A general term used to describe a family of 20-25 proteins

which cause a cell to become resistant to a wide variety of viruses. They are produced by cells infected by almost any virus.

ITP (immune thrombocytopenic purpura): A condition in which the body produces antibodies against the platelets, which are cells responsible for blood clotting. ITP is very common in HIV-infected people.

KAPOSI'S SARCOMA (KS): A tumor of the wall of blood vessels, or the lymphatic system. Usually appears as pink to purple, painless spots on the skin but may also occur internally in addition to or independent of lesions.

KILLER T CELL: See cytotoxic T Lymphocyte.

LEUKOCYTES: All white blood cells.

LYMPH NODES: Small bean-sized organs of the immune system, distributed widely throughout the body. Microbes are filtered out by lymph nodes or the spleen respectively, and attacked by the immune system.

LYMPHOCYTES: Cells produced chiefly by the immune system which are the cellular mediators of immunity. See T cells and B cells.

LYMPHOKINES: Non-antibody mediators of immune responses, released by activated lymphocytes.

MONOCYTE/MACROPHAGE: A large white blood cell which acts as a scavenger, capable of destroying invading bacteria or other foreign material.

NATURAL KILLER CELLS (NK cells): Large granular lymphocytes that attack and destroy tumor cells and infected body cells. They are known as "natural" killers because they attack without first having to recognize specific antigens.

NEUTRALIZATION: The process by which an antibody binds to specific antigens, thereby "neutralizing" the microorganism.

NEUTROPHIL (polymorphonuclear neutrophils, PMNs): A white blood cell

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which plays a central role in defense of a host against infection; they engulf and kill foreign microorganisms.

NK CELLS: See natural killer cells.

OPEN-LABEL TRIAL: A drug trial in which both the participants and investigators know what drug is being tested and what drug is being used.

OPPORTUNISTIC INFECTIONS: An infection in an immune compromised person caused by an organism that does not usually cause disease in healthy people.

p24: A viral protein that can be measured in the blood of infected patients.

PHAGOCYTOSIS: The process of ingesting and destroying a virus or other foreign matter by phagocyte (monocyte/macrophage, PMN).

PLACEBO: An inactive substance against which investigational treatments are compared.

PLATELETS: Circulating cellular fragments critical for blood clotting and sealing off wounds.

PROPHYLAXIS: Treatment intended to preserve health and prevent the occurrence of a disease.

PROTEINS: Organic compounds made up of amino acids. Proteins are one of the major constituents of plant and animal cells.

RANDOMIZED: An experiment arranged so as to produce a chance distribution of subjects to different treatment groups, to help yield unbiased data.

SEROCONVERSION: The development of antibodies detected by blood testing.

SYNERGISM/SYNERGISTIC: An interaction between two or more agents (drugs) that produces or enhances an effect which is greater than the sum of the individual agents.

T CELLS (T lymphocytes): A thymus-derived white blood cell that participates in a variety of cell-mediated Spring 1994 • Page

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immune reactions.

T-LYMPHOCYTE: See T-Cells.

VACCINE: A substance that contains antigenic components from an infectious organism. By stimulating an immune response (but not disease), it protects against subsequent infection by that organism.

VIRAL CULTURE: A laboratory method for growing viruses.

VIREMIA: The presence of virus in the blood stream.

VIRUS: A group of infectious agents characterized by their inability to reproduce outside of a living host cell. Viruses may subvert the host cells' normal functions, causing the cell to behave in a manner determined by the virus.

VIRUS LOAD: The quantity of virus in the body.

WESTERN BLOT: A laboratory test for the presence of specific antibodies, more accurate than the ELISA test.

Glossary Excerpted from the AmFar AIDS/HIV Treatment Directory Vol. 7, No. 2, February 22, 1994

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HANDI COLLECTS ALL MAJOR SOURCES OF INFORMATION ON THE TREATMENT OF HIV. BASED ON REQUESTS TYPICALLY RECEIVED BY HANDI AND SURVEYS OF READERS, THESE SOURCES ARE REVIEWED TO IDENTIFY THOSE ARTICLES OF CREATEST INTEREST TO *HTIE* READERS. EACH SECTION INCLUDES A COLLECTION OF ARTICLES IN THEIR ENTIRETY, AS WELL AS REFERENCES TO ADDITIONAL ARTICLES, ON A PARTICULAR TREATMENT TOPIC. PERSONS INTERESTED IN RECEIVING COPIES OF REFERENCED ARTICLES MAY CALL HANDI TO RECEIVE THEM.

NUTRITION AND RELATED ISSUES

- Please Note -

No representation, warranty, or endorsement — expressed or implied — is made as to the accuracy or completeness of this information. This information is provided as source material only and has not been independently verified by HANDI or NHF. NHF does not recommend particular treatments for individuals. NHF recommends that you consult your physician or local treatment center before pursuing any course of treatment.

First Things First by Jennifer Jensen, MS, RD Being Alive, January 1994, p. 7

With the new year underway, many people probably continue to make those New Year's Resolutions . Others of us know better. The longer we survive, the more we know (or tend to remember) that the resolutions made on January 1 are often broken by January 2. However, with the first month of the new year, priorities or a "first things first" attitude do make a lot of sense! If we don't have a master-plan decision-making system, we may let ourselves (and our good health) down.

First ...

Nutritionally (and medically) speaking, the first "food" priority is fluids. That's right. Hydration is our first priority. Believe it or not, up to one half of all HIV related hospital admissions are for dehydration. Weight loss will often follow, given the nature of hospital life. (Hospitals are also full of sick people who may pose a health risk for HIV/ AIDS patients by passing along their germs.)

How does dehydration happen so much with HIV/AIDS? The most obvious fluid losses are from diarrhea, vomiting and sweat. Other fluid losses are less obvious. For example, when muscle is broken down, hydration is lost because water is packaged, in our bodies, with muscle tissue. Lose the muscle; the water goes too. To prevent dehydration, drink about two quarts —for "usual" days when there is no vomiting, sweats and/or diarrhea. In addition, replace the more obvious fluid losses by adding to the "two quart" system enough to replace, ounce for ounce, the water that has been lost. It doesn't have to be an expensive drink, just a liquid! A safe liquid.

Water is great for hydration. Water can also be a "food safety" risk. Cryptosporidium and microsporidium, however, may be totally avoidable Opportunistic Infections (OIs) by controlling the type of water we consume. Remember these three words: "Heat Kills Germs." Is all bottled water safe? Your guess is as good as mine. But realize that the water may not necessarily come from wherever or whatever source the bottle label indicates.

What the neurosis on water safety means is that we should not drink water other than boiled or distilled (which is steam from boiling water). If you love your designer bottle, fine; boil the water, then refill the bottle with the same, now guaranteed safe. In restaurants, hot coffee, tea and other hot beverages are safe; iced tea and other drinks with ice are not guaranteed to be safe. Even ice should be made from safe water.

(Just another little note on these two opportunistic microbes: They live happily in bleach, they divide and multiply in iodine and they are killed, dead as a doornail when we boil the water in which they live. Heat Kills Microbes!)

[Article continues - please contact HANDI for copy of complete text. Includes a section on vitamins and protein chart.]

Food for Healing by Patrick Donelly Body Positive, February 1994, p. 15

I was pleased to participate in the Forum on Nutrition for HIV+ People on November 17th last year, because it was an opportunity for me to speak personally about why I cat the way I do, and to let people know about the perspective and services of the Whole Foods Project. The following is a brief review of the remarks I made that evening.

I'm the Program Coordinator of the Whole Foods Project, a non-profit program that provides six organic vegetarian meals a week for people with HIV, cancer, heart disease and other serious illness. The Project also provides a wide array of cooking classes, lectures and workshops, designed to help people living with illness learn to care for themselves nutritionally.

My work at the Whole Foods Project has grown directly out of my experience as a person living with HIV. When I was diagnosed I experienced a tremendous amount of grief, anger and confusion. I was fortunate to have the support of many loving people in my life, and when I started to recover I got to work educating myself -about myself. I read everything I could get my hands on about HIV, illness in general, healing, and the body. Because I had worked for many years as a chef, I had a special interest in exploring the nutritional side of healing. I kept (and still keep) a huge pile of books and periodicals by the side of my bed, and every night I read them. I read them on busses, subways, planes and during dull bits at parties. I told myself I didn't have to understand everything I read all at once, but that if I kept at it, I would have a clearer idea of the way to manage my health. I knew that I wanted to be fully involved in choosing my treatments, and that whatever health practitioners I chose would have to work with me, not vice versa. Gradually I came to see that the treatments available to me fell into (at least) two philosophical camps. The treatments that made the most sense to me, the ones I eventually chose, are those based on an understanding of the body, and the immune system, as being strong, powerful, and capable of healing themselves if given the proper support.

The issue of support is where the food comes in. I wanted to give myself the best nutritional support available,

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so in my reading I was looking for the answers to two questions: "Are there foods that help the immune system to function?", and "Are there foods that make it difficult for the immune system to function?" The following are the characteristics of the food my research and experience have taught me are the most supportive of my health:

Whole: I choose foods that are unprocessed or minimally processed, whenever possible. I eat a wide variety of whole grains, legumes (beans and peas), vegetables and fruits (the New Four Food Groups recommended by the Physicians Committee for Responsible Medicine). These foods are full of the anti-oxidant vitamins and minerals which prevent free-radical damage and are so important to immune system function.

Organic: My body is dealing with an immune imbalance. It makes sense to me that it doesn't need to deal with a load of toxic pesticides, additives, preservatives, hormones, and antibiotics on top of that. This is why I choose organically grown foods, in spite of the expense, whenever possible. It is also one of the reasons I choose a mostly plantbased diet, which is much less likely to be contaminated with toxins. Increasing the access of low-income people to health-supportive organic food, through community-run food coops, is one of the chief goals of the Whole Foods Project.

Fresh and Seasonal: I choose food that looks and feels like it's full of life energy, which sometimes means that it was grown locally. I also try, without being fanatic about it, to choose foods that are appropriate to the season I'm in, because it seems to me that these foods support me for the kind of weather and environment I'm experiencing. (For instance I eat a lot more whole grains and roasted root vegetables in the winter, and less cooling foods like salads.)

Free of Refined Sugars and Low in Natural Sugars: I haven't been able to enjoy sugary foods as much since learning that researchers at Loma Linda University found that eating 100 grams of sugar (easy to do: there's about 75 grams in one piece of apple pie, and 40 grams in a cola drink) significantly decreases the activity of an important part of the immune system, neutrophil phagocytes. This means if you eat something sugary with every meal (and "natural" sugars work the same way) you've got those helpful little phagocytes working with one arm tied behind their backs all day. This is not my idea of supporting my immune system.

Low in Fat: Another reason I choose a mostly plant-based diet is that it's low in fat. Eliminating meat, dairy and eggs from the diet lowers fat intake tremendously. A German study going on since 1978 shows that vegetarians have more than twice the natural killer cell activity than meateaters. I'm aware that many nutritionists who work with people with HIV recommend a highfat, high-protein diet, mostly because they are concerned that people not lose muscle mass. I don't choose to eat this way because research, like the above German study, seems to show that a high-fat diet is immuno-suppressive. I focus instead on keeping the ecology of my gastro-intestinal tract healthy, so that the nutrients I eat can be absorbed and utilized. I do this by avoiding toxic drugs (both "recreational" and prescription), avoiding food that doesn't meet the criteria above, avoiding toxic levels of stress, and by eliminating stressors like alcohol and nicotine. My mostly plant-based diet has given me regular and comfortable digestion, a stable body weight, a great deal of energy, and contributed to my excellent health and sense of well being.

I work with many people who experience various digestive disorders and problems with nutrient absorption. Some of the comments I've heard from people from who switch to a diet of whole foods have included: "I had the first real bowel movement I've had in months" ... "I have so much more energy" ... "When I stopped eating sugar my thrush cleared up." On the other hand, no one has ever said - to me: "I had diarrhea and wasn't able to absorb anything I was eating and I changed to a high-fat, high-protein diet, and all of a sudden everything cleared up." A highfat, highprotein diet is what is making the rest of America sick-it doesn't make sense that it can be good for me just because I have HIV.

My final thought is that there is no substitute for personal research and personal experience, when it comes to choosing a diet or any other aspect of managing our health. Look closely at all the different options, ask questions, experiment, and pay close attention to the way your body feels. Good food is helping many people with HIV to stay healthy drop in at the Whole Foods Project and find out how.

Nutrients Provide Armor Against Infections Brian A. Smith, D.C. Positive Living, March 1994, p. 5

All HIV-positive people need to have nutritional intervention to realize optimal health. Studies have shown nutrient deficiencies very early in the disease state. These nutrient deficiencies may lead to direct tissue damage, which is a primary cause of health problems.

Let's face facts: The body must become deranged in its biochemical pathways to allow disease to occur. HIV infection is not caused by a lack of AZT or ddI in the body. As the biochemical derangements are identified, it becomes possible to correct them.

This article reports on recent research in nutrition and preventative therapies as they apply to HIV.

Vitamin Abnormalities

In metabolic brain disease, the correlation between brain lesions characteristic of Wernicke's encephalopathy and thiamine (vitamin B-1) deficiency is reported. Thiamine deficiency was found in 23 percent of AIDS patients. The authors recommend "that dietary thiamine supplementation be initiated in all newly diagnosed cases of AIDS or AIDS-related complex."

Vitamin B-12 abnormalities are reported in European Journal of Haematology and Lancet. The former reports patients with low vitamin B-12 levels showed lower hemoglobin, leukocytes, lymphocytes, CD4 lymphocytes and CD4/CD8 ratio than HIVpositive people with normal serum B-12 levels.

It was further found that absorbtion of B-12 may be impaired and that serum proteins that "carry" B-12 may be decreased as well. The *Lancet* article describes a myelopathy (non-specific functional disturbances or pathological changes of the spinal cord) that resembles a disorder related to vitamin B-12 metabolism, subacute combined degeneration of the cord.

In this study no correlation between serum B-12, which was normal in all

subjects, and disease progression was noted. This means some factor affecting the usage of B-12 by the body is involved or HIV-positive people require higher amounts of B-12.

Biochemical Deficiencies

Widespread vitamin B-6 deficiencies in asymptomatic HIV-positive individuals have been reported in *Journal of Acquired Immune Deficiency Syndromes*. Many of these B-6 deficient subjects consumed three to seven times the recommended daily allowance of B-6, yet two-thirds of them were biochemically deficient. B-6 is required for assimilation of dietary protein and immune function. Deficiency is associated with atrophy of the thymus and spleen.

Glutathione and the related amino acid cysteine were reported on in AIDS Research and Human Retroviruses and Cellular Immunology. The former study demonstrated significantly lower glutathione levels in CD4 and CD8 cells in HIV-positive people. "Intracellular glutathione plays an important role in the regulation of human immunodeficiency virus transcription and replication in vitro, through modulation of signal transduction by inflammatory cytokines."

Inflammatory cytokines (tumor necrosis factor, interleukin-l and interleukin-6) stimulate HIV transcription and replication. This stimulation is enhanced when cells are glutathione depleted. The low glutathione levels are not due to direct infection by HIV since only a small percentage of CD4 cells are infected.

It is thought that HIV induces production of cytokines which deplete glutathione. Glutathione is important for T-cell proliferation, T- and B-cell differentiation, cytotoxic T-cell activation, NK cell activity and cell protection against oxidants. These depleted glutathione levels can be repleted with use of N-acetylcysteine (NAC).

In Cellular Immunology it is reported that DNA synthesis in T-cells is inhibited in the absence of cysteine, one of the amino acid constituents of glutathione. Intracellular glutathione levels are strongly increased by adding cysteine.

Vitamins and Viral Inhibition

A study published in American Journal of Clinical Nutrition reported the effects of vitamin C, glutathione and NAC on viral inhibition.

In vitro testing demonstrated 94-percent reduction of HIV reverse transcriptase by vitamin C, 60-percent reduction by NAC, and no inhibitory effects from glutathione.

Combination therapy of NAC and vitamin C showed a "greatly increased" effect. NAC reduced the extracellular level of p24 by approximately tenfold. NAC may have directly reacted with the p24, rather than suppress its formation.

The effects of vitamin C were found to be not related to the acidity of the environment, as skeptics earlier claimed. Suppression by vitamin C required continuous supplementation. It was further stated that approximately 12 grams per day would be required by healthy subjects to achieve the lower levels required for viral suppression. The amount may be as high as 20 grams per day. Glutathione did not exhibit any beneficial effects, probably due to the fact is needs to be degraded before it can enter a cell.

[article continues; includes section on carnitine - please contact HANDI for complete text]

Developing Your Own Nutrition Strategy for HIV: Nutrient Supplementation by Vivica Kraak,MS, RD

The Body Positive, March 1994, p. 18

A great deal of attention has recently been focused on the power of nutrient supplementation for people living with HIV and AIDS. When discussing nutrient supplementation, it is important to keep in mind that it complements the food you eat. To better understand the relationship between nutrient supplementation and immune enhancement, it is first necessary to distinguish what levels of supplementation we know are safe and therapeutically beneficial from what we think may be helpful or even harmful, based on existing scientific research.

It is easier to think about the different functions of supplements by separating them into four major categories:

(1) therapeutic doses of specific vitamins and minerals to correct existing deficiencies;

(2) megadoses of vitamins, minerals and other substances (ie...N- acetylcysteine or Coenzyme Q10) that act as antioxidants to combat the HIV induced stress and destruction of immune cells brought on by free radicals;

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(3) commercially prepared liquid nutritional supplements which provide calories, protein, vitamins and minerals and other special substances that may have immune enhancing properties; and

(4) plant-based substances such as: acemannan, quercetin and herbs, which are thought to strengthen immune function. This article will discuss what is presently known about vitamin, mineral and liquid nutritional supplements and how you can obtain them.

If you choose to supplement your eating plan with the nutrients discussed in this article, it is important to communicate to your physician, nutritionist and other healthcare providers the exact dosage of what you are taking. If you are confident about why you are taking a supplement, you may have the opportunity to educate your healthcare team members on the beneficial effects of certain supplements that could influence what they recommend to other people living with HIV. You will find that your healthcare team will be more receptive to your needs if you take a strong interest in your own nutrition and medical management.

What are Vitamins, Minerals and Trace Elements

Vitamins, minerals and trace elements are substances that your body cannot make but needs in small amounts to survive. They are also called micronutrients, micro = small and nutrient = a substance that nourishes. Vitamins, minerals and trace elements are involved in specific reactions in your body and need to be taken with food because they work with protein, fat and starches to do their job. You may be familiar with the thought that healthy people who eat a variety of food every day do not need to take a daily multivitamin and mineral supplement because they get what they need what they need from the food they eat. Medical nutritionists have begun to reevaluate this thought, especially with new research supporting the benefit of

antioxidants in reversing the negative effects of smoking or preventing chronic diseases such as cancer and heart disease.

Nutritionists have typically used the Recommended Dietary Allowance (RDA) as the standard by which to evaluate the appropriateness of a person's food intake. The RDA is a guideline set by the government for levels of calories, protein, vitamins, minerals and trace elements to meet the nutrition needs of most healthy persons. The RDA was intended to determine the nutritional requirements for healthy populations over time and has a built in margin of safety to ensure that the nutrition needs of most healthy persons within a population are met. The RDA does not cover the special nutrient needs for specific disease states. It is becoming clearer that we need to develop standards for each disease state, including HIV. If you are HIV positive or have AIDS, you need more than what food can provide, especially if you have a poor appetite and skip meals, if your body is fighting off infections, or if you have chronic diarrhea.

When Do You Need Therapeutic Doses of Vitamins and Minerals?

If you are HIV positive and asymptomatic, the least you should take is a daily multivitamin and mineral supplement that is 100% of the USRDA. If you are HIV positive and symptomatic or have AIDS, you should take at least two multivitamin and mineral tablets daily that are 100% of the USRDA. A recent study conducted at the University of California, Berkeley found that the daily use of a multivitamin and mineral supplement was associated with a 31% decrease in the risk of progressing to AIDS (Abrams, B. et al: J Acquir Immune Defic Syndr. 1933;6:49)

You can ask your physician to write out a prescription for a multivitamin or mineral supplement that can be covered by Medicaid or the AIDS Drug Assistance Program (ADAP) if you are eligible for these services. Research indicates that as HIV disease progresses, specific deficiencies may develop. That is why many people decide to take a multivitamin and mineral supplement that has more than the specific vitamins, minerals and trace elements in one tablet. Some people take additional nutrients to a supplement providing at least 100% of the USDRA. Dosages of nutrients that are 5-25 times the USRDA are called therapeutic doses. Supplements with therapeutic doses are available through such mail order services as: American Preferred Plan, Inc., Puritan Pride and Direct AIDS Alternative Information Resources (DAAIR). These supplements are not reimbursable at this time through Medicaid or ADAP.

If you are concerned that you may have a specific micronutrient deficiency, ask your doctor to order a test for the vitamin or mineral when you have your blood drawn. If you are chronically tired and have little energy, and have already spoken with a nutritionist about proper timing of your meals to rule out hypoglycemia, you may have an anemia. An anemia is a condition where you have lower than normal amounts of red or white blood cells. There are many types of nutritional anemias, resulting from an iron, vitamin B12, folate, vitamin B6 or copper deficiency. There are also non-nutritional anemias related to the sideeffect of medications, such as: AZT and Cytovene. It is important that your physician gets baseline information on your anemia before you supplement on your own because the supplement could mask an ongoing medical problem that is not nutritionally based.

A zinc deficiency has also been documented in progressive HIV disease. Many nutrition studies have found that even healthy people with a varied eating plan do not get enough zinc from the food that they eat. A zinc deficiency can develop faster if you have been experiencing chronic diarrhea. Zinc is needed to produce mature T cells and also helps to replete muscle tissue. An appropriate therapeutic dose range of zinc is 50-75 mg/day. A dose of 300 mg or greater can be immunosuppressive.

Vitamins, Minerals and Trace Elements as Antioxidants

Vitamin C, beta carotene, vitamin E and selenium are involved in your body's immune system and have been implicated as important antioxidants to combat the effects of HIV-induced oxidative stress. HIV infection has been associated with an increased production of free radicals. Free radicals are substances produced during periods of oxidative stress which can damage and even kill cells by activating enzymes

that cause destruction of cellular RNA and DNA in CD4 cells. Antioxidants bind to free radicals before they have a chance to damage cells. The following range of micronutrient doses function as antioxidants: 1,000 to 10,000 mg of vitamin C/day; 30-60 mg of beta carotene/day = 50,000-100,000 International Units (IU) of beta carotene/day (1 mg = 1667 IU); 400 IU of vitamin E (dalpha tocopherol)/day; and 100-200 micrograms of selenium/day. Selenium doses exceeding 1000 micrograms/day will cause adverse side-effects. Nacetylcysteine (NAC) is also a potent antioxidant, though it is not a micronutrient. It has been found to replete glutathione, a protein that is your body's major antioxidant, at a therapeutic dose of 500-600 mg three times/day.

Liquid Nutrition Supplements

These types of supplements come in many different flavors and are intended to give you extra calories, protein, vitamins and minerals in addition to the food that you eat. They are especially helpful when you have a poor appetite and don't feel like eating a big meal, but you can drink 8-16 ounces of a nutrient dense shake. They are also useful when you have painful swallowing, mouth sores or chronic diarrhea.

Some of the commercial supplements available that are high in protein and calories are appropriate if you can digest lactose containing products. These include: Carnation Instant Breakfast, Meritene or Nutrament. If you are "lactose intolerant," you may experience bloating, gas, cramping and diarrhea within a few hours of consuming dairy products containing lactose. If this is the case, you may want to try some of the more common liquid supplements made from soy protein, which are lactose-free. These supplements include: Ensure, Ensure Plus, Sustacal, Resource Plus and Nutren. You can also make your own fruit shake with fortified soymilk if you do not want to drink a canned supplement but it will be lower in micronutrients. If you are caring for a child who is HIV+, the high calorie, high protein, lactose-free supplement available is called Pediasure. There are also special supplements for people who are diabetic or have HIV-related renal failure.

If you still experience symptoms of diarrhea after drinking the lactose-free

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supplements, try drinking them slowly at room temperature. You may want to also try supplements with soluble fiber added, like Ensure With Fiber, which helps to bind you and reduce symptoms of diarrhea. If this does not help your symptoms, you may be able to tolerate some of the specialized supplements intended for people who have fat intolerance. These include: Lipisorb, containing a special type of easily digested fat called medium chain triglyceride (MCT) oil, which comes in a powder or vanilla flavored liquid; Citrisource, an orange or raspberry flavored clear supplement that is relatively high in protein, high in calories but contains no fat; Opti Health Gain, a chocolate or orange flavored supplement that is high in calories, high in protein and low in fat; and Vivonex Plus, a low fat supplement that is high in an easily digestible protein and calories, with an added protein called glutamine. Glutamine is an amino acid that helps to build back your intestines when they have been damaged as a result of chronic diarrhea.

Advera is another supplement that has just recently become available designed specifically for HIV positive people to prevent muscle wasting. It is a high protein, high calorie, low fat and lactose-free supplement made primarily with soy protein, soluble fiber and higher levels of vitamin C, E, B6, B12, folic acid, beta carotene, zinc and selenium. Although it is low in fat, Advera contains three special types of fat: omega3 fatty acid (omega-3 FA), MCT oil and canola oil. Omega-3 FA is found in fish oils and has been recently studied as a substance that might lower the level of cytokines produced by the body during stress, particularly tumor necrosis factor (TNF) and interleukin-l (IL-l). A cytokine is a chemical messenger of your immune system. Some are beneficial, others, like TNF and IL-l have been linked to loss of appetite and HIV wasting. However, the results of one study (Hellerstein et al, 1992) involving 20 people with AIDS suggested that omega-3 FA did not effectively prevent the worsening of metabolic changes or weight loss. This may mean that omega-3 FA is a weak anticytokine substance, but further research needs to explore the effect of omega-3 FA at an earlier stage of HIV disease.

How Can You Get Nutrition Supplements and Counseling?

A nutritionist, registered dietician or physician can help determine if you need supplements and which specific types may be best for vou. If your physician has found that you have existing micronutrient deficiencies (ie ... vitamin B12, B6, folate, zinc or selenium), and you need therapeutic doses to build back your body stores, you can ask your physician for a prescription that can be reimbursed through Medicaid or ADAP, 1-800-542-2437, if you are able. If you have lost over 10-15 pounds in the past month and you are below normal weight you should be for your height, you are eligible for receiving liquid nutritional supplements either through Medicaid or ADAP. If you would like to receive nutritional counseling to help you develop an eating plan incorporating supplements, you can speak to an HIV nutritionist or registered dietician in the hospital or clinic where you are being followed, or receive counseling free at licensed facilities that provide outpatient primary healthcare with enhanced Medicaid reimbursement rates through the ADAP-Plus program. You can also receive free nutritional counseling at New York City community-based organizations such as: God's Love We Deliver, (212) 865-6500), Gay Men's Health Crisis-GMHC, (212) 807-6664, The Momentum Project, (212) 268-2610, and Bronx AIDS Services, (718) 295 - 5598.

*The USRDA is a standard established for food and supplement labeling based on the RDA.

*The contents of this article are based on existing scientific data that support the benefit of nutrient supplementation. All readers should consult with their physician prior to making any changes in their treatment regimen, and inform all healthcare providers prior to making major nutritional changes in your eating or supplementation plan.

Healthy Drinks from a Blender

The Body Positive, March 1994, p. 21

When you are HIV+, there may be some days that you do not feel like eating. You may have sores in your mouth or throat that make chewing or swallowing difficult. You may even have diarrhea when you drink milk products. These recipes can help you make low-lactose or dairy-free drinks that are high in calories and protein so that you will be able to maintain your weight when you have eating and digestion problems. To prepare each recipe, combine the ingrediants at high speed in a blender or food processor for one or two minutes until smooth. Try variations by adding different types of fruit so that you don't get tired of any one recipe.

Fruit Shake Smoothie

- 1 cup fortified soymilk
- 2 TBSP. sugar or honey
- 2 TBSP. protein powder
- 1 TBSP. wheat germ
- 1 TBSP. bran
- 1 cup sliced fruit

This shake is high in calories, protein, fiber and is lactose-free. Drink this if you are constipated. You can substitute Lactaid milk, rice milk, cashew milk or Ensure with Fiber for soymilk.

Pina Colada

- 1/2 cup coconut milk
- 1 cup pineapple juice
- 1/2 cup fresh or canned pineapple
- 4 TBSP. protein powder
- 1/4 cube of tofu

This drink is high in calories, protein and is lactose-free. Drink this to gain weight.

- Peanut Butter Chocolate Shake
- 2 TBSP. peanut butter
 - 1-8 oz can chocolate Ensure Plus
 - 1/2 banana

This shake is high in calories, protein and potassium. Drink this if you have diarrhea resulting from lactose intolerance. You can substitute soymilk, Sustacal or Resource Plus for Enusre Plus.

Triple Fruit Yougurt

1 cup vanilla yogurt with an active L. acidophilus culture

- 2 TBSP. protein powder
- 1/2 cup sliced peach & mango
- 1 cup apricot nectar
- 2 TBSP. honey or sugar

This shake is low in lactose, high in calories, protein and potassium. Drink this if you have diarrhea.

Raspberry Sorbet

- 1 cup orange sherbet
- 1/2 cup frozen raspberries
- 1 cup CitriSource
- 1/2 cup crushed ice
- 2 TBSP. protein powder

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This sorbet is high in calories, protein and low in fat. Drink this if you have mouth sores or diarrhea.

Lipisorb Shake

1/2 cup mango nectar
1/2 cup apricot nectar
1 cup sliced papaya and banana
5 scoops Lipisorb powder
This shake is high in calories, protein
and potassium but low in fat. Drink
this if you have diarrhea resulting
from fat intolerance.

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PROPHYLAXIS AND OTHER OPPORTUNISTIC INFECTION ISSUES

- Please Note -

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Multiple Prophylaxis: Issues and Controversies by Mark A. Jacobsen

AIDSFILE, v.7 #4 December 1993, p. 1

Among HIV-infected patients with fewer than 100 CD4 lymphocytes, prophylaxis for more than one opportunistic infection (OI) at a time is becoming a common clinical practice.

Although the absolute CD4 lymphocyte count is not a "magic number", generally the median CD4 count is fewer than 100 cells for patients who in the absence of specific prophylaxis, develop *Pneumocystis carinii* pneumonia (PCP), toxoplasmic encephalitis(TE) or disseminated invasive fungal infections. The CD4 count is almost always fewer than 50 cells for patients who develop disseminated M. *avium* complex (MAC) infection or cytomegalovirus (CMV) end organ disease.

Randomized prospective trials have established the efficacy of several agents, for example, trimethoprim/ sulfamethoxazole (TMP-SMX) and

The National Hemophilia Foundation

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aerosolized pentamidine (AP), in preventing PCP and of rifabutin in preventing disseminated MAC infection.

In addition, a number of other agents with antifungal, antiparasitic, antimycobacterial, and antiherpetic activity have been licensed by the FDA for a variety of treatment indications. These drugs include fluconazole, itraconazole, atovaquone, azithromycin, clarithromycin and acyclovir. These agents increasingly are being prescribed by clinicians as prophylactic regimens for specific OIs, despite the fact that randomized trials evaluating them for this use have yet to be completed. Furthermore, large Phase II randomized placebo-controlled trials of two potential prophylactic agents for CMV, oral ganciclovir and valaciclovir (previously called BW256U87), are nearly fully filled. One or both of these anti-CMV agents soon might show prophylactic efficacy in preventing CMV end organ disease.

Without specific prophylaxis, the majority of patients with advanced HIV disease will develop PCP. Since the safety and efficacy of TMP-SMX and of AP prophylaxis are well established, there is now virtually unanimous consensus that all patients with CD4 counts of fewer than 200 cells should receive PCP prophylaxis. However, in a recent survey of 448 HIV specialists, 31 percent also prescribed fluconazole prophylaxis for patients at risk for invasive cryptococcal disease; 19 percent prescribed an antimycobacterial regimen for patients at risk for disseminated MAC infection; and 11 percent prescribed acyclovir to prevent CMV disease.

Although primary prophylaxis using more than one agent to prevent more than one type of OI is now emerging as a common practice for management of patients with advanced HIV disease, little is known about the relative or hierarchical efficacy of these various agents in prolonging or improving the quality of life, especially when these agents are used in combination.

Little also is known about possible adverse drug interactions at either a pharmacokinetic or pharmocodynamic level when two or more agents are combined. An example of an adverse pharmacokinetic interaction is the combination of ketoconazole and rifampin in which rifampin accelerates ketoconazole metabolism to the point that body concentrations of ketoconazole are so diminished the drug no longer is clinically effective. An adverse pharmocodynamic interaction is created with the combination of zidovudine (AZT) and ganciclovir, both myelosuppressive drugs, which results in such synergistic neutropenia and anemia that few patients can tolerate full doses of both drugs administered together.

Given the cost and compliance problems inherent in multiple OI prophylaxis, there is a pressing need to determine the hierarchical efficacy of the best agents and /or agent-dosing regimens for specific OIs. This is especially true in the context of advanced HIV disease, where one or more antiretroviral medications in addition to other palliative drugs are the rule rather than the exception. There is also a need to define pharmacokinetic and pharmacodynamic adverse interactions of the many different combinations of prophylactic regimens now being prescribed or which may be prescribed in the near future.

It has yet to be determined whether for some target OIs, when the disease is clinically mild, a strategy of early diagnosis and careful, periodic monitoring might have a less negative effect on survival and quality of life than a prophylaxis that is toxic or has important adverse drug interactions.

In considering multiple OI prophylaxis, specific antimicrobial agents are most logically considered for each of four target OI pathogen groups: 1) PCP and TE, for which all candidate regimens can and should have overlapping coverage; 2) disseminated fungal infections; 3) disseminated MAC; and 4) CMV end-organ disease.

With the exception of the macrolides clarithromycin and azithromycin, which are active against MAC, *Toxoplasma gondii* and possibly PCP, the most promising prophylactic agents for each of these target groups generally do not have overlapping activity against other target group pathogens. Some of the issues in choosing the best prophylaxis for each of the groups are discussed in the following sections.

PCP and TE

Results of several randomized comparative trials have demonstrated that TMP-SMX is more effective than AP in

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preventing PCP. In addition, there is evidence from one trial that TMP-SMX prophylaxis significantly reduces the risk of developing serious bacterial infection compared to AP prophylaxis. Thus, the expert consensus is that TMP-SMX is the prophylactic agent of choice for those who can tolerate it.

In randomized trials comparing TMP-SMX to AP, the TMP-SMX dose tested generally has been one double strength tablet per day. On the other hand, several uncontrolled trials examining one double strength tablet three times a week have reported results similar to those trials that used the double strength dose daily. In one randomized open label trial, the efficacy and toxicity of daily single strength v daily double strength TMP-SMX were identical. However, in this last trial there were only 71 patients per arm, limiting the power to detect clinically important differences in efficacy or toxicity. The NIAID-sponsored Community Programs for Clinical Research on AIDS (CPCRA) is currently accruing patients in a much larger randomized open label trial of double strength TMP-SMX given daily v three times a week.

Also of note, double strength (DS) TMP-SMX given daily appears to provide adequate prophylaxis for toxoplasmic encephalitis (TE) in U.S. patients. In a multicenter prospective trial of 396 patients with positive blood tests for T. gondii antibody and fewer than 200 CD4 cells, only one of the 218 at-risk patients who were taking TMP-SMX at a median dose of four double strength tablets a week for PCP prophylaxis developed toxoplasma disease during a median 8.4 months of follow-up. Retrospective studies from other parts of the world have confirmed the protective effect of TMP-SMX in preventing TE.

Unfortunately, approximately half of the patients with advanced HIV disease appear to be intolerant of TMP-SMX. In one large randomized trial, 27 percent of the patients assigned to TMP-SMX switched to AP because of toxicity. However, this trial excluded patients with a history of prior TMP-SMX intolerance so the true rate of intolerance may be higher. Data from other trials of therapies for patients with late-stage HIV disease, in which the type of PCP prophylaxis is open to clinician and/or patient choice, indicate that only 50 percent of enrolled patients are receiving

TMP-SMX prophylaxis.

Although AP was licensed by the FDA in 1990 for primary and secondary PCP prophylaxis, few clinicians or patients currently are enthusiastic about using it. This lack of enthusiasm is due to its high cost, risk of extrapulmonary pneumocystosis, and because pentamidine is not effective in preventing toxoplasmosis. In fact, since the trial opened in July 1992, the CPCRA has been unable to accrue enough participants into a comparative trial of dapsone v AP prophylaxis for TMP-SMX intolerant patients because of the unacceptability of the AP arm to primary providers and their patients.

Dapsone is the alternative systemic agent for PCP prophylaxis in the TMP-SMX intolerant patients for which we have the most clinical data. Dapsone is being compared to TMP-SMX and AP for primary PCP prophylaxis in a large ongoing trial, ACTG 081. Data from smaller randomized trials suggest that the efficacy of dapsone is likely to be close to that of TMP-SMX.

In one preliminary report of a randomized French trial involving 194 participants, dapsone prophylaxis was equivalent or better than AP in preventing PCP but was associated with significantly poorer survival. In two other randomized trials involving a total of 435 individuals, dapsone was equivalent to AP or TMP-SMX in preventing PCP and no adverse effect on survival was noted. The dapsone dose most frequently evaluated in these trials has been 50 mg/day. Of note, in one of the European trials in which pyrimethamine (50 mg/week) and folinic acid (25 mg/week) were added to dapsone (50 mg/day), there was a significant reduction in the incidence of toxoplasmosis when compared to an AP arm.

Atovaquone (Mepron) is a new drug that has been approved for the treatment of acute PCP in TMP-SMX intolerant patients. Data from uncontrolled trials suggest this agent is effective in the therapy of acute TE, but there is no clinical information regarding prophylaxis at present. Initial studies suggested that oral bioavailability of this agent is problematic. Development of a new oral suspension may solve this problem. Nevertheless, this is a promising prophylactic agent and trials examining its efficacy are being designed. In summary, there is a strong consensus that all patients with fewer than 200 CD4 cells should receive some kind of PCP prophylaxis and that TMP-SMX is the optimal choice, although the optimal dose (one double strength tablet daily v three times a week) is still unknown.

For those patients who are intolerant of TMP-SMX, the optimal prophylactic agent is not known. Again, there is a strong consensus that some agent should be used and that reasonable candidates include dapsone, AP and atovaquone. One of the important remaining questions is determining which of these alternatives is most effective, least toxic and least subject to adverse drug interactions.

Disseminated MAC Infection

Based on a prospective evaluation of more than 1,000 patients with advanced HIV disease, it appears that approximately 40 percent will develop disseminated MAC infection. Results of two recent randomized placebo-controlled trials have shown that rifabutin at 300 mg/day has been effective in preventing MAC bacteremia, reducing the incidence by approximately 60 percent. The trials also demonstrated an acceptable toxicity profile in patients with advanced HIV disease.

Although no survival advantage was associated with rifabutin, severe fever and fatigue occurred significantly sooner in the placebo group, suggesting a clinical benefit attributable to rifabutin. While only a 300 mg/day dose was studied, it is possible that a higher dose may be more effective without increased toxicity. However, since rifabutin is a possible enzyme inducer, concern exists about adverse pharmacokinetic interactions with other drugs used in the therapy of advanced HIV disease. For example, preliminary data from a fluconazole/rifabutin interactive pharmacokinetic study suggests that a potentially clinically significant increase in rifabutin levels may occur with this combination. Interactive studies of rifabutin with dapsone and itraconazole are also under way. Rifabutin has been reported to decrease AZT levels. Interactions between rifabutin and anti-seizure medications have not been studied to date.

There are two available macrolide antibiotics with substantial activity

against MAC-clarithromycin and azithromycin. These are also logical candidates for MAC prophylaxis. Both have well-defined toxicity profiles and have been licensed by the FDA for other indications. Studies of macrolide monotherapy for the treatment of AIDS-related disseminated MAC infection have shown microbiologic and, in the case of clarithromycin, some clinical efficacy.

Both drugs are currently being evaluated for prophylactic efficacy in preventing MAC bacteremia in multicenter trials. In the context of multiple drug prophylaxis, there is also concern about potential adverse drug interactions with the macrolides. In a clarithromycin/ zidovudine interactive pharmacokinetic study, for example, clarithromycin administered simultaneously with AZT reduced AZT levels by nearly 30 percent. This specific interaction appears to be minimized when smaller doses of clarithromycin are used and when clarithromycin and AZT dosing are separated by four or more hours.

Clarithromycin and azithromycin have substantial antibacterial activity against most of the staphylococcal, streptococcal and hemophilus species that cause serious AIDS-related bacterial infections. Hence, either of these macrolide agents might have a beneficial effect in terms of reducing serious bacterial infections. Conversely, an increase in gram-negative infections, especially the *Pseudomonas* species, might occur.

Although a recently convened U.S. Public Health Service Task Force on MAC recommended MAC prophylaxis for HIV-infected patients with a CD4 count of fewer than 100 cells, many HIV clinicians are skeptical about the clinical benefit of such an intervention in patients with very advanced HIV disease, especially in the context of using multiple medications. Unlike PCP or CMV disease, where lack of prophylaxis exposes the patient to immediately life or sight-threatening disease requiring hospitalization and intravenous therapy, newly diagnosed MAC disease is rarely immediately life-threatening amd the treatment, like the prophylaxis is an outpatient regimen of oral medication.

The important questions regarding MAC prophylaxis in the context of multiple prophylaxis include: 1) determining whether there is a net clinical

benefit in terms of survival or quality of life of any prophylactic therapy over a strategy of careful, periodic monitoring and early diagnosis and treatment of disease; 2) determining which of the three agents—rifabutin, clarithromycin and azithromycin—and which doses are most effective, best tolerated and involve the fewest adverse drug interac-

tions; and 3) determining what impact different regimens have on the incidence of serious bacterial infections, with and without concomitant TMP-SMX.

Disseminated Fungal Infection

It is estimated that approximately ten percent of AIDS patients develop invasive Cryptococcus neoformans infection. Fewer than five percent develop invasive Histoplasma capsulatum infection outside of areas of endemic disease in Missouri and Indiana. Some proportion, perhaps as high as five percent based on some autopsy studies, may develop invasive Aspergillus or Mucorales infection. Disseminated coccidiomycosis appears to be a common AIDS-related OI only in the state of Arizona. Although there have been no data published to date from randomized controlled trials defining the clinical benefit of systemic antifungal prophylaxis to prevent life-threatening disseminated fungal infections, many clinicians prescribe oral azole therapy empirically for all patients with advanced HIV disease. In a recent survey of 448 AIDS specialists, 31 percent prescribed fluconazole prophylaxis for patients at risk for invasive cryptococcal disease.

Based on its proven efficacy and excellent tolerance in the acute and chronic maintenance therapy of cryptococcosis, fluconazole is an obvious choice to consider for primary prophylaxis for disseminated fungal diseases. This agent also might be useful in preventing histoplasma and candida. In one large uncontrolled trial, prophylactic fluconazole administered at a dose of 100 mg/day to 329 patients was associated with a lower number of systemic fungal infections than in 337 historical control participants who did not get prophylaxis. A fully accrued trial with a sample size of 429 patients, ACTG 981, is examining the efficacy of fluconazole prophylaxis of 200 mg/day in preventing deep-seated fungal disease

in patients with CD4 counts of fewer than 200. Results should be available by early 1994.

A currently accruing trial of 720 patients with the same primary endpoint is comparing the 200 mg/day dose of fluconazole to a single 400 mg weekly dose. Several other trials are examining the efficacy of lower doses of fluconazole in the prevention of mucocutaneous candidiasis. Rifampin appears to reduce fluconazole levels and fluconazole may increase plasma concentrations.

Itraconazole, like fluconazole, has substantial in vitro activity against cryptococcus, histoplasma and candida. In addition, this drug, unlike fluconazole, is effective in vitro against Aspergillus. Some fluconazole-resistant or unresponsive mucocutaneous candida infections have responded to itraconazole, making it also a promising prophylactic agent deserving evaluation. Although a placebo-controlled trial of itraconazole prophylaxis to prevent disseminated histoplasmosis is under way in the Midwest, there is no experience with it to date for general antifungal prophylaxis. Concern does exist that there may be clinically significant drug interaction between itraconazole and rifabutin. It has been reported that both phenytoin and rifampin lower plasma concentrations of itraconazole.

Ketoconazole also has been used for antifungal prophylaxis. However, this agent is known to have an adverse drug interaction profile with didanosine, rifampin and birth control pills, and its inhibitory effect on corticosteroid synthesis can precipitate acute adrenal insufficiency in patients with advanced HIV disease. Therefore, ketoconazole is not an optimal agent for antifungal prophylaxis.

Arguments against universal system antifungal prophylaxis include its high cost and the risk of developing drug resistant mucocutaneous candidiasis, as observed with fluconazole. Also, like MAC, cryptococcosis or histoplasmosis—when diagnosed early and when mild or moderate in severity—is rarely immediately life-threatening, and the treatment, like the prophylaxis, can be an outpatient regimen of oral fluconazole or itraconazole.

The key questions regarding antifungal prophylaxis include: 1) determining

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whether there is a net clinical benefit in terms of survival or quality of life of any specific prophylactic therapy over a strategy of careful periodic monitoring and early diagnosis and treatment; 2) determining which drug, fluconazole or itraconazole, and which dose is more effective, better tolerated, and involves the fewest adverse drug interactions; and 3) determining the impact of antifungal prophylaxis on development of drug resistant unresponsive candidiasis.

CMV End Organ Disease

The best estimates suggest that at least 20 percent of patients with very advanced HIV disease will develop CMV end-organ disease, primarily retinitis. Although there have been no FDA-licensed oral agents available with the potential to reduce the incidence of CMV OIs, two promising investigational oral agents are in large Phase III trials of CMV prophylaxis efficacy.

An oral form of ganciclovir, administered as one gram three times per day, is being tested in two placebo-controlled multicenter trials with 780 and 850 patients respectively. Both trials are limited to patients with positive CMV IgG serology and fewer than 100 CD4 cells, with CMV end-organ disease as the primary endpoint. Ganciclovir is a potent inhibitor of CMV replication. Phase I evaluation of the oral form of this drug demonstrated that the peak plasma levels achieved in patients with advanced HIV disease are in the range of concentrations that inhibit most clinical CMV isolates. The first of these trials is likely to have data available by the end of 1994.

Although pharmacokinetic interactions between ganciclovir and other medications used in this patient population are unlikely to occur (based on studies with the intravenous formulation), bioavailability of oral ganciclovir might vary depending on other medications. In addition, myelosuppressive pharmacodynamic interactions may occur with certain other drugs, for example, zidovudine, that have myelosuppressive potential.

Valaciclovir (BW256U87) is a valine ester of acyclovir that is rapidly and completely metabolized to acyclovir shortly after oral administration. The bioavailability of acyclovir from

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valaciclovir administration in patients with advanced HIV disease is approximately four times that of oral acyclovir. Although acyclovir is a weak inhibitor of CMV replication, high plasma concentrations have been demonstrated to reduce the incidence of CMV endorgan disease in controlled trials involving atrisk patients undergoing bone marrow or renal transplant. Such high plasma levels are also achievable with valaciclovir in two gm four times/day doses. Valaciclovir is being tested in a multicenter, multinational placebo-controlled trial of 1,200 patients. The trial, ACTG 204, is limited to patients with positive CMV IgG serology and fewer than 100 CD4 cells, and has CMV end organ disease as the primary endpoint. Enrollment is expected to be completed by early 1994.

Although pharmacokinetic interactions between valaciclovir or acyclovir and other concomitant medications used in this patient population are unlikely to occur, bioavailability of valaciclovir might vary depending on other medications. Additionally, prophylaxis with either oral ganciclovir or valaciclovir is expected to provide effective prophylaxis for other opportunistic human herpes virus infections.

If either oral ganciclovir or valaciclovir is shown to be effective in preventing CMV retinitis, then prescribing CMV prophylaxis most likely will become standard practice for patients with fewer than 100 CD4 cells, just as prescribing PCP prophylaxis is standard practice for patients with fewer than 200 CD4 cells. Unlike any other OI, CMV retinitis entails the risk of permanent visual impairment, even with optimal treatment. The treatment for retinitis requires daily lifelong intravenous therapy.

The important questions regarding antiviral prophylaxis targeting CMV end organ disease include: 1) determining whether there is a net clinical benefit in terms of survival or quality of life from any specific prophylactic therapy over a strategy of careful, periodic monitoring and early diagnosis and treatment; and 2) determining which of the two agents, oral ganciclovir or valaciclovir, is more effective, better tolerated, and involves the fewest adverse drug interactions. New Resources

Management of *Mycobacterium Avium* Complex in Patients with HIV Infection

Clinical Infectious Diseases, v. 18 supp #3, April 1994.

This supplement of Clinical Infectious Diseases includes the following articles: Disease Due to the Mycobacterium avium Complex in Patients with AIDS: Epidemiology and Clinical Syndrome; Prophylaxis of Mycobacterium avium Complex Bacteremia in Patients with AIDS; Disease Due to the Mycobacterium avium Complex in Patients Infected with Human Immunodeficiency Virus: Diagnosis and Susceptibility Testing; Assessment of New Therapies for Infection Due to the Mycobacterium avium Complex: Appropriate Use of In Vitro and In Vivo Testing; Treatment of Disseminated Disease Due to the Mycobacterium avium Complex in Patients with AIDS.

Improving the Management of HIV Disease: an Advanced Course in Antiretrovirals, Prophylaxis, and the Treatment of Opportunistic Diseases

Conference Report

Includes abstracts, outlines and /or papers of presentations made at the recent symposium "Improving the Management of HIV Disease: an Advanced Course in Antiretrovirals, Prophylaxis, and the Treatment of Opportunistic Disease," held Wednesday, March 30, 1994 in New York and sponsored jointly by the International AIDS Society-USA and the University of California School of Medicine. Contents: Virology of HIV Infection, Initiation of Antiretroviral Therapy, Strategies for Continuing Benefit, New Directions in Antiretroviral Therapy, Current Strategies for Prophylaxis of Selected AIDSassociated Opportunistic Infections, Diarrhea Associated with HIV Infection, Treatments and Prophylaxis of HIV Related Tuberculosis, Management of Fungal Infections in Patients with AIDS.

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ANTIRETROVIRAL TREATMENTS

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Molecular Scissors by Ben Cheng Project Inform, February 1994, p. 4

Protease inhibitors are an upcoming class of antiretroviral drugs that are now entering into large scale clinical trials. Some initial results have shown that these drugs have very few side effects and also show activity against HIV. There is a great deal of interest in this class of compounds from both the HIV community as well as from industry.

Nucleoside analogs like AZT, ddl, ddC, and d4T inhibit the HIV enzyme reverse transcriptase, which is at the beginning of the viral assembly line, after the virus has invaded a cell, but before it takes complete control. Protease inhibitors act at the intermediate stage of viral assembly, after the virus has incorporated into the cell and is ready to begin mass production. These viral proteins are like parts of a model airplane that must be cut from a plastic frame. Protease is like a chemical scissors that snips the parts from the frame, and other enzymes 'glue' the parts together.

Like reverse transcriptase, protease is an enzyme required by the virus to reproduce. Enzymes are needed at each step of the assembly-line process to build viral particles. Protease is required for the newly-assembled virus particles to be infectious. Virus assembled without protease is defective and cannot infect other immune system cells. Protease inhibitors target the virus when, or shortly after, a newly-assembled virion buds out of a cell. In test tube experiments when protease was inhibited, HIV viral replication was completely blocked.

Early on, the development of protease inhibitors was complicated by a number of factors:

- The compounds were potent inhibitors of protease in test tubes, yet had poor antiviral activity in other experiments.
- The compounds did not absorb well into the system when taken orally and what was absorbed cleared the system very rapidly. This resulted in the necessity for intravenous administration of very large quantities of drug in order to achieve any measurable antiviral activity.
- Animal studies of these compounds demonstrated many harmful side effects.
- The compounds are very difficult to manufacture.

Some of these obstacles have been overcome and newer, more potent, oral drugs are now moving into clinical trials.

Several protease inhibitors are in clinical trials, including Hoffman-La Roche's Ro 31-8959, which was the first of this class of drugs to be tried in humans. The Phase I safety studies were done in England, France and Italy. This is one of the original series of compounds which, while very potent against HIV, is not absorbed well when taken orally, though a little better when taken with food. Additionally, this compound is extremely difficult to manufacture. Results from the European studies show that the drug was well tolerated with very few side effects and the high dose (600 mg three times a day) showed some antiviral activity.

Study participants saw slight increases in CD4+ cell counts, a drop in viral load and a decrease in p24 antigen. Better antiviral activity was observed when this drug was combined with AZT. Currently Ro-318959 is in Phase II studies (ACTG 229) in the US with larger Phase III studies planned

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for the beginning of 1994.

Abbott Laboratories, another company involved in protease research, found that their first compound A-77003, had good antiviral activity in animals but suffered from very poor oral absorption and had to be continuously dosed intravenously in humans. Abbott tried again with A-80987, but the drug was found to cause serious side effects to the liver. Both A-77003 and A-80987 have been withdrawn from development despite some evidence of modest antiviral activity. Abbott has another protease inhibitor, A-84538, which in test tubes is about nine fold more potent against HIV than A-80987. This compound can be administered orally and is expected to go into Phase I safety studies in Amsterdam by the first quarter of 1994.

Merck, another company involved in this research, has an oral protease inhibitor L-735,524 that is now in Phase 11 clinical studies at Bellevue Hospital in New York, SUNY Stonybrook, Pacific Oaks Medical Group in Los Angeles, University of Pennsylvania and the University of Pittsburgh. Initial data from Phase I studies have shown that this drug is well tolerated and has antiviral activity. The maximum tolerated dose found from the Phase I studies was 400 mg four times a day. Some encouraging news regarding L-735,524 is that thus far the virus does not appear to develop resistance to the drug, potentially allowing for longterm antiviral benefit. Additionally, the antiviral activity of L-735,524 appears to be enhanced when combined with AZT or DDI.

One other oral protease inhibitor is in Phase I dose escalating safety studies in Berlin, Germany. Searle's SC-52151, in test tube studies, shows potent antiviral activity as well as good oral absorption. It is hoped that after the Phase I studies in Europe, SC-52151 will be studied in the US.

The rapid emergence of viral resistance to approved antivirals, AZT, ddI and ddC, has limited their longterm usefulness in the treatment of HIV. Emerging results suggest that HIV resistance to AZT is a marker for more rapid progression of disease. The development of resistance to AZT is related to: stage of disease; positive count for p24 antigen; high viral load, but not to the length of time on AZT therapy. It is

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hoped the development of resistance will be much slower and at a lower level for protease inhibitors. However, low level resistance has already been found in some protease inhibitors. Combining a protease inhibitor with a drug like AZT or ddI may delay the onset of resistance to both drugs. In addition, additive and synergistic anti-HIV activity was seen in test tubes when a protease inhibitor was combined with AZT, ddI, ddC, or alpha interferon. It is also hoped that the protease inhibitors will still have sufficient antiviral activity against HIV strains which have already developed resistance to the nucleoside analogs.

Protease inhibitors are likely to emerge as the next class of drugs for the treatment of HIV. Initial results from the current generation of protease inhibitors give reason for cautious optimism. Future generations of these drugs will hopefully be more potent against HIV and companies will overcome manufacturing obstacles. It is still unclear whether there will be any drug interactions with standardly used antivirals or commonly prescribed drugs for the prevention and treatment of opportunistic infections. Since most protease inhibitors are metabolized in the liver, chances are there will be some possible interactions with other common HIV/AIDS therapies that are also metabolized in the liver including: clarithromycin, TMP/SMX Bactrim or Septra), rifabutin, rifampin and fluconazole. Further studies will be needed to better understand ow these drugs should be used as therapies for HIV.

HIV Drug Resistance, Convergent Combination Therapy and the NNRTIs by Rick Loftus

InfoPack (at head of title: Community Prescription Service) v.2 #2 Winter 1994, p. 1

For people with HIV, the development of drug resistance may have negative health effects. So far, resistance has been identified as an important problem only in people taking AZT, but in fact the virus has developed resistance against most of the drugs tested against it in the lab. This suggests that the problem could occur with other agents, raising a major hurdle in the development of more effective anti-HIV drugs. Scientists have only begun to examine how drug resistance affects the course of HIV disease, but meanwhile new antivirals and new ways of using or combining them are being investigated in hopes of finding strategies to curtail the problem.

Resistance occurs when HIV mutates at one or more points in its genetic code, decreasing the virus's susceptibility to drugs used against it. In the case of AZT, the most important resistance mutation is believed to take place at "codon," or location 215, of reverse transcriptase, a crucial enzyme needed by HIV to reproduce as well as the "target" of AZT. In the test tube, 16 times the amount of AZT that kills unmutated virus is required to kill virus with this mutation, a dose so high as to be toxic in humans.

Currently it is not known why certain strains of virus become resistant, but the length of therapy and the stage of disease a person is at when treatment is initiated both seem to be significant factors. Clinical trials suggest that resistance can emerge more rapidly-in as few as six months-in people who start AZT later, at T-cell levels below 500. For people who start AZT at levels above 500, resistance may take as long as three years to appear, although the average time seems to be between six and 18 months. For example, a recent study of 40 people who had taken AZT for two to four years found that 17 carried the 215 mutation. Patients who had taken higher doses (1,200 or 1,500 mg a day) of the drug before the lower doses came into general use, in 1989, were more likely to have resistance; however, these 17 had also been using the drug an average of seven months longer than the group without resistance.

How resistance mutations affect the health of people with HIV is only dimly understood, but several studies have found a strong association between the appearance of the 215 mutation and accelerated declines in T-Cell levels. The same study found that people whose blood cells harbored viral genes with the 215 mutation experienced over the study's two years, an average 50 percent decline in T cells, while those with "wild-type," or unmutated, virus saw an 11 percent increase.

[Editor's Note: The article continues with discussion of convergent combination therapy and non-nucleoside reverse transcriptase inhibitor compounds. The National Hemophilia Foundation will take part in a future study, ACTG 261, that will test Delavirdine (U90152), alone and in combination with AZT, The section of the article on Delavirdine is included here.]

Delavirdine

Upjohn, which claims to currently spend one quarter of its research budget on AIDS treatments, has proclaimed delavirdine (also known as U-90, 152, or U-90) its lead NNRTI [non-nucleoside reverse transcriptase inhibitor] compound. A member of the BHAP class, delavirdine appears in the test tube to be 50 to 100 times more potent than atevirdine, its parent, or first-discovered compound. Delavirdine has blocked replication of 25 different HIV-1 strains, including some resistant to AZT and ddl. In laboratory cell culture, delavirdine has shown low toxicity and proved superior to AZT in inhibiting the spread of HIV-1; when combined with AZT, HIV replication was completely prevented.

Delavirdine appears not to be crossresistant with other NNRTIs-in other words, the major mutations (103, 181 or 188) that confer resistance to nevirapine and L-661 do not appear to reduce the effectiveness of this drug. Scientists at the NIH and at Upjohn theorize that if adequate drug levels in the blood can be achieved, this compound should be able to inhibit virus resistant to the other NNRTIs. An even more intriguing finding is that both delavirdine and atevirdine can induce a novel mutation at 236. This makes mutant strains 7 to 10 times more sensitive to other NNRTIS. So far, the major side effect seen with delavirdine has been a rash, which develops in 20% to 25% of patients. As with nevirapine, this side effect can be reduced by starting patients at lower doses of the drug and escalating to full dose.

[article is excerpted - please contact HANDI to receive complete text]

New Resources

Protease Inhibitors: Overview and Analysis

CMHC Treatment Issues, v.8 #2, March 1994 provides an overview of this important class of anti-virals and an analysis of each company's protease compounds. Compounds covered include Hoffman-La Roche's Ro 31-8959, saquinvir; Merck's L-735,524; Abbott's A-84538; Searle's SC-52151.

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Immune Restoration Research Finds New Energy by Mark Mascolini

PAACNOTES, December 1993, p. 499

Reconstituting an immune response that is weakened and ultimately ravaged by HIV will remain a formidable clinical challenge even if more potent antiretroviral agents are found. So fashioning the tools that can rebuild fragile immune systems is fast becoming a top research priority. Results of early trials,

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some still unpublished, already suggest that this sharpened focus may be paying off.

Anthony S. Fauci, MD, Director of the National Institute of Allergy and Infectious Diseases (NIAID), explained this revitalized search for immune strategies in a recent interview with PAACNOTES. Currently available antiretrovirals block HIV replication at least briefly, he says, and immunological reconstitution might be able to proceed during that period and ultimately allow the normal immune response to assist or complement the blocking of virus replication."

At year's end, signs were rife of this push to refine immune-boosting regimens:

- In Baltimore early in November, Fauci joined 30 other clinical investigators actively pursuing immune restoration strategies at a three-day think tank sponsored by Project Inform, the San Francisco advocacy group.
- An article that Fauci wrote for the November 12 issue of Science underscored the urgency of making immunebased therapies a standard part of the anti-HIV protocol.
- At the NIAID's Division of AIDS Clinical Science Section, Jonathan Kagan, PhD, another think tank attendee, planned several meetings on stem cell transplantation and cell-expansion therapies.
- In December, at the First National Conference on Human Retroviruses and Related Infections in Washington, DC, a French team reported promising results with a novel passive immunotherapy protocol.

Salk Enlists Australian Collaborator We need multiple strategies at different phases and stages of infection," insisted vaccine maven Jonas Salk, MD, at the Baltimore meeting. His Salk immunogen, a whole killed virus intended to stimulate cell mediated immunity after a person becomes infected, inspired headlines but only sparse peer support at the June 1993 international Confer-

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ence on AIDS in Berlin. At a press conference in Baltimore, Salk said that the latest data from his study cohort reinforce his confidence in bolstering cellular immunity, but he declined to reveal any of those results outside the think tank's closed sessions.

Salk made at least one convert to his cause during the meeting: John M. Dwyer, MD, PhD, professor of medicine and head of the School of Medicine at the University of New South Wales in Sydney. Dwyer is harvesting T cells early in the course of HIV infection, then expanding and freezing them to be reinfused later, when the donor's immune system falters.

Honing T-cell Harvesting Strategies

Dwyer is one of several investigators testing the effectiveness of harvesting and cryopreserving immune system cells. His team has already collected T lymphocytes from 50 HIV-positive people. After expanding and freezing the cells, Dwyer explains, "we want to put [the] cells back that we may have harvested five years earlier and see if they'll turn the clock back and rejuvenate the immune system with the capacity that it had all those years ago."

The obstacles to an effective harvestand-reinfusion tactic are legion, researchers concur. First, the target cells have to be harvested early enough so that they are still relatively healthy. "Probably the earlier that we can get cells from people who are infected to put away for a rainy day, the better," says Dwyer. A second considerable hurdle is culturing the cells so that they not only expand but also retain their original immunostimulatory potency.

When to thaw and begin doling back the expanded cells is not clear. "It's a bit like planning a marathon race," suggests Dwyer. "How often along the road do you want to put the water stops? When is the immune system getting tired and needing a bit of help?" The thorniest question for cell harvesters may be ethical: Who will be the best candidates for what would surely be an expensive therapy, and how much of a say will they have in deciding when and how their own cells are used?

Several teams in the United States are launching their own cell expansion studies, but with strategies very different from Dwyer's. Judy Lieberman, MD, PhD, of Tufts University in Boston, is collecting blood cells from 16 HIVpositive people with CD4+ T-cell counts between 100/mm³ and 400/mm³ and no AIDS-defining opportunistic infections. Her goal is to stimulate the harvested cells to increase only those cytotoxic T lymphocytes (CTLs) that specifically recognize and kill HIV-infected cells.

"I found that the T cells of patients infected with HIV recognize a small number of peptides that are encoded by the virus," she told PAACNOTES. "We can use those little pieces of the virus to identify and selectively expand the T cells—predominantly CD8+ cells—that recognize those parts of the virus."

In a phase I/II trial, Lieberman has so far given 1 billion expanded cells in single infusions to six patients and 5 billion cells in single infusions to three others, with no signs of toxicity. Early data charting reductions in viral burden and increases in CD4+ counts have been encouraging. "In some patients there was a sustained decrease in viral titer by at least 1 log that was sustained for up to six months," says Lieberman. "In other patients we had significant increases in CD4+ counts which were also sustained." If the results hold up when they are tallied and analyzed in the next few months, Lieberman hopes to pursue the study in more patients. A larger study, she notes, will probably require a less labor-intensive technique that is as safe as her current method.

At Johns Hopkins University in Baltimore, Charles Flexner, MD, has a similar protocol on the drawing board. "Up to this point," he told PAACNOTES, "cell therapies primarily involved taking CTLs of any sort and nonspecifically expanding them. In other words, they're expanding not only HIV-specific CTLs, but CTLs that will recognize all sorts of other infections." Like Lieberman, Flexner plans to pinpoint those cells that will home in on HIV-infected targets before multiplying them. "If you're going to have some immunologic effect on the virus," Flexner argues, "it may make more sense to stimulate only those CTLs whose job it is to search out and find HIV-infected cells."

These investigators are not alone in their optimism about cell therapies for HIV infection. Several researchers at Project Inform's Baltimore conference believe these early studies are only the vanguard of a sustained assault. "I think this is the year coming up when many new cell therapy trials will be started," predicts Thomas C. Merigan, Jr, MD, Director of the Center for AIDS Research at Stanford University.

Passive Immunotherapy with Antibody-rich Plasma

French investigators from Paris and Villejuif have had some success with another approach to immune restoration: transfusing antibody-rich plasma from recently infected HIV-positive donors into patients with CDC class IV disease. In this phase II study, a control group of patients received plasma lacking the antibody. The apparent ability of the antibody-laden plasma to ward off AIDS-defining events encouraged an independent review panel to halt the randomized trial. At the First National Conference on Human Retroviruses and Related Infections, Jeans-Jacques Lefrere, MD, and Daniel Vittecoq, MD, said they believe the therapy may induce "a partial restoration of the immune system."

Plasma donors had CD4+ T-cell counts above 400/mm³, a high concentration of anti-p24 antibody, and no symptoms of HIV infection. After the plasma was heated to 56C°, 300-mL transfusions were given to 42 subjects every 14 days for one year. The 40 control subjects received antibody-negative plasma. All subjects were also receiving zidovudine (ZDV) and "conventional prophylactic treatments."

When the review panel stopped the trial, the treatment group had significantly fewer cumulative AIDS-defining events than the control group. The time to the onset of the first such event was significantly longer in the treated patients. Because of the small size of the study group, the difference in survival (seven deaths in the treatment group and 11 among the controls) was not significant. CD4+ T-cell counts did not differ between the two groups.

Robert T. Schooley, MD, of the University of Colorado, Chair of the conference's scientific committee, observed that the most frequent infection in the study group was *Toxoplasma* encephalitis. "That may not be the case in other settings," Schooley said, "and certainly, if one were using other prophylaxes, there may be other ways besides passive immunotherapy to pre-

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of IL-2. At Stanford University, Merigan and his colleagues have already published a phase I/II open-label study of IL-2 given with ZDV to 19 HIV-positive

people. The Stanford study differed in several ways from the NIAID trial. First, IL-2 was given by intermittent peripheral venous infusion rather than by continuous central venous infusion, a modification the Stanford group hopes will pave the way to a more practical long-term dosing regimen. Second, the IL-2 was bound to polyethylene glycol (PEG), which increases its half-life approximately tenfold.

Third, the doses of IL-2 were generally lower than in the NIAID study. Finally, seven of the subjects had CD4+ counts below 200/mm³.

The Stanford investigators gave subjects three weekly infusions of IL-2 (3 million units escalated to a final dose of 10 million units) followed by three weeks of ZDV alone in the first phase of their study. In the second phase, they gave infusions to patients with CD4+ counts below 200/mm³ every 14 days over eight to 16 weeks. The doses of PEG-bound IL-2 in this phase were set at 10 million units for the eight infusions to those with counts above 200/mm³. Those with lower counts got four infusions of 10 million units and four of 3 million units.

In the first phase of the study, CD4+ counts increased significantly, as did natural killer cell activity and HIV-specific cytotoxicity. In the second phase, CD4+ counts rose by 16 percent in the eightweek study group and 33 percent in the 16 week group, but the doses needed to bring about these gains were close to the maximum levels the patients could tolerate.

Besides regulating normal immune function, cytokines such as IL-2 can also induce replication of HIV-I. As a result, any cytokine therapy may become a double-edged sword. However, in both the NIAID and Stanford studies, IL-2 did not spur increased production of the virus. Fauci surmises that IL-2 is not as potent an inducer of viral expression as some other cytokines. "Anything that activates a cell that's infected has the potential of increasing virus replication," he told PAACNOTES. "But there are a number of other cytokines that appear to be much more potent in doing that, such as TNFa and

IL-6 ″

Another salient similarity in the work of these two groups is that ZDV becomes, in effect, adjunctive therapy. Fauci looks forward to the day when more effective antiretrovirals can team up with immune therapies to promote "complete shutting off of virus at the same time that you're enhancing the immune response." In the meantime, he says, "I don't see the lack of 'perfect' antiretroviral agents as something that's going to be absolutely inhibitory to developing immune-based therapies, though it would be nice to have a combination of both."

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Something Old, Something New: Thymus and Marrow Transplants

Two other immune-boost therapies near the top of most priority lists are thymus transplants and xenogeneic bone marrow transplants. Fauci pondered the merits of both approaches in an interview with PAACNOTES. "I am not certain whether thymic epithelial cell or thymic microenvironment transplants will be a feasible way to go with HIV," he said. "But I called for reopening that book and rethinking the possibility of doing research, given the advances we have made in understanding the immune system."

The thymus transplant book was first opened in 1986 by Dwyer, who transplanted thymic epithelial fragments into 15 patients with advanced AIDS. "The school in the body where the immune system gets educated is the thymus gland," he explained at the Baltimore meeting. HIV destroys both T cells and thymus tissue, so a healthy immune system cannot be generated without outside intervention, even if the virus stopped dead in its tracks.

Although transplanted thymic fragments survived for months and appeared to repopulate the circulating Tcell pool in some patients in the 1986 study, the transplants were not effective enough on their own to merit further study. "While technically the transplants worked, any cells that were generated were soon killed by the virus," Dwyer said. 'This was before the days of AZT and other antiretrovirals and before we knew as much as we do now about the chemicals that support these cells in the body." One imposing hurdle that remains, according to Dwyer, is tricking the transplanted thymus tissue

vent these events." Even so, Schooley rated the French results "a very important insight into the potential role of humoral immunity in late-stage disease... a lesson we shouldn't pass up."

Immune Boosts Logged in Early IL-2 Studies

Two luminaries at the Project Inform think tank, Fauci and Merigan, are also leading advocates of immune therapy with interleukin 2 (IL-2). Fauci's group at NIAID's Laboratory of Immunoregulation produced encouraging but still unpublished results with five-day infusions of this cytokine to patients receiving ZDV. Fauci's collaborators Joseph Kovacs, MD, and H. Clifford Lane, MD, demonstrated significant increases in CD4+ T-cell counts in seven of 10 patients whose initial counts were at least 200/mm³, and "three or four of the 10 had really dramatic increases," Fauci told PAACNOTES. The continuous infusions began at 18 million units daily but had to be reduced, sometimes to as few as 6 million units, because most patients could not tolerate the higher dose

A key element of the study design was a seven-week rest after the five-day infusion. Fauci's team improvised the strategy when they found that T cells became refractory to expansion if subjected to continuous infusions. The reason, he suspects, is that "continuous stimulation does not allow the IL-2 receptors to reexpress themselves." The seven-week rest may allow T cells to spawn a new generation of IL-2 receptors, Fauci explained, "and then they're ready for the next barrage of IL-2."

The NIAID team is now recruiting an additional 50 patients, some of whom will have CD4+ T-cell counts below 200/mm³. This trial will compare IL-2 plus antiretroviral therapy with antiretroviral therapy alone. "It's difficult to prove a clinical benefit in a patient who is reasonably well," Fauci notes, "because most of the time those patients do well clinically anyway. The real proof of the pudding is when you take someone who has a low number of T4 cells and who has something like a progressing Kaposi's sarcoma or a refractory infection." Boosting T-cell levels in those patients at the same time that they improve clinically would strengthen the rationale for wider study

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into working smoothly as part of another person's immune system.

Fauci and others at the Baltimore think tank cited xenogeneic (cross-species) bone marrow transplants as a promising avenue down which investigators are just beginning to venture. Fauci's own laboratory showed that syngeneic marrow transplants from uninfected twins to their infected siblings are safe. But even if the immunologic benefits of such transplants prove to be more than fleeting, syngeneic transplants are an option for only the tiny minority of patients lucky enough to have identical twins. Transplants from other species, if they worked, would go a long way toward solving the supply problem.

"There's a lot of exciting work, at least in animal models, on xenogeneic bone marrow transplants," says Fauci. "If that work moves along nicely, hopefully [xenogeneic transplants] could be applied in HIV-infected individuals."

One researcher intrigued by that possibility is David H. Sachs, MD, director of the Transplantation Biology Research Center at Massachusetts General Hospital in Boston. He and his coworkers have been studying xenogeneic transplants as a way to overcome the scarcity of transplantable human organs. Because a transplant patient's immune system is more likely to reject an organ from another species than it is to reject a human organ, they are working hard to promote tolerance across a xenogeneic barrier.

"One of the things we've learned," Sachs told PAACNOTES, "is that it is very helpful to get bone marrow cells across that xenogeneic barrier to persist" because they can help induce tolerance. The scenario that excites both Sachs and Fauci is that marrow cells transplanted to HIV patients from another species might confer that immune potential while resisting HIV infection themselves. In other words, explains Sachs, such transplants might "improve the immune system of the recipient by taking advantage of the [healthy] immune system of that xenogeneic donor." Sachs and his colleague Megan Sykes, MD, have agreed to pursue this route in further discussions with Fauci and are drawing up a proposal for a formal study.

Who Will Pay the Immune Therapy

Bill

How well these immune restoration researchers will compete for their share of funding dollars is an unanswered question. But, so far, many worthy projects have not gone begging. Dr. Lieberman, for example, found money for her work through the NIAID's Division of AIDS Treatment Research Initiative, and Fauci has been able to sweep enough intramural funding into his laboratory to keep his work on a fast track. AIDS Clinical Trials Group money supported Merigan's IL-2 study.

Martin Delaney, director of Project Inform, is optimistic that the funding faucet will stay open for immune therapy research. "There's a new program at NIH that was created with some of this [research] in mind," he said during the Baltimore meeting. "Special Programs for Innovative Research on AIDS Treatment Strategies-SPIRATS-is a fund that's been created to deal with ventures that don't have an immediate product payoff."

Delaney is quick to add that immune restoration will not have an immediate clinical payoff either. "A lot of these protocols initially will not save patients," he says, "but we will learn something from them that may make it possible to save the next patient."

AVAILABLE FROM HANDI

Getting the Right Message, AIDS Treatment Data Network, Feb./Mar. 1994, p. 1 (561)

IL-12 Potential Treatment Restores in Laboratory Test, by John S. James, AIDS Treatment News, #189 December 17, 1993, p. 3 (562)

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The Immune System—an Overview, by Paul A. Linnemeyer, STEP Perspective, v.5 #3 Nov. 1993, p. 8 (564)

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COMPLEMENTARY

THERAPY

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Using Chinese Herbs and Acupuncture

by Jin-Lin Wang, LAC, MD (China) Being Alive, January 1994, p.6

At the Oriental Medical Center, we began treating people with HIV/AIDS in 1986. Our approach was to use a treatment combination of Chinese herbs, specifically formulated for their antiviral and immune enhancing effects, and acupuncture. Since we began this program, we have kept records on 201 patients who were continuously treated for from six months to over five years.

The Study Groups

For the purposes of evaluation, we divided our 201 patients into two groups. The first group (Group A) used only acupuncture and Chinese herbs. The second group (Group B) added Western medicine to their treatment regimen.

The first group included 103 adults (101 men and 2 women). At the beginning of their treatment program, 11 had CD4 counts of less than 200, 63 were in the 200-500 range, and 29 had CD4 over 500.

The second group consisted of 98 adults (95 men and 3 women). In this group, 57 had initial CD4 less than 200, 32 were in the 200-500 range, and only 9 had CD4 greater than 500. As you can see, the average initial CD4 for Group A was a good deal higher than for Group B.

The Treatment Program

Treatment included both acupuncture and Chinese herbs. Acupuncture was administered once or twice a week. For those who understand such things, the basic points were: Ll-4, ST-36, RE-6, EarSpleen. Additional points were used as individually indicated.

The Chinese herbs consisted of two

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basic formulas. An immune enhancer was taken twice daily (three capsules each time), and an antiviral three times daily (also three capsules each time). Additional herbs were prescribed as specific cases indicated.

Standards of Evaluation

Only twelve years have passed since the first cases of AIDS were diagnosed in 1981. We do not yet completely understand the natural progression of this disease. Some research indicates that 50% of HIV+ people will progress to AIDS within five years. Other research reports that 35% of HIV+ people can survive more than 10 years with normal CD4 counts. Thus, we believe that to evaluate the effects of a treatment, both its short term effects and long term survival must be observed.

To evaluate the short term effects of treatment, the CD4 count is used. The CD4 count is the standard used by the FDA to evaluate the effects of antiviral drugs. The CD4 count is also generally accepted internationally as an indicator of the condition of the human immune system. There is some disagreement about this; however, because of its general acceptance, we use the CD4 count as a surrogate marker.

The CD4 count fluctuates daily. We apply a classification to minimize confusion caused by fluctuations. We classify someone as *Improved* if CD4 count is up 50 points or more from the original level. Someone is *Stable* if CD4 count is plus or minus 1 to 49 points from their initial count. Finally, we call someone *Decreased* if CD4 drops 50 points or more from the original level.

To determine the long range value of the treatment program, we look at the three year survival rate, as well as the rate of progression to AIDS among the study subjects.

Results for Group A

Sixty-eight people (or 66% of the group) improved during the treatment program (according to the criterion noted above). At the start of the program, average CD4 count for the Improved was 435; at the end of the evaluation period, average CD4 stood at 616.

Twenty-five people in Group A were Stable, while only 10 (or 9.7% of the group) were classified as Decreased.

In Group A, 23 patients were observed for from two to five and a half years. None of these patients either progressed to AIDS or died.

Two cases from this group are good examples. One man began treatment in June of 1988 with an initial CD4 count of 317. He was treated continuously for four and a half years. During this time, his CD4 count rose to 661, and he remained free of symptoms. Another man began treatment in January of 1987 and started with a CD4 level of 300. Results were even more dramatic. After four and a half years of continuous treatment, his CD4 count increased to 710 and he stayed asymptomatic.

Results for Group B

Group B, which combined Chinese and Western treatments, began the treatment program with an average CD4 count lower than Group A. Results for this group were somewhat less successful. Only 29 people or 30% of the cases could be classified as Improved. However, 44 or some 45% remained Stable. Twenty-five patients in Group B decreased.

Thirteen cases in Group B were observed during continuous treatment of from two to four and a half years, of this subgroup, four of the thirteen died.

Using only Chinese Herbs and Acupuncture

We find that it is very difficult to get the CD4 count to return to normal range once it has dropped below 200. The best indication for sole use of traditional Chinese medicine is when the CD4 count is still above 300.

The Concorde study reports that AZT is not as beneficial for early HIV infection as previously believed. Our purpose with acupuncture and Chinese herbs is to slow or stop the average annual loss of T-cells and to keep the patient's immune system intact until a cure is discovered.

Some research indicates that the CD4 count will drop 70-80 points annually. Our results indicate that 66% of the 103 patients treated solely with traditional Chinese medicine showed a CD4 increase instead of a decrease. Twenty of the 103 patients whose CD4 counts were in the abnormal/low range increased into the normal range.

Combining Chinese and Western Treatments

Research demonstrates that traditional Chinese medicine may strengthen immune function and inhibit

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the HIV virus. Our clinical practice and results support these findings. Acupuncture and Chinese herbs have the additional advantages of cost effectiveness and general lack of side effects. However, it is our opinion that traditional Chinese medicine cannot cure HIV infection at this time. Thus, it is vital to recognize when Western medications are indicated and useful for the protection of the patient.

Because AIDS suppresses the immune system, the patient may be susceptible to infection. Western medications can prevent opportunistic infections as exemplified by the use of Bactrim to prevent PCP. We are testing Chinese herbs to prevent opportunistic infections. At this time, however, we do not have a Chinese herbal replacement for such medications as Bactrim.

The Value of Acupuncture

The mechanism of acupuncture can increase the endorphin level. Endorphins are recognized as pain relievers. Within the last three years, studies of endorphins also demonstrate that they increase T-cell count and natural killer cell activity, as well as inducing the body to form interferon.

Continuous Treatment Enhances Benefits

Our work during the past seven years indicates that there are clear benefits to the continuous use of Chinese herbs and acupuncture. When a patient seeks treatment for only a short time or on an intermittent basis, the value of the Chinese approach is diminished.

Two cases illustrate this important point. One man began treatment in April of 1987; his initial CD4 count was 430. He was treated continuously with only Chinese herbs and acupuncture for three years. At the end of this period, his CD4 had risen to 530 and his p24 antigen had gone from positive to negative. The patient chose to discontinue treatment. When he returned almost three years later, his CD4 count was only 55 and his p24 antigen was again positive.

Another man began treatment in early 1988 with a CD4 count of 443. He continued with regularly scheduled treatments for almost three and a half years. At the point that he discontinued treatment, his CD4 stood at 500. Only a year and a half later, he had an attack of shingles and returned for treatment.

His CD4 count had dropped to 150. When you compare these two cases to the ones reported in our Group A results, you can see that uninterrupted treatment seems more effective. If an HIV+ patient does choose to discontinue treatment, we strongly recommend that they check their CD4 count every three months.

[This article includes a box describing an Oriental Medical Center clinical study - please contact HANDI for information]

Acemannan by Jason Heisman Notes from the Underground, #23 December 1993, p. 7

Acemannan is a polysaccharide, or complex sugar, extracted from the aloe vera plant, *Aloe barbardensis Miller*. Aloe Vera has been used in many cultures as a traditional treatment for burns, digestive problems, and other ailments, and has become a popular alternative treatment for AIDS. It is currently being promoted for use in combination with DNCB,

dinitrochlorobenzene, another alternative treatment that has recently been receiving a new round of attention. Acemannan was patented by Carrington Laboratories under the brand name Carrisyn, and has been approved by FDA for the treatment of fibrosarcoma, a form of cancer, in cats and dogs. Certain laboratory studies have shown that acemannan is capable of inhibiting HIV replication in the test tube, increasing the production of cytokines, and enhancing the efficacy of AZT. Unfortunately, a recently concluded trial could not reproduce these findings.

Results from two studies of acemannan were presented as poster abstracts at the IX International Conference on AIDS in Berlin. One abstract presented the long-awaited results of a placebo-controlled clinical trial of acemannan in combination with AZT or ddI. The trial was conducted by the Canadian HIV Trials Network, and funded by the Canadian government (abstract # PoB 28-2153)

This study enrolled sixty-two patients with t-helper counts between 50-300. The results showed that people taking acemannan declined more slowly than those not taking the drug, but by the end of the 48 week study, both groups had similar losses in thelper cells. No difference was noted for p24 antigen, and no interaction with the antiretroviral drugs was observed.

In a different study, paid for by Carrington Laboratories, performed by researchers from Carrington Laboratories and Dallas-Fort Worth Medical Center, in Texas, followed the progress of the five survivors of a six year openlabel clinical trial (abstract #PoB 29-2179). The t-helper counts of these five patients stayed constant over six years, while their CD8 cells increased from an average of 359 to an average of 1395. It is not specified whether these patients were receiving antiretroviral therapy.

Although their results seem contradictory to those of the larger Canadian trial, the researchers of the open-label study reported that acemannan increased the production of CD8 cells, and cytokines (immune regulators) including IL-6, and TNF-alpha (the same cytokines stimulated by echinacea-see following piece). Based on this information the authors suggest that acemannan increased survival time amongst these patients. According to the abstract, "the clinical deterioration of 10 deceased study patients closely paralleled their compliance for the daily intake of acemannan."

Self-selection in the open label study, as well the inevitable lack of objectivity on the part of the manufacturers of the product may explain the contradictory findings.

Echinacea: My Immune Booster May be Your Downer Notes from the Underground, #23, December 1993, p. 7

Extracts from echinacea, that purple coneflower blooming in your garden, have been used by herbalists since pagan times, and seem to be becoming more and more popular in the back-to-Mother- Earth-'90's. A lot of laboratory work supports what the nature healertypes have contended all along; that echinacea can kick start the immune system into combating infections and maybe even cancerous cells. So echinacea may deserve the tag "immunomodulator", and because of its reputation, a lot of people with HIV use it to try and give their immune system a boost.

[The "Boost"] would be great if the immune system was a simple sort of thing that turns on or off. But its more like a maze of interlaced wires and switches, with hidden feedback loops and all the instructions are in hieroglyphics. Or to use a more natural metaphor, the immune system is like the ecosystem, in which the disappearance of some tiny fish leads to global starvation.

HIV disease uses the complexity of the immune system to defeat it. HIV triggers responses from some parts of the immune system that would normally keep other infections in check, but that wind up only feeding HIV and gradually disturbing the natural balance of all the elements of the immune system. By the time someone has fifty CD4 cells, its not that the immune system is "deficient" so much as it is all out of whack. Any product that claims to be an immune booster should be looked at very carefully to be sure that it isn't just aggravating this imbalance.

So where does echinacea fit into this? Hard to say, since these extracts appea to do a number of different things. Echinacea has been shown to activate cells called macrophages that eat diseased cells or infectious things like bacterias or viruses. Macrophages are very important when it comes to fighting off certain infections such as MAI. In this process the macrophages produce large amounts of chemicals such as IL-1, IL-6, and TNF-alpha. These chemicals stimulate HIV, and a number of other conditions such as KS and wasting. What's worse is that if macrophages clean up cells infected with HIV, they can become infected themselves and act as reservoirs for the virus. There are no studies of whether echinacea causes more of your macrophages to get infected. But there are studies showing that taking echinacea increases levels of IL-1, IL-6, and TNFalpha in seronegative people.

On paper this seems like a catch-22. In your body, who knows, it may depend on your stage of disease. Echinacea might help you in one stage, and hurt you in another. It's very hard to get a grasp of the big picture by piecing together these small test tube studies. There are no studies of echinacea in PWAs. It sounds sort of hollow to always this repeat demand for clinical trials, since they take so much time and money to design and implement and there are just so many things to study. Where does that leave you? Once again with a lot of decisions to make and little more than your good sense to guide you.

PERSONALS

[Editor's Note: The quest for knowledge, self and scientific, is essential to the advancement of HIV treatment. In recent articles on complementary therapy, the authors advocate the importance of clinical trials and empirical data. While the lack of scientific assessment of the efficacy of therapies in HIV treatment continues to be a barrier, the sharing of personal experiences by persons already undergoing complementary treatments may become the starting point for better future efforts.

HANDI excerpts of these personal accounts are included in this issue of HTIE to enrich the exchange of experiences and ideas of persons with HIV.]

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Steve Keale

The following is a quote from an article by Steve Keale, "Acupressure, Herbs and Spirituality," published in The Common Factor, #7, February, 1994, p. 9.

"My path to health began about five years ago after I could no longer hide from the perceived death sentence of hiv [Ed. – Steve explains in his article that he does not "give anything that focuses on imperfection the benefit of capital letters"] capitalizing hiv in his article.] I was alone and confused. During that time, my knee was giving me an incredible amount of pain that made it impossible to keep working. My doctor told me that my knee would be fused within a year and that there was nothing that could be done for it. They also informed me that aids was getting everyone else and my time was limited. My reaction at the time was to hold in my tears until I got to the car and went home in anger.

I was so angry. I needed to do something, so I started counseling. This helped me develop my own thoughts and beliefs and to come to the decision that I needed time to get better. I decided to go on short-term disability, which turned out to be more like ability, and it gave me the time to recover, relax, and investigate what was going on.

I had heard through the grapevine that people with cancer and aids were able to heal themselves, sometimes through what I considered a form of hocus pocus. If it worked for them, though, maybe it could work for me. I bought a book on Zen and one about taking responsibility for one's life. This reading changed my life, and from then on, I knew that love could overcome all negativity and that I am in total control of my life. Now I had to retrain myself in order to take control again.

I started visualizing, reading more books, going to seminars, and visiting a few acupuncturists. The acupuncturists were able to stop my bleeds, and the visualization allowed me to stop a few on my own. My reading helped me realize that there was a common thread running through all spiritual paths and holistic health practices."

[please contact HANDI to receive complete text]

Ken

The following is a quote from an article by Kristen Fehlhaber, "Alternative Therapies and HIV Disease: Three Personal Experiences," published in Wellspring, March/April 1994, p.1.

"Ken 41, was diagnosed with AIDS five years ago. He was immediately put on AZT, but he says, "I felt very ignorant about the treatment. The more I read about it, the more I questioned it. And I was feeling worse." After two months, he decided to stop taking AZT and began to experiment with vitamin supplements and herbs. After two years of treatment with herbs and vitamins, Ken began acupuncture after getting a respiratory infection against which no drugs were effective. But he wasn't without his reservations. During the first meeting with his acupunc-

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turist at the Cambridge Hospital, no needles were used. Instead he asked a lot of questions and made sure he understood the process before beginning the therapy. Currently, he goes to the AIDS Care Project for treatment twice a week, where he also consults with a herbologist. As with many practitioners of holistic therapies, most of his information came from word of mouth. "I asked my friends what they were taking and went from there." He attributes his health to all of these therapies, but also "to a healthy outlook - I keep my curiosity up so I can keep searching things out and keep asking questions."

[please contact HANDI to receive complete text]

New Resources

GMHC Treatment Issues, v.7 #11/12, 1993/94 Issue on Alternative Therapies

Includes the Alternative Treatment Activist Manifesto by Jon Greenberg and the following articles: Historical Background; Common Alternative Therapies; an Interview with Jane Buckle; Vitamins; Chinese Herbs; Antioxidants; Evaluating Therapies; and the FDA Vitamin Controversy. The article on Common Alternative Therapies includes short columns on Acemannan, Coenzyme Q10, Compound Q (GLQ223), Echinacea, Hypercin, PCM-4, and other substances. The article addressing vitamin issues covers vitamins A, B, B-6, B-12, and C. Two accompanying tables, Core Foods for Vitamins and Vitamin Toxicities, are available. An article on Antioxidants, Oxidative Stress, and NAC complements the section on Vitamins.

[please contact HANDI to receive complete text of issue]

AIDS Project of Los Angeles Alternative Treatment Library

Among the collection of treatment packets are traditional oriental medicine, anabolic steroids, anti-oxidants, and many others.

Available From HANDI

Aloe Vera: The Plot Thickens ... But Does the Concentrate?, Notes from the Under-

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ground, #23 Dec. 93, p. 6 (566)

Alternative Therapies and HIV Disease: Three Personal Experiences, by Kristen Fehlhaber, Wellspring, Mar/Apr. 1994, p. 1 (567)

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Rheumatoid Arthritis Advance May Be Relevant to AIDS" by John S. James AIDS Treatment News (02/18/94) No. 193, P. 5

London researchers report promising results in treating rheumatoid arthritis with a monoclonal antibody against tumor necrosis factor (TNF), a condition that is found naturally in the body but is often too high in HIV/AIDS patients. TNF can stimulate HIV growth directly, and is suspected to be an important contributing element of wasting syndrome. Pentoxifylline and thalidomide, two drugs being tested as potential AIDS therapies, reduce the levels of TNF in the body. The monoclonal antibody, produced by Philadelphia's Centocor company, may also be highly effective in blocking TNF. All of the 50 or so volunteers, who had failed standard treatments for rheumatoid arthritis, have had apparent success when treated with the monoclonal antibody, according to reports on the British Broadcasting Corporation. While this drug is not yet widely available, the results of the study-if confirmedmay advance the research on other drugs with a similar mechanism of action. (612)

High-Purity Factor Concentrates in Prevention of AIDS

By H.P. Schwarz, et al. Lancet (Great Britain) (02/19/94) Vol. 343, No. 8895, P. 478

Seremetis et al. conclude that high-purity products should be preferred for treating HIV-positive hemophiliacs. They base their recommendation on a study which showed that stabilization of CD4 cells with high-purity concentrates is the most striking seen with any AIDS treatment or prevention approach. If these findings are valid, say Schwarz et al. of Immuno AG in Austria, high-purity factor VIII concentrates would also have to be considered for treatment of HIV-positive patients who are not hemophiliacs. To prevent false hopes for these patients, Schwarz et al. suggest that the findings of Seremetis and colleagues be confirmed. In their opinion, the Seremetis study has several serious flaws. According to Schwarz et al., the methods of analysis did not

properly consider the potential for bias in patient selection and use of antiretrovirals, the questionable endpoint, and selective withdrawal. (613)

Medical Briefs: Pioneering Gene Therapy

Advocate (03/08/94) No. 650, P. 19 Vical Inc., a San Diego-based biotechnology firm, is exploring a "naked DNA" approach to gene therapy for AIDS and other diseases. Gene therapy involves the insertion of specific bits of DNA or genes into human cells to prompt them to fight disease. One way genes can be delivered to cells is to piggyback them on deactivated viruses, which are injected into the body. In the other method, cells are removed from a patient, modified, then returned. There are, however, disadvantages to both of these techniques, including side effects and high cost. The system under development by Vical attempts to avoid these obstacles by directly injecting naked DNA into the patient. While there are some limitations to this method of gene therapy, significant progress is being made. (614)

New Drug Touted for Ability to Kill AIDS Infected Cells by Paul Taylor Toronto Globe and Mail (Canada) (03/ 08/94) P. A6

A Canadian and British research team says it has developed a new drug that can selectively kill cells infected with HIV without harming healthy ones. The drug, EF 13, has been tested. only in a laboratory environment, and director of research Dr. Michael Winther concedes that it is uncertain what will happen when the drug is actually administered to an AIDS patient. EF 13 is made from naturally occurring compounds in the body gamma linolenic acid and lithium salt of polyunsaturated fatty acid. When introduced into a test tube containing both healthy and HIV infected cells, EF 13 entered both types but appeared to have a negative effect only on the infected cells. The compound distorted the cell membrane, hindering the ability of the cell to eliminate its normal waste products. Eventually, the build up caused the cell to die. "When the cells are killed, the important thing is that any of the viruses inside the cells die as well," says Winther. The drug was initially developed in Nova Scotia by Efamol Research, the Canadian subsidiary of the British based firm Scotia Pharmaceuticals Ltd. Winther, who is laboratory director of Efamol, says researchers at the Medical College of St. Bartholomew's Hospital in London produced similar results in recent tests of EF 13. (615)

Hemophiliacs With HIV Get Clinic of Their Own by Holly Selby

Baltimore Sun (03/11/94) P. 1B

Today marks the opening of a new medical clinic at Johns Hopkins Hospital established expressly for HIV positive hemophiliacs. The clinic, which will be staffed by personnel from both Hopkins and St. Agnes Hospitals, aims to provide comprehensive health care to adult hemophiliacs in Maryland who contracted HIV through the blood products meant to help them lead better lives. The Hopkins clinic gives hemophiliacs better access to one stop treatment. Otherwise, Maryland patients would have to travel to Philadelphia, Washington, or Hershey, Pa., to receive care in one medical center. "This may be a small clinic, but it's a major thing for these people," says Annette Maurits, president of the Maryland chapter of the National Hemophilia Foundation. Today, half of America's 20,000 hemophiliacs are infected with HIV. Most were infected between 1979 and 1985, when testing for HIV in the blood supply was implemented. (616)

UBI Approved to Test a Novel Immunotherapy for AIDS Business Wire (03/24/94)

The Food and Drug Administration has granted approval to United Biomedical Inc. of Hauppauge, N.Y., to conduct clinical trials to evaluate a novel approach for treatment of HIV infection. UBI has developed the therapy designed to delay progression to AIDS by specifically stimulating the body's immune responses known as cytotoxic or "killer" T lymphocytes (CTL), which are responsible for identifying and destroying HIV-infected cells. The ability to stimulate HIV-specific CTL has major implications for accelerating development of the UBI global AIDS vaccine currently undergoing international clinical study. The company has designed a cocktail of lipid-modified-peptides that can stimulate HIV-specific CTL responses. (617)

Lab Tests Show New Way to Block HIV Infection Lidia Wasowicz

United Press International (04/01/94)

Researchers at the University of Southern California said their laboratory experiments indicate that HIV infection may be avoided with antibodies produced in response to two autoimmune disorders, mixed connective tissue disease (MCTD) and systemic lupus erythematosus. "We predicted that because of what is called molecular mimicry, the way in which some molecules are so similar they can actually replace one another in biologic functions, these particular autoimmune antibodies would be effective in blocking HIV infection of healthy cells," said Dr. Angeline Douvas, USC assistant professor of medicine. The protein 70K is the natural target of antibodies produced in response to MCTD and lupus, two disorders in which the body attacks itself. The protein is similar in structure to two proteins found on the surface of HIV, the researchers reported. They hope to use 70K to boost immunity and antibody production in HIV patients. "Of immediate interest is preventing the transfer of the [AIDS] virus from infected mothers to their fetuses," said Douvas. "By using the autoimmune antibodies, we can bypass the use of AIDS infected blood to manufacture the antibody preparation." (618)

New Nation-Wide Trial Tests Timing of Switch From AZT by John S. James AIDS Treatment News (04/02/94) No. 196, P. 4

The first clinical AIDS trial to be conducted jointly by the federally sponsored AIDS Clinical Trials Group and military institutions will examine whether an advanced blood test can indicate the most appropriate time to switch from AZT treatment alone to other therapies. All volunteers will begin the study by taking AZT alone as the active drug. As the trial progresses,

their blood will be tested for the presence of a particular mutation of HIV known as codon 215-the most serious mutation known to cause resistance to AZT. When, if at all, mutation is detected, the patients will be secretly assigned to either continue AZT therapy, switch to AZT plus ddI, or switch to the triple combination of AZT plus ddl and nevirapine. The objective of the trials is "to validate that [the '215 mutation'] precedes the increase in viral burden...and decline in CD4 count which had been observed in association with clinical failure" of AZT, and to determine if adding other drugs will prevent the increase in viral burden and drop in T-helper count. (619)

Drug Firms Announce Combination AIDS Strategy by Gail Fitzer-Shiller Reuters (04/13/94)

The Inter-Company Collaboration on AIDS Drug Development (ICC), a coalition of 16 pharmaceutical firms, has agreed on a new clinical plan to rapidly test triple-drug combinations to combat AIDS. ICC officials say the new protocol is identical to the same clinical model that yielded treatments for leprosy, tuberculosis, and various cancers. Each trial, they explain, will enroll 100 relatively healthy patients who have some manifestations of AIDS, but have not been treated with other drugs. Combinations showing promise will advance to larger, more tightly controlled studies to determine long-term safety and efficacy. Under this protocol, triple drug combinations can be tested more quickly than in doubleblinded, placebo-controlled studies. "It's really an attempt with a relatively rough and quick method to identify those combinations out of a great number of combinations that may have special merit in treating AIDS and therefore deserve further and more formal study," says Dr. Juergen Drews, chairman of the ICC scientific panel. The first four trials are scheduled to begin this fall and, according to Drews, will involve Wellcome PLC's AZT in combination with Hoffman-LaRoche's ddC and proteinase inhibitor R031-8959; AZT in combination with Bristol-Myers Squibb's ddl and Boehringer Ingelheim's Nevirapine; AZT in combination with ddI and Glaxo Holdings

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PLC's 3TC; and AZT in combination with ddC and Nevirapine. Each of the trials will be funded by the companies those drugs are being tested. (620)

Comparison of Long-Term Prognosis of Patients With AIDS Treated and Not Treated With Zidovudine by Jens D. Lundgren Journal of the American Medical Association (04/13/94) Vol. 271, No. 14. P. 1088

To determine the connection between time elapsed since beginning treatment with zidovudine and survival in AIDS patients, Lundgren et al. of the AIDS in Europe Study Group studied 4,484 AIDS patients at 51 centers in 17 European nations. All of the participants had been diagnosed with AIDS between 1979 and 1989, had survived their initial AIDS-defining event, and had not started taking zidovudine before AIDS diagnosis. For those being treated with zidovudine, the death rate was significantly lower than for untreated patients who had developed AIDS at the same time. For longer times since beginning treatment with zidovudine, the association with a reduced mortality rate diminished. For patients who survived for more than two years after initiating zidovudine therapy, the mortality rate was higher than for untreated patients who had developed the disease at the same time. Lundgren et al. concluded that zidovudine, when initiated after an AIDS diagnosis, was linked to improved prognosis, but for no more than two years after beginning therapy. (621)

China Claims Success in Treating AIDS

United Press International (04/14/94)

A traditional medicine research center in Wuhan, China, claims to have developed an effective treatment for AIDS, according to a report by the Wen Wei Po newspaper. The center says it has treated 22 AIDS patients, with varying success, with sheng ming quan. That medicine was selected as the first choice of medicines for AIDS treatment by the Committee of Chinese AIDS Prevention and Treatment, said the paper. Although a number of Chinese medicine shops and chemical companies have

heralded AIDS cures, few receive official endorsements. Not long ago, a Chinese company promoted an aerosol spray to kill HIV, which turned out to be nothing more than a disinfectant. Traditional Chinese medicines have gained some credibility in the past few years, but little has been done in terms of supporting research efforts for a cure for AIDS in China. (622)

NAC, Glutathione and HIV— San Francisco, May 7 AIDS Treatment News (04/15/94) No. 197, P. 8

Researchers at Herzenberg Laboratory at Stanford University are currently coordinating a trial to research the use of N-acetylcysteine (NAC) as a potential treatment for HIV. The theory behind the studies is that glutathione levels in the cells are known to be abnormally low in many HIV patients. This low level of glutathione may cripple the antioxidant defense of the cells, and the oxidative stress that results may also stimulate the growth of HIV. Some have proposed NAC as an efficient means of increasing glutathione levels but, because others question whether it is adequately absorbed, use of NAC remains controversial. ACT-UP/San Francisco will sponsor a talk on Saturday, May 7, by Dr. Leonore Herzenberg of Stanford's Genetics Department, who will present recent research regarding the use of NAC as a potential treatment for HIV infection. (623)

Itchy Skin in HIV by Michelle Roland AIDS Treatment News (04/15/94) No. 197, P. 1

Pruitis, or itchy skin, is a condition common to HIV patients. Although health care professionals have in the past been tempted to attribute this symptom to HIV itself, clinicians and researchers now know that a specific diagnosis is often within reach. The specific cause of the itchiness may be linked to HIV associated immunosuppression or, less commonly, to specific organ diseases caused by opportunistic infections, cancer, or non HIV related illnesses. The most common causes of pruitis in HIV infection fit into several classifications: scabies and insect bite reactions; inflammations of the hair fol-

licles that include either eosinophilic or bacterial folliculitis; drug reactions; dry skin; a group of scaly skin disorders that include psoriasis; and photosensitivity dermatitis. Doctors Toby Maurer and Tim Berger, researchers at San Francisco General Hospital, examined a group of HIV patients who had itchy skin. They found that they could make a diagnosis based on a relevant clinical history, physical examination, and sometimes a skin biopsy in 90 percent of the patients. Once diagnosed, the majority of these skin disorders can be treated. While some are very responsive to therapy, others are resistant to currently available treatment options. Patients, physicians, and dermatologists must work together in difficult cases of itchy skin to establish a diagnosis and come up with an effective treatment regime. (624)

HIV Alters DNA, Causing Rare Cancer

by E.Pennisi Science News (04/16/94) Vol. 145, No. 16, P. 244

Researchers at the University of California at San Francisco have for the first time demonstrated a direct link between HIV and tumor growth. The team discovered that a piece of HIV genetic material had inserted itself into human DNA near a particular cancer causing cell, thereby activating this oncogene, which is associated with several other types of tumors. In seven HIV patients, white blood cells had multiplied and spread out of control, creating a lymphoma with a mixed cell type. Previously, most lymphomas observed in AIDS patients came from a single white cell type, often B cells. These AIDS related cancers seem to surface as a result of a weakened immune system. The seven San Francisco patients, however, tended not to exhibit symptoms of immune suppression. Instead, "most of them had this [cancer] as their [first AIDS] symptom," according to researcher Michael S. McGrath, a cancer biologist at USCF. McGrath offers two explanations for the sudden appearance of this cancer in HIV patients. HIV may be evolving and may have developed different ways of acting inside white blood cells, which suggests that HIV may also alter the way it infects people. The second explanation is

that these cancers may be an unwelcome result of HIV patients living longer because of treatments that combat opportunistic infections and delay the spread of the virus in the body. (625)

Megestrol Helps Enhance Appetite

AIDS Alert (04/94) Vol. 9, No. 4, P. 61 Megestrol (Megace), a synthetic progesterone agent, has won approval for the treatment of anorexia, cachexia, and weight loss among AIDS patients. Two unpublished trials conducted from 1988 to 1991 found that AIDS patients gained between 10.7 to 11.2 pounds after 12 weeks of treatment with megestrol. At a dose of 800 mg a day, however, some patients experienced impotence, rash, or hypertension. Cutting the dosage in half may help impotence and other side effects, according to Isadore Pike, vice president of medical affairs for the Bristol-Myers Squibb Oncology-HIV Products Division. He recommends that the dosage be reduced from 800 mg to 400 mg when the patient has gained enough weight. Pregnant women should not take megestrol, and women who are not pregnant should use contraception when taking megestrol because of a potentially heightened risk of birth defects. "If you see somebody with AIDS, you see that his appetite really drops off, and there is no other obvious reason for that, that's the point you ought to consider instituting treatment" with megestrol, says Pike. "If the anorexia or weight loss appears to be a function of the disease itself, then I think [megestrol] becomes appropriate. But I don't think you need to wait to try it until they lose a tremendous amount of weight." It is not known through what mechanism the drug improves appetite. (626)

FDA Approves Clinical Trial of Hyperthermia

Washington Blade (04/22/94) Vol. 25, No. 16, P. 29

The U.S. Food and Drug Administration (FDA) on March 29 approved a clinical trial of a controversial HIV treatment known as hyperthermia. Within two months, IDT Corporation of Pittsburgh, Pa., is expected to begin a "feasibility study" testing hyperthermia in 10 patients. The treatment involves removing the blood from an HIV patient, heating it to about 110 degrees to kill the virus, then returning the blood to the patient. Officials at the National Institutes of Health (NIH) said there was no value in the treatment, and that no further research was necessary. But Sen. Frank Lautenberg (D-N.J.) says he has met with NIH and FDA officials to push for hyperthermia research. (627)

Gilead Sciences Announces Second Phase II/III Pivotal Study of GS 504 in CMV Retinitis Patients With Initiation of Clinical Trial Conducted by SOCA

Business Wire (04/25/94)

Gilead Sciences Inc. has initiated a second Phase II/III pivotal trial to evaluate GS 504 as a potential treatment for cytomegalovirus (CMV) retinitis in AIDS patients. The study of GS 504, an antiviral compound from a class of drugs known as nucleoside analogues, is being conducted by the Studies of the Ocular Complications of AIDS (SOCA) research group, part of the National Institutes of Health. The trial is designed to enroll 90 patients through the 11 SOCA-affiliated clinical centers in the United States, and to determine the potential ability of the compound to prevent the progression of CMV retinitis. In January, Gilead announced commencement of the initial Phase II/ III pivotal study. That trial has so far enrolled half of an anticipated 48 patients. Results from Gilead's Phase I/II studies demonstrated anti-CMV activity with regular intravenous dosing of GS 504. CMV, the most common opportunistic infection among people with AIDS, affects approximately 90 percent of patients. (628)

Pasteur Institute Set to Begin AIDS Vaccine Test Reuters (04/28/94)

Researchers at the Pasteur Institute in Paris will soon begin a major human trial of an AIDS vaccine cocktail that demonstrated great promise in tests on chimpanzees, according to Dr. Marc Girard, director of molecular virology at the institute. Girard said that 25 volunteers would participate in the

one year study. The vaccine is a combination of a protein from a virus affecting canaries that strengthens the body's own immune system, and a specially altered amino acid compound that boosts the ability to protect against numerous HIV strains. Up until now, researchers have not been able to induce antibodies that would be active against numerous wild strains of HIV, Girard said. He cautioned that while the new compound may be able to induce serum antibodies to stave off HIV in the bloodstream, little has been discovered to block infection in mucous secretions during sexual activity, which is how most HIV infections are transmitted. (629)

Antiviral d4T to be Approved AIDS Alert (04/94) Vol. 9, No. 4, P. 61

The antiviral d4T, a nucleoside in the same class of drugs as AZT, ddI, and ddC, is expected to be approved this year, reports Susan J. Yarin, spokeswoman for Bristol-Myers Squibb Co., which manufactures Zerit, a brand name version of the drug. Currently, d4T is available only as part of the Food and Drug Administration's Parallel Track Program for patients who cannot tolerate the drug [AZT], or for whom other therapies have failed. Nearly 11,000 HIV/AIDS patients have received d4T through the program at no charge; however, data on the trials will not be available until later this year, says Yarin. (630)

Herpes Drug Lengthens AIDS Patients Lives—Study Reuters (05/02/94)

High doses of Acyclovir, a drug used to treat herpes infection, can significantly prolong the survival of people with AIDS, according to a study by one of Australia's leading research institutions for the disease. The 1992 study indicated that compared to placebos, Acyclovir could lengthen survival time in AIDS patients. 'The study has shown that Acyclovir can extend life by around six months, a significant advantage in this serious disease," said David Cooper, director of the National Centre in HIV Epidemiology and Clinical Research at the University of New South Wales. The Health Department of the

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Australian government is considering licensing Acyclovir as a therapeutic drug in the battle against AIDS. (631)

Theory Tested on Why Body's Defenses Go Haywire in AIDS by Natalie Angier New York Times (05/03/94) P. C3

While AIDS gradually breaks down the body's immune system, it creates mass confusion at every node of the defense network, as some immune cells overreact to the invasion and others fail to respond when called. Now, researchers at Stanford University School of Medicine suggest something known as oxidative stress may play a critical role in the slow decay of the immune system. The damage resulting from too many dangerous oxygen molecules banging around inside immune cells, they say, may disrupt the cells' performance and ultimately cause them to die. The Stanford scientists believe that an important feature of AIDS is a sharp decline in the body's concentration of glutathione, an important mechanism that absorbs excess oxygen and protects from oxidative harm. The researchers suggest that replenishment of the body's stores of glutathione could delay progression of disease. A clinical trial is currently being conducted to evaluate the usefulness of N acetylcysteine (NAC), a compound from which glutathione is made, in blocking the malignant course of HIV infection. Scientists warn, however, that NAC would, at best, only slow the pace of deterioration, not act as a cure. (632)

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HANDI IS THE INFORMATION CENTER OF THE NATIONAL HEMOPHILIA FOUNDATION. INFORMATION IS MAINTAINED ON A COMPREHENSIVE RANGE OF TOPICS RELATED TO HEMOPHILIA AND HIV. YOU MAY REACH A HANDI INFORMATION SPECIALIST BY CALLING 1-800-42-HANDI.

Clinical Trials

• More information on becoming involved in clinical trials, including lists of NHF and non-NHF ACTUs, is available by contacting HANDI.

• 1-800-TRIALS-A. This treatment information line is maintained by the National AIDS Clearinghouse. It offers information on HIV clinical trials and drugs used to treat HIV infection.

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MISSION

We are diverse people living with HIV, united to promote self-empowerment and enhanced quality of life for HIV affected individuals through advocacy, education, peer support, and treatment activism.

To Err is Inhumane!

On April 11, a bizarre scene was being played out at the DeKalb County Courthouse, a scene which would lead to confinement, media stories and eventually, huge protests. John Kappers, a man with AIDS who serves as Chair of AIDS Survival Project Board of Directors, was being escorted to a courtroom on the third floor. His escorts: three armed guards and his lawyer, all riding an elevator wearing surgical masks. The elevator would then be shut down, closed with police tape, and used only to transport this high-profile guest in and out of his court appearance.

Kappers had chosen not to comply with a DeKalb County Board of Health order for "respiratory isolation," an order which would mean house arrest at his home. DeKalb County Health Department considered him a "threat to public health" because of his diagnosis in December 1993 of multidrugresistant tuberculosis (MDR TB).

When Kappers, a longtime AIDS nurse, learned of his MDR TB in December, he immediately began a treatment regimen, and for nearly two months beginning in January, he was quarantined in his home while being treated. MDR TB is a serious illness, especially for its usual target: people living with AIDS. However, Kappers responded well to treatment and eventually his chest x-ray became clear. His clinical symptoms disappeared as well, but most importantly, the test used around the country to detect TB, a TB "smear," turned negative. And then the next smear was negative. And the next. Eventually, Kappers produced over twelve negative smears for MDR TB.

Standard of care throughout the country, from the CDC to the health departments in New York to Miami, consider three negative smears and a clear chest x-ray as reason to lift isolation. But back in that courtroom in DeKalb, those results were not good enough for the DeKalb County Health Department.

"We have produced a positive 'culture' for TB," said Dr. Sanders of DeKalb County, "and we would rather err on the side of caution in this case." Sanders spoke through a mask, as did virtually everyone in court due to an order by Judge Daniel Coursey. The only exceptions were Kappers lawyers, who refused the judge's fear-inducing demands.

Dr. Vernon Houk, former Director of Environmental Health for the CDC and a man considered a national expert on TB, testified that Kappers posed no risk to the public, and the County's reliance on the TB culture was "irrelevant." "The people in this courtroom." Houk testified, "have more of a risk riding MARTA than they do sitting here with John Kappers." Houk also refused the mask order.

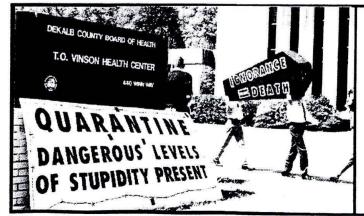
Without missing a beat, the Judge gave his decision immediately after closing arguments were complete. "I was impressed by Dr. Houk's testimony, yet I rule for the county," Courson said. "Court adjourned." Fear of contagion ruled while none was proved. Stunned by the decision, AIDS Survival Project went into action. A protest, cosponsored by ACT UP Atlanta, was set for the following Thursday, and over 65 people converged on the DeKalb County Board of Health, shouting "Free John!" and placing the building under mock quarantine. A huge sign under the building's name read "QUARANTINE: Dangerous Levels of Stupidity Present."

In media interviews, Dr. Sanders attempted to confuse the severity of MDR TB with its infectiousness. No one disputes its severity, but this strain is no more infectious than normal TB, and the same precautions should be taken. The same criteria for non-contagion should also be used.

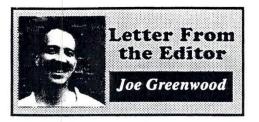
In short, to strip a man of his civil rights and freedom who has shown medical proof that he poses no risk is a travesty.

Finally, the real issue here is that there is no plan in Georgia, no protocol, to deal with MDR TB. Kappers was the first documented case, and the county chose to lock him in confinement. Is that the extent of their plan? "I like my home," Kappers said, "but this is imprisonment."

continued on page 6



AIDS Survival Project and ACT UP/ Atlanta members and their supporters "quarantined" the Dekalb County Board of Health on April 14th, in response to a quarantine placed on Board President John Kappers.



Dear Friends

Some thanks are due this month. As you read this newsletter, it is (hopefully!) the month of May, but at press time, it is mid-April, and this organization is in the middle of demonstrations and extra advocacy work. due to the John Kappers quarantine. You

will therefore find plenty about it in this issue-on the front page, the last page, and several pages in-between.

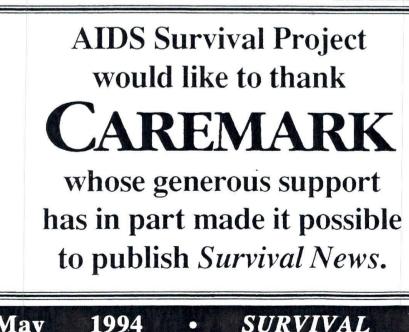
As for my two cents worth, let me just say that John Kappers has become one of my heroes. He has made all of his choices intelligently, honestly, and courageously: he has become an inspiration to many HIV-affected people like myself. On behalf of everyone here at AIDS Survival Project, I'd like to express to him our thanks for his brave actions, our pride in his integrity, and our best wishes for the most positive outcome possible. John even made sure to give me an HIV+ Advisor column (page 10--it's in the Treatment section now) during this turbulent time in his life. What a guy!

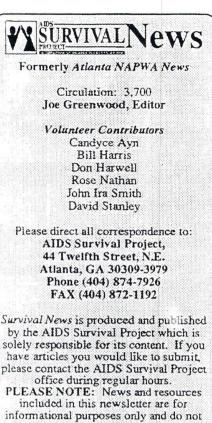
I would also like to thank Candyce, a new volunteer who now assists me with this newsletter's production. It's not every day that I meet a volunteer so prompt, conscientious and friendly. She has given generously of her personal time to help us here, and in fact typed the overwhelming majority of articles in this issue, and did it quickly and accurately. She is a pleasure to work with-thanks, Candvcc, and welcome aboard!

Finally, with Mothers' Day this month, I guess I have some mothers to thank: my mom, Jane Greenwood, for her love and attention; my "other mom," Patti Greenwood. for her kindness and inspiration; and my "mom" around this office, Liz England, who makes all of our boo boos better, but can always be a real "mother" when she needs to be. I love you all, and I'm very glad I have your support in my life.

Don't forget your mothers on the 8th, and don't forget John Kappers, either. Get out today and appreciate your freedom, kids-I'll be talking at you again next month!

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informational purposes only and do not constitute any endorsement or recommendation of, or for, any medical treatment or product by the AIDS Survival Project. With regard to medical information, the AIDS Survival Project recommends that any and all medical treatment you receive or engage in be discussed thoroughly and frankly with a competent, licensed, and fully AIDS-informed medical practitioner, preferably your personal physician. Opinions expressed in various articles of this newsletter are not necessarily those of AIDS Survival Project members. Any individual's association with the AIDS Survival Project or mention of an individual's name should not be, and is not, an indication of that person's health status.

Members who wish to have their newsletter sent to them stapled shut should contact the AIDS Survival Project.

Board of Directors John Kappers, President Lola Halpin, Vice-President Greg Stowers, Treasurer Jim Perry, Secretary David C. Willis, Member at Large

Board Members Tom Blount; Bonita Judon; Don Kriest, Pharm.D.; Stosh Ostrow, MD; Chip Rowan, JD: Eppie Shields. RN: Leigh VanderEls.

AIDS Survival Project Staff Mark King, Executive Director Alicia Culver, Associate Director Liz England, Office Manager Dawn Averitt-Doherty, Treatment **Resource** Specialist

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May

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SURVIVAL NEWS



<u>PROJECT HAPPENINGS</u>



Free John Kappers! Develop a protocol for MDR TB! Respect the civil rights of people with AIDS! Now that I have that out of my system, here's a story for you.

H Craig Walker from 20th Century Consulting presented a recent training for AIDS Survival Project on cultural diversity. He told us about a school for dogs he once visited, where they were trained to become sceing eye dogs for the blind. A trainer at the school explained to H Craig that dogs were taught empowerment.

How can a dog be empowered?, he asked. The trainer presented this scenario. A dog is leading its master to an intersection, and although the walk sign says it's okay, the dog sees a huge truck barrelling toward the intersection. The master commands the dog to move forward, and the dog resists, keeping its master out of harm's way.

"That's empowerment," said the trainer. "When you are being told by a 'superior' to do one thing, but after interpreting the facts you decide to do another." By disobeying the master's orders, the dog had become empowered. The trainer went on to say that there are two types of dogs who will never pass the school. Those who never follow orders, and *those who always follow orders*.

Wait a minute. If a dog can become empowered, then so can we as people affected by HIV/AIDS. We can listen to the advice of our parents and our doctors and other "superiors," and then make the best choice based on our own assessment of the facts.

John Kappers is an empowered person living with AIDS. He sees this massive truck of hysteria barreling into our community, and, despite the objections of uninformed "superiors," he has resisted that dangerous walk into the intersection.

And I'm right there with him, as you should be. The story of John Kappers, and the lack of a rational policy in Atlanta for people who may become infected with MDR TB, should sound the alarm to all of us.

Speak out! Mail the tear-out letter! Find out how you can become a part of forcing our health officials to develop rational policy by calling us today.

In the case of John Kappers (see story page 1), the bone of contention between TB experts and the DeKalb County Health Department is DeKalb's use of a TB "culture" to prove Kapper's infectiousness. Across the country, the standard of care utilizes a TB "smear." What's the difference?

First, the smear. A patient is asked to produce a sputum sample, which is phlegm from deep in the lungs. This sample is smeared across the lab glass, and investigated for levels of TB bacilli present. A positive smear would indicate that there are levels of bacilli which could potentially infect another person. In some cases, bacilli may in fact be found, but at levels not considered to be

The TB Culture Clash by Mark King

infectious. Standard of care tells us that three consecutive negative smears, taken over the course of a week, prove the patient to be non-infectious. Kappers has tested completely negative to at least twelve of these tests.

The TB culture is a different animal entirely. A specimen, drawn the same way from the patient as a smear, is placed in a culture medium. Then, using "ideal conditions," the specimen is allowed to grow until a TB culture is produced. The point of a culture, say TB experts and most protocols. is to measure how successful treatment has been, or if a change in treatment is required. No other state or county health department. or even the CDC, uses cultures to determine infectiousness.

Also important to note is that one cough by a TB patient in the presence of another person is not necessarily grounds for infection concern. Guidelines only consider "prolonged, intimate contact" with an infectious person of concern in regards to infection.

These facts are incredibly important to the usual target of MDR TB, people with AIDS. We must educate the public (and our own health departments) so that we do not return to the infection hysteria that we all witnessed in the early 1980's.

1994



Over 70 people demonstrated in front of the Dekalb County Board of Health to demand a humane protocol for dealing with MDR TB.

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SURVIVAL

Texas HIV Quarantine Considered

The Galveston County Republican convention passed a resolution by majority vote of the 300+ members present on March 26 calling for the quarantine of all HIV-positive individuals. The resolution recommends the isolation and quarantine of persons infected until a cure is found as well as identification of those carrying the virus. The resolution was blasted by AIDS activists in Texas, who equated the idea to Hitler's concentration camps.

The resolution is one of 115 that has been forwarded for consideration to the state Republican convention that will take place in June in Forth Worth, Texas.

Need to get the latest info on AIDS Survival Project events and services? Call the HOTLINE: (404) 874-0384

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NEWS

Why I Became a Peer Counselor by Bill Harris

When I was initially asked to share my reason for becoming a peer counselor, I thought, "great, that will be easy." Now in retrospect, I realize that it took me a long time to get to the point of making the decision to become a counselor.

I got "the test" in 1988 because it was the thing to do, having nothing to fear because I had been in a monogamous relationship since 1985 with someone who had just tested negative. When I was told I was HIV positive, I felt anger and denial both at once. I immediately recalled the one "risky" act that happened back in 1985 and I was mad that I had been so careful except for that one time. I didn't want to be living proof that it only takes once, especially when I knew of so many others who had not been the least bit careful and were carrying on as if they were immortal. The denial aspect was basically the feeling of "no way; this isn't happening to me."

Well over a year after testing positive my denial gave way to fear and I finally decided to see a doctor. I knew very little about AIDS other than the chances of survival were better if it was caught early. By this time I had actually lost a friend, so the fear really hit me. The doctor I chose was excellent for me and we have a great healing relationship. My cells were low enough that I had to be put on AZT, which I took willingly and have had no problems with.

Two years after testing, only my lover and my doctor knew my status and the issues started to build for me. My lover supplied a lot of information but little emotional support, and this eventually became a reason for our break up. My doctor was my source of information and encouragement. Somehow I heard about a positive support group, which after weeks of building courage, I decided to attend. It was great. After over two years of isolation I was able to open up, express my fears and learn to deal with my issues. I was very lucky in that I found a group that was very positive about living. I learned that AIDS wasn't a death sentence, that I did nothing that I should feel guilty about, and that I shouldn't fear anything, especially my emotions. The love and support from this group over the next three years helped me grow into a heightened awareness of who I am. I learned that I had dealt with so much fear and guilt on my own and that was eventually replaced by hope and love. It became vitally important to me that I love who I am, learn to live each day fully and completely, and share as much joy and hope as I have to give. Five years ago I would have said, "Bill, grip reality." The reality is you get back only as much as you can give.

I slowly started seeking information and resources, and that was how I learned about Operation: Survive! With my friend and fellow support group buddy, Joe Wheeler, we took it together. Everything you've heard about Operation: Survive! is true; it is a truly great experience. The information was abundant and so were the expressions of hope and love. It was from that weekend that I knew that I had done a lot on my own and that I was to the point that I needed to give back all that I could. Others shouldn't have to go it alone as I felt that I had done.

Joe and I both got involved. Joe is the Tech Team Leader and does an excellent job. Only I can say, "I knew him when." I have recently completed training as a peer counselor and an *Operation: Survive!* group leader. In addition to working my 40+ hour a week regular job, I dedicate time to be a peer counselor, and with each phone call I realize that there was that one time that I was at the other end of the line. I know my time is helping is important because it feels so right.

In March, I got my first experience as a group leader for *Operation Survive!*, which turned out to be incredible. My purpose was

to listen, give and be there for the people in my group. Little did I realize that they would open up so much and give back so much to each other and to me. I was on a high for days. The emphasis for the group and the weekend was not "dealing" with AIDS but "surviving" AIDS and "living" life. Two thoughts have been on my mind since my first experience as a group leader. First, only when we see the light at the end of the tunnel is everything that lies before us fully illuminated and second, the journey begins long before we reach our destination, and both should be enjoyed.

The reason I became a peer counselor is simple. When I introduce myself at Operation: Survive!, I say that I have been HIV positive for eight years and positive about life for four. I know that those last four years have been not just surviving, but learning to live as fully as possible. I have realized that there is really nothing to fear but my perceptions and that knowledge and awareness are keys to the doors of life. I hope that through my being a peer counselor and group leader that in some way others will realize that they don't have to settle for surviving, as I did for four years, but that there is a long, full and complete life yet to be lived.

(If you'd like to be an AIDS Survival Project Peer Counselor, please call and ask for a new peer counselor packet at 874-7926. Training begins with Operation: Survive! May 21 and 22, and will conclude in June. We could sure use your help!)

AIDS Survival Project Sponsors Float For Gay Pride by Greg Stowers

Lesbian and Gay Pride weekend this year will commemorate 25 years since the Stonewall riot. This event marked the beginning of the struggle for gay rights. No longer were gays to be subjugated to dark bars fearing the inevitable police raid. Twenty five years ago the patrons of the Stonewall bar in New York city decided to act up and fight back. Gays and lesbians have come a long way since that evening and still have a long way to go for equality.

The gay community was the first to respond to the AIDS crisis in America and still contributes greatly to the cause. Each year during Pride weekend, we raise much needed funds for AIDS Survival Project and we need your help. This year Pride weekend in Atlanta will be June 11 & 12. We will have a float in the parade on Sunday for those people who rather ride than march.

We need volunteers to help design our float and decorate the booth. This year's theme is "From Stonewall to Atlanta." We also need people to help during the weekend and march in the parade. To volunteer, plan to attend the May 17th special events committee meeting at 6:00 p.m. at 44 Twelfth St. Or call Liz at 874-7926 and sign up. If you would like to march with us, be at the Civic Center before noon on Sunday, June 12 and look for our float and banner.

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NEWS

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PEER COUNSELING

If you are HIV+ and have a healthy approach to your life and health, we still need you as a peer counselor. The rewards are many and you would be amazed at the difference you can make in someone clse's life. Peer counselor scheduling is quite flexible--some peer counselors work once a week, some as little as once a month--and we do have evening and Saturday hours. If you are interested, please call 874-7926, and ask to be sent a peer counselor packet. Here are the training dates for new counselors:

May 21 & 22: Operation: Survive! at the Ponce Medical Center

June 8, 6-10pm: Orientation and Community Resource Training June 18, 10:30am to 4:30pm: Counseling Skills Training

I'm thrilled that we can now offer peer counseling at the Grady Infectious Disease Program on Ponce from 1:00 to 4:00 p.m. on both Tuesday and Thursday afternoons. Go to the community room or just ask someone in education.

OPERATION: SURVIVE!

Operation: Survive! goes on the road (slightly) in May. The next workshop will be Saturday and Sunday, May 21st & 22nd at the Grady Infectious Disease Program at the Ponce Medical Center (341 Ponce de Leon). We are very excited about the opportunity to reach more people with this exceptional educational and empowering workshop. If you would like to learn more about HIV, treatments, complimentary therapies, disability, legal issues, nutrition and much, much more-just call ahead to register, 874-7926. Call early though, space is limited and the workshop fills up fast!

We will need as many technical team people as we can get so the workshop will go smoothly. If you've got a few hours to spare during the weekend of the 21st and 22nd, please help! We're also in pretty dire straights for food for upcoming workshops after May. If you are a food vendor or you have some buddies in the restaurant biz, please call me right away to help us get food donated. There is no funding for this, so we can only provide food if we can get it donated.

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A Listing of Free Programs Offered by the AIDS Survival Project

The AIDS Survival Project offers a variety of programs available free of charge to our members. To be a member, one must only be affected by HIV. To participate in a program or to volunteer, please contact our office at (404) 874-7926.

Advocacy

The AIDS Survival Project uses its collective voice to advocate for topics ranging from health services to housing to public policy. The Advocacy Committee is at your service should you have an issue regarding your rights as an HIV positive individual and need their assistance. Contact us at (404) 874-7926.

Peer Counseling

Sometimes you need to speak with someone who knows what it's like to live with HIV: our peer counselors are HIV positive and . specially trained to hear your concerns and offer support and referrals. Peer counselors are available weekdays. Monday evenings and Saturday afternoons. Contact our office at (404) 874-7926 for hours - appointments are not necessary.

Operation: Survive!

If you have tested HIV positive, or are otherwise affected by HIV, this intensive seminar is a wealth of information and support. Lead by HIV positive facilitators. *Operation: Survive!* covers HIV treatments, legal issues, insurance, safer sex, stress management and much more. Contact the AIDS Survival Project office to reserve a place for the next presentation of this invaluable program.

Treatment Resource Center

Open weekdays and Wednesday evenings, our treatment library

SURVIVAL NEWS

offers a vast collection of the latest information on HIV treatments, drugs and therapies. Volunteers are available to assist you in finding what you need, and you are welcome to copy and take whatever information you find helpful. The Treatment Resource Center is located in our offices.

Treatment Forums

Several times per year we sponsor a noted physician or AIDS researcher to come share the latest in HIV information. Recent guests have included Martin Delaney (Project Inform), Dr. Larry Waites and Dr. Paula Sparti of Miami. Check the newsletter for upcoming forums or contact our office for more information.

Support Groups

The AIDS Survival Project currently hosts three support groups in our offices for persons affected by HIV/AIDS, including a group for women only. More are currently being developed. For information on times and days, please contact our office.

PWArty Saturdays

The 1st and 3rd Saturdays of each month, the AIDS Survival Project hosts a party at our offices for the HIV positive and "HIV friendly." Come join us for a bar-b-que, board games or videos in an atmosphere where HIV disclosure isn't an issue. Reservations are not required: please drop in or contact our office for information.

May

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Hope you all are surviving the pollen that has been raining down upon us for the past month. I have not had time to even think about it!

I am beginning to feel like the boy who cried wolf, what with my need for volunteers all the time. I had an article several months ago interviewing Michael Jaye in which I talked about the need for help with the PW Arties. I got no response, I mean nil. Now I am in really desperate need of people to help with the PWArties! Michael Jaye has had a change in his work schedule and is no longer able to spearhead this important program. A committee is being formed to steer these social events and we need you to be a part of it! There is no financial obligation needed on your part--your time and imagination are all that is needed to make the PWArties a rip roarin' good time for all. If you are a doubting Thomas, come by the next PWArty and see for yourself! They are on the first and third Saturday of every month.

I want to thank all the volunteers who put in extra time this month; you helped

with our Spring Cleaning days: Paul, Peter, Dave, and Steve. And many of you came out after hours to experience diversity training. There were too many to name; you know who you are, and I thank you!

Please oooh and aahh over our new gutters and ceiling tiles in the library. The HIV/AIDS Action Group from UUCA (Unitarian Universalist Congregation of Atlanta) spent a great deal of time and money to repair our facilities for us. They are truly a fabulous bunch of folks! Special thanks to Terrie and Gary Beale for heading that project up.

I also want to say a big thank you to all those folks who turned out to demonstrate against the Dekalb County Board of Health on April14. You were

given short notice and you came anyway to show your solidarity and support. Your presence and voice there made a big difference. And it is always heartwarming to see that so many people still care. People who say activism is dead in the AIDS community obviously don't know you guvs!

Finally, I want to let those of you that have yet to get involved know that our next new volunteer open house and orientation will be on May 24 from 6:00 p.m. to 7:30 p.m. here at the office. The curious, sure and unsure alike are welcome and encouraged to come. Remember. exploration of options is very important! Hope to see you there! Oh, and make sure to check the calendar of events! There are some fun events in the works!

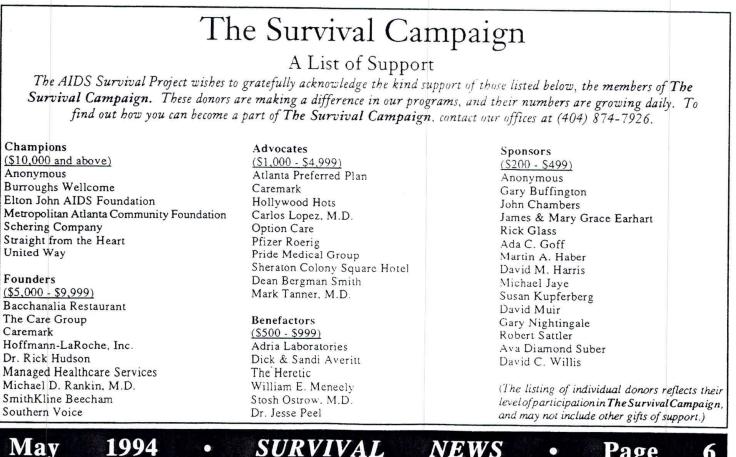
To Err is Inhumane!

continued from page 1

What will the state do with case number two? If Kappers, who all parties at the hearing testified was a "model patient." cannot escape house arrest, what will become of another person without his resources to fight back?

Another protest on April 21st at the Georgia Department of Human Resources (DHR) drew a crowd of over 50 people. What can you do? Send the tear-out letter in this issue to Dr. Kathleen Toomey at DHR, who oversees DeKalb County, and tell her that this state deserves better. Tell her that we must have a rational protocol to deal with an illness that has only begun to show its face in our state.

Meanwhile, John Kappers sits and waits, fighting off his own cabin fever. "I'm wondering," said Kappers, "how many positive tests will be enough."



NEWS

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TREATMENT UPDATE



The Facts About Tuberculosis

As many of you know, Tuberculosis (TB) has been in the news quite a bit lately. Unfortunately, there are quite a few misunderstandings and misconceptions floating around. Here's what we **know**_a as well as what we **think** we know about Tuberculosis.

TB is a communicable disease caused by a bacteria called *Mycobacterium tuberculosis* (my-ko-back-tear-e-um to-ber-kyoo-low-sis). This bacteria usually affects the lungs, but it can affect any organ in the body. TB is spread by airborne

particles coughed or sneezed by a person with active disease. This distinction is important because an estimated 10 million Americans carry the bacterium and only 3-10 percent of these people will actually develop active disease. Although, people who are infected with both TB and HIV have a 7-10 percent chance *each year* of developing active disease.

Active TB is usually diagnosed by a sputum culture coupled with fluid on chest x-rays and clinical symptoms. Sputum is a mucous material produced by the cells lining the respiratory tract--also known as phlegm (sounds like "flem"). The culture is a test of the sputum to see how long it takes to grow TB bacteria. This is a timely process since it can take up to twelve weeks to analyze a sputum culture.

The test that is the standard for measuring infectiousness, meaning the ability to pass TB from one person to another, is a test of the sputum called a sputum smear. A smear is literally a smear of the sputum that is mixed with a colored dye to show if TB bacteria is present in the sputum. If this test is positive it means that the potential is there for bacteria to be coughed or sneezed into the air, which is how TB is spread.

There are two types of Tuberculosis. The most common is a form of TB that is treated effectively with a combination of the many drugs specifically indicated for TB. The other is a form of TB called Multi-drug Resistant Tuberculosis (MDR-TB). MDR-TB is TB that does not respond to at least two of the approved drugs for treatment. The strains of MDR-TB are identified by how many and which drugs they are resistant to.

The case we have all been hearing about is a strain of MDR-TB called "Strain W". Strain W appears to be resistant to six drugs. This has caused a great deal of concern in the community for obvious reasons. What is important to understand is that although Strain W is considered a more serious form of MDR-TB because there are fewer treatment options, there is no literature available that suggests that it is more infectious than any other form of TB.

Tuberculosis can be a serious threat to someone living with HIV or AIDS, but TB is not easy to contract in normal every day situations. It is most commonly spread in hospital rooms between patients, one of which who has active, contagious TB, that spend hours or days breathing the same air. It is not contracted in a parking lot, walking down your street, or playing in the park. If you are concerned about TB or have any questions about information that you have heard, drop by the office and visit our Treatment Resource Center. More importantly, ask questions and educate yourself.

Any person living with HIV should be tested for exposure to Tuberculosis. If that test is positive, it is very important to begin preventative treatment. We should all be aware that the symptoms of active pulmonary TB can be very similar to the symptoms presented by other opportunistic infections such as PCP and MAC/MAI.

Georgia Task Force on AIDS Seeking Nominations

The Georgia Task Force on AIDS recently amended their by-laws section on membership to include six new members! Of those six members, four slots are specifically for self-disclosed HIV+ representatives from their respective communities. The other two are also for people involved in their HIV/AIDS community, but who are not necessarily HIV+. This is a really important

breakthrough and an excellent opportunity for people living with HIV and AIDS to be directly involved in state-wide policy and decision making.

If you are interested in nominating yourself or someone else, the following materials **must** be received by May 31, 1994:

- · nominee's resume or curriculum vitae
- · at least 2 letters of recommendation

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 letter from nominee explaining interest and qualifications You should be aware that if you are interested in the HIV+ specific positions that you must be willing to disclose your status and be comfortable with that disclosure. Interested parties should send the required materials to: Diana Kirkpatrick, Coordinator, Georgia Task Force on AIDS, Epidemiology and Prevention Branch, Georgia Department of Human Resources, 2 Peachtree Street, 10th Floor, Atlanta, Georgia 30303-3186. If you have any further questions you may contact Dawn at our offices, 874-7926.

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SURVIVAL



"We're putting the sex back into safer sex." Every Friday at 9 pm at the HERETIC Info: (404) 325-3061.

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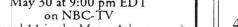
NEWS

Women Get HIV, Too!

We all know how difficult it is to find good, thorough research and clinical information on women and HIV. Whether you are a woman living with HIV, a friend, a caregiver, a peer counselor, or a health care provider, we've just made your search a little easier! AIDS Survival Project and Sisterlove are co-sponsoring Dr. Judith Cohen, a Research Epidemiologist and Director of Project AWARE (Association for Women's AIDS Research and Education), to be the guest speaker for a women's issues forum in June. Dr. Cohen has been involved in studies on women and HIV since 1983 when she became Program Director for the Association for Women's AIDS Research and Education in the AIDS Division at San Francisco General Hospital. She should provide a great deal of insight and serve as a motivator in our efforts to encourage more women specific trials.

The forum, our sixth in the 1994 HIV Survival Series, will be Sunday, June 12th from 3:00pm-5:00pm at the Grady Infectious Disease Program and is free and open to everyone. There will be child care available from 2:45pm-5:15pm. For more information, please call our offices at 874-7926.





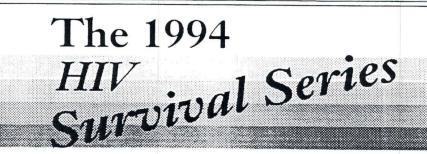
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From our March forum on "Staying Healthy with HIV" (l. to r.): Richard Copeland, one of our two featured speakers; Dawn Averitt-Doherty, Treatment Resource Specialist; David Baker, RN, MSN, our other featured speaker; and Dennis Davis, Executive Director of the Atlanta Buvers Club. who cosponsored the event with AIDS Survival Project.



Clinical Trials Update with

Michael Saag, M.D. Director of Birmingham AIDS Trials Site

Sunday, May 15, 1994 2:00 PM - 4:00 PM **Colony Square Hotel**

Co-sponsored by AIDS Research Consortium of Atlanta (ARCA)

This is a free presentation open to the public, and reservations are not required. For more information, please contact AIDS Survival Project at 404/874-7926.

Another free program of ...



44 Twelfth Street NE Atlanta GA 30306 874-7926

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NEWS

SURVIVAL

Atlanta Buyers Club P.O. Box 77003 • Atlanta, GA 30357-7003 Phone: (404) 874-4845 • Fax: (404) 874-9320

Arunavie al ADC					
Acidophilus	100 softgels	\$ 7.00	Vitamin E	1,000 I.U.	\$ 8.00
B12 Nasal Gel	400mcg.	9.00	NAC effervescent	600mg	11.00
Beta Carotene	25,000 I.U.	9.00	Jarrow Pak+ multi	Vit./minerals	25.00
Co-Q-10	30mg,	26.00	PCM-4	30 day supply	70.00
Curcumin	500mg.	14.00	Pentamidine	300mg.	30.00
d4T	10mg.	37.00	Peptide-T	90mg.	73.00
Derma Heal		8.00	Resist!	750 mg, 180 tablets	44.00
DHEA	250mg.	60.00	Sporanox	100mg, 15 capsules	22.50
Hypericin	10mg.	36.00	St. Johnswort	.01mg hypericin	10.00
L-Carnitine	250mg.	14.00	Hypericin	1mg, 30 capsules	30.00
Leucotrofina	80mg.	38.00	Vitamin C buffered,	/powdered	10.00
NAC 100caps	500mg.	12.00	Viroterm	200 I.U.	55.00
NAC 200caps	500mg.	23.00	Ampnotericin B loz	enges	28.00
		10 A			

Some products carry special requirements such as a doctors prescription, physician monitoring form or informed consent. Please call ABC at (404) 874-4845 for further information.

New Products

Available at ARC

This month, ABC introduces three new products. Amphotericin-B throat lozenges for treatment of recurrent, chronic, non-responsive thrush is available, 10mg each, 60 per box. Current suggested price is \$28.00. A physician prescription is required.

We have acquired forms of vitamin E and acidophilus that are free of sugar, starch and preservatives. The vitamin E comes 50 softgels per bottle, 1,000 I.U. each and costs \$8.00. Acidophilus is packaged 100 softgels per bottle and cost is \$7.00.

Acidophilus

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(The following is reprinted from Treatment Issues. the Gay Men's Health Crisis Newsletter, Volume 7, Number 11/12.)

Lactobacillus acidophilus (L. acidophilus) is the most well known of a type of acidophilus bacteria (bacteria attracted to acid). It has been suggested that L. acidophilus is a beneficial or so-called "friendly bacteria" which provides an important function in the body. Live cultures of L. acidophilus can be found in a number of brands of yogurt or acidophilus milk and in the form of powders, capsules, tablets and liquids which are available in health food stores. L. acidophilus is measured by the amount of viable bacteria per dosage (in the millions).

Test tube studies have shown that L. acidophilus can inhibit the growth of candida albicans (candidiasis), the fungus associated with "thrush" in the mouth, esophagus or vagina. Varying levels of success have been reported using yogurt and L. acidophilus as a treatment for vaginal candidiasis.

A study conducted by researchers at Long Island Jewish Hospital and published in the Annals of Internal Medicine, reported that women with recurrent vaginal candidiasis who consumed eight ounces a day of yogurt high in L. acidophilus had a threefold reduction in the number of candida infections and laboratory measured candida colonizations. The authors of this report also noted that a number of dairy products did not contain the L. acidophilus that had been advertised on the label.

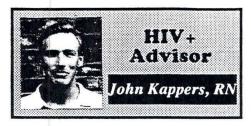
Some suggest the use of L. acidophilus to reimplant friendly bacteria into the gastrointestinal system. A number of physicians routinely suggest that patients undergoing anti-biotic therapy, consume eight ounces per day of yogurt with L. acidophilus. It has also been suggested, based on test tube studies that L. acidophilus may have potential anti-biotic effects of its own. There have been no reports of L. acidophilus related toxicities; however, it is unknown whether the compound has any effects on the absorption of anti-biotic medication.

Please Note: The service of providing access to or information about treatments or therapies in no way implies any claim, endorsement or recommendation. We at ABC are not licensed medical professionals. We strongly encourage you to discuss all treatment options and strategies with your health care provider.

SURVIVAL NEWS

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May



Q. Dear HIV+ Advisor:

I've noticed a couple of friends with facial warts. Are these related to HIV infection? -T.R., Smyrna

A. A specific type of wart, molluscum contagiosum, is a viral disease that occurs more frequently in the HIV infected person. Treatment options include freezing them with liquid nitrogen or light electrocautery. The lesions can be spread by shaving, so use a new disposable razor each time. Retin A cream is somewhat successful in preventing new lesions. Attention Readers: This column is designed to answer any HIV+ related questions. Medical and legal professionals will be consulted as necessary. If you have an HIV+ related question you would like answered, please send it to: AIDS Survival Project, HIV+ Advisor, 44 Twelfth Street, Atlanta, GA 30309 or FAX to (404) 872-1192.

-C.C., Atlanta

Q. Dear HIV+ Advisor: What is NAC? -J.B., Atlanta

A. N-Acetyl-Cystenine (NAC) is categorized as an amino acid anti-oxidant. The usual dose is 1000 to 3000 mg. per day. Intial research has indicated stabilization of CD-4 counts and users report increased energy. It is thought to be synergistic with AZT and Vitamin C. Contact the Atlanta Buyers Club at 874-4845 or AIDS Survival Project's Treatment Library for more information.

Q. Dear HIV+ Advisor:

SURVIVAL

I have ulcers in my mouth. I have been

Brinde is...

With your donation of \$25, you will receive a t-shirt or tank top with the meanings of the pride flag, shorts with side pockets imprinted with a pink triangle, and an AIDS Survival Project button.

		fth St., Atlanta, GA 30309-397
NAME		
ADDRESS		
CITY	ST	ZIP
SHIRT SIZE: M L	XL or TANK SI	IZE: M L XL
SHORTS SIZE: S	M L XL	
VISA/MasterCard		
Expiration Date		
Signature		2

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1000 Expected to "March With a Buddy" During Stonewall 25

losing weight because it's painful to eat or

drink. What can I do till the ulcers are gone?

A. Avoid hot or cold liquids; try fluids at

room temperature. Eat soft foods such as

pudding, and supplement your diet with

Any possiblity of an IL-2 study

nutritional liquids such as Ensure.

happening in Atlanta? -G.B., Atlanta

A. ARCA has apparently formed a study

group to look at the possibility of a study on

IL-2. Contact ARCA for further information

or to get involved in making it a reality.

Q. Dear HIV+ Advisor:

A casual remark by a homebound AIDS patient was the inspiration for what is sure to be one of the most dramatic, emotional moments of the Stonewall 25 march on the United Nations, Sunday June 26.

"I wish I had walked in a Gay Pride parade," was the comment made by Bob Cohen to his friend Ron Antman. After Cohen's death last year, Antman was determined to fulfill his wish.

And so, "March With a Buddy," a part of the Stone wall 25 march, was conceived. Initially, Antman intended to march in the parade with Cohen's snapshot is his pocket. After mentioning the idea to friends, Antman discovered that many knew ill people they wanted to represent in the march, too. So with the help of his business partner, Owen Frager, Antman decided to do something that would remind everyone of the hundreds of thousands of people who are either too ill to march or who have already succumbed to AIDS.

Now in the works, the actual "March With a Buddy" program is much loftier that the original idea. Instead of snapshots, participants will march with poster-size enlargements. And instead of a few dozen marchers, organizers anticipate upwards of 1000 people.

"The plan kept growing," Antman said. "Yet, we realized we could never afford anything this ambitious ourselves. So we began looking for a company willing and able to help make it happen." Enter Priority Pharmacy, one of the nation's largest overnight home delivery prescription services.

The partners wrote to David Zeiger, president of the San Diegobased company, outlining the parade's concept and asking for his help.

"When I read the letter, I thought about all of our clients and all the other PWA's," Zeiger said. We've been working with AIDS patients since 1987 and many have become like family. It seemed incredibly important that they be represented in this march."

After agreeing to underwrite the event, Zeiger made some small additions to the program. Priority will give each marcher a "March With A Buddy" T-shirt to wear in the parade. "Ideally, the T-shirts will unite the marchers. They will also make a great momento of the event, and help that the participants."

To participate in the event and receive a registration form, either as a marcher or to have a picture carried, call 800-313-8485. All marchers will be noticed when and where to pick up their poster and Tshirt, which we be close to the march's origination point.

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N BWS

May

HIVIEWPOINTS

From A to (Compound) Q: Some Pros and Cons of Alternative Therapies by Don Harwell

When the cure is found, and it will be found, who knows from whence it will come: maybe from the research department at the NIH, the CDC, the French researchers who first isolated HIV, from Harvard or Vanderbilt. Or, it may come from Native American compounds, ancient Chinese therapies or from a common plant, animal or pharmaceutical source.

As we follow the progress (or the lack thereof), we must remember that no cure has ever been found for any viral or retroviral infection. Vaccines, antibiotics and careful infection control have led to incredible progress in treating and preventing bacterial infections and antifungals (such as Diflucan) have proven effective as well. We can only hope that similar breakthroughs await the world of virology.

Like diabetes, scientists hope that HIV will eventually become a long term, chronic manageable illness, even if a cure continues to prove elusive. Many AIDS activists claim that AZT is killing more people than it helps, and the studies are inconclusive on its long term effectiveness. Yet, whatever your opinion about AZT, ddI, and ddC (all anti-retrovirals), there is no question about the tremendous strides made in treating and preventing many of the opportunistic infections which PWA's often develop. I recently read that of the 27 AIDS defining illnesses, only a handful are without prophylactic measures. Pneumocystis pneumonia has often been prevented or effectively treated with Bactrim, Pentamidine or Dapsone.

Before going any further, I should acknowledge that I have a bias toward the medical model. I have worked in hospitals for most of my professional life, I trust my doctors and have lived for five years with a T-cell count in double digits. I would also admit that many of the health problems I have suffered have come from medication allergies and adverse reactions: pancreatitis, skin rashes, personality changes, sleeplessness and fevers.

Many PWA's have experienced phenomenal results by combining traditional therapies (perhaps not the most accurate term) along with non-traditional approaches (again, an odd choice of words). Many of us take certain herbs, vitamins, food supplements and buyer's club products, and others have undergone experimental diagnostic and therapeutic procedures. Of course good nutrition, exercise, relaxation

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and massage therapies are also useful if not essential.

AIDS Survival Project has considerable information on many such alternatives, as well as data about clinical trials of antivirals and treatment and prevention of certain opportunistic infections. I would encourage all PWA's to familiarize yourself with the many options available. I truly admire the diligence and confidence of those who aggressively seek out, investigate and participate in these trials and experimental programs.

Two words of caution, however. Whatever approaches you elect to try, let your doctor know about them. There may be side effects, contraindications or synergistic interactions you may not know about. A good doctor will usually offer his or her opinion, but will respect your decision in such matters. Secondly, I personally feel that unapproved and largely untested regimens should be attempted in conjunction with approved medications, not as a complete replacement for them.

Frankly, I have been to too many funerals for PWA's who either relused all traditional methods or dispensed with them in favor of herbalists, meditation or other holistic measures exclusively. Then again, I have probably been to even more funerals for those who followed only medical models. Particularly insidious are those who convince end-stage AIDS patients to avoid any and all pain medication and comfort measures. There is too much suffering as it is.

I also admit to a rather healthy skepticism about some of the alternative therapies, especially those which promise "cures" and which cost tens of thousands of dollars. Since I began following HIV disease, miraculous results have been reported or rumored for Ampligen, egg lipids, Compound Q, hyperthermia, bitter melon, seaweed derivatives, ozone enemas, Aloe Vera, bone marrow transplants. macrobiotics and a variety of other methods. Almost all of them have since been shown to be useless, harmful or of dubious benefit. Many "make sense" in a primitive way. especially when we want then to work so desperately, but do not stand up to objective scientific scrutiny.

Yet, my skepticism (some would say cynicism) has not destroyed my conviction that HIV should be fought on a variety of fronts. For years I have received Therapeutic

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Touch, a healing energy exchange delivered by a trained practitioner. It really seems to help. I have also taken several different herbs and vitamins over the years, but none religiously, until recently. And I feel that all of us have the responsibility and the right to make all of these choices for ourselves.

When investigating experimental programs, keep a few things in mind. The ones which are above board are usually free or low cost, can provide results published in reputable journals, are usually affiliated with an established research or medical center and are modest in their claims. If the costs are prohibitive, promises are elaborate, testimonials largely anecdotal and the result are not verifiable, you are probably wasting your time and money.

Participation in clinical trials such as those in Birmingham and Nashville can be rewarding, a source of hope, and can benefit both the PWA and others in the future. Most, however, have stringent requirement regarding T-cell counts, previous medication use, previous or current opportunistic infections, age and other criteria. Considerable travel time may also be required along with additional lab work, pledges to refrain from taking other meds, and most involve a long term commitment. In February 1994, Emory University at last agreed to participate in selected clinical trials--a first for Atlanta.

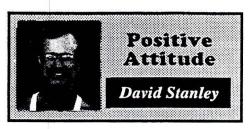
Also know that Phase I trials are by definition only to determine toxicity levels and Phase II experiments for dosage determination. Tests of new anti-retrovirals use AZT for the control group, and placebos are appropriately avoided.

Don't be afraid to investigate alternative therapies, to participate in clinical trials and to take charge of your own health. At the same time, approach them with your eyes open, hedge your bets, check them out from several objective sources and be realistic about possible outcomes. And do not turn your life savings over to crooks and kooks who promise the moon but deliver little. You'll need the money later. For in the end, both the traditional and the non-traditional approaches are needed, nay necessary. The best results just may be from therapies that are the cheapest, the most simple or even free. When a cure for AIDS is found, it won't be a closely guarded secret for long--we will all learn about it together. What a day that will be!

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The Serenity Prayer

Stress can come in two forms, good and bad. Good stress can keep you active and alert. It can push you to set and reach goals and it can help bring the good feelings that come with accomplishments.

Bad stress can result from trying to do too much, or from worrying about things that are completely out of your control. It can also come from any fear you might have or from regrets over something you did.

A wonderful lesson in learning to avoid bad stress is called the "Serenity Prayer". It plays a major role in most 12 step programs and goes like this:

"God, grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference." One does not need to be recovering from an addiction before seeing the wisdom in this prayer. One can also be totally nonreligious and still benefit from the prayer. The wisdom contained in those few words is universal.

Probably the last part is the most difficult, knowing which things can be affected by your time, energy and emotion, and which things that will not change, no matter what. Sometimes, emotions get in the way, but usually, lack of good information is what makes it difficult to know the difference. Once again, the phrase. "Knowledge is Power," plays an important part. Only after studying all the available options, can you see if there is anything you can do to change the situation.

Something that is happening to me as I write this can serve as an example. According to my dentist, I have been losing bone around the roots of my teeth for several years. It has reached the point where there is not much left to anchor my back molars. HIV may be the cause of the bone loss. In any case, one tooth has to come out now and probably several others will come out later. I don't want to loose my teeth and will research to see if there are any options my dentist doesn't know about. If there are no options, I'll loose my teeth and adjust to the situation. I won't worry about it. I'll know that I did everything I could to keep my teeth.

If there is any reason to believe that you can change a situation for the better, by all means, use your time and energy to make the change. If you cannot make a change, accept the situation and don't worry about it. Conserve your energy for other things. Get over it.

Regrets from the past are also a waste of time and energy. If apologies are due, then make the apology and forget about it. No amount of worrying will change the past.

The point of all this is that your present happiness can be jeopardized by worrying about things needlessly. Worries can clutter up your mind so that you can't make good decisions about your present time and future. When you have HIV, you want to conserve your energy and make the best decisions possible. The Serenity Prayer can help you do that.

POZ

A magazine review by John Ira Smith

I don't know whether it is good or bad, but we--those with AIDS--now have our own magazines. Yes, I do mean more than one! We are no longer to be found only in the shadow of articles about questionable fashion practices. We may be plague-ridden, socially delinquent pariahs, but we now rate glossy, four-color covers every month or two. It is somewhat depressing, though, we get advertising not from Absolut but from Ensure. Gag! Can Depends be far behind?

They estimate that the homosexual community wields approximately 500 billion (yes, BILLION) dollars worth of economic clout. Has someone suddenly found out that a substantial portion of that clout is medically related? Is it any coincidence that my lover gets Delta Frequent Flyer mileage if he uses a particular hospital?

Well, enough of my ramblings. Yes, I have received a copy of *Positively Aware*. It did little for me. Too little of something and too much of something else. Today I received complementary copy of *POZ*. (I question the name. Then again, for some reason I rebelled against THE FONZ. How about calling a spade a spade and change the

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name to *POX*.) Problems with the name aside, I really liked this magazine. *POZ* was not only put together handsomely, but contained information for everyone from, shall we say, the novice to the expert. Kind of a cross between *U.S. News and World Reports* and *The New Yorker*. The only suggestion I would have would be regarding the addition of a writer of the month section. Sort of a Gore Vidal does AIDS thing. They wouldn't even have to be erotic! Although, I can't say it would hurt.

I must admit, I can see the editors running out of truly relevant material. I hope *POZ* is not in danger of becoming another *Advocate* or *Out*. I just don't want to open up a future issue and be greeted with an article titled "Final Stages Sportswear."

I also need to purge my soul of a little fact that could, in the future, eliminate my clout as a reviewer. The cover story of this first issue was Ty Ross. (And he was NAKED! Naked, naked, naked. We're talking the big buffo here, folks.) Ty Ross, for those who don't keep up with these things, is the grandson of Barry Goldwater. His prominence, while guaranteed by family, is magnified by the fact that he is gay and

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HIV positive. (And don't forget, he will drop his pants for a photographer.) We need these public and/or semi-public person's admission of infection in the worst way. It is preferable they come forward before they die. I admire Mr. Ross's courage and the support that his family is giving. Perhaps his story will make life easier for those who have not crossed the bridges of truth and acceptance. We will not come to a true cure until we dissolve our feelings of shame. It is my suggestion that POZ dedicates every cover to someone who has a story to tell and is strong enough to tell it. (And if they are male and have a really, really nice butt, they have to consent to be naked!)

POZ is, obviously, the HIV/AIDS magazine which won my heart. I must also recommend *Positively Aware*. Actually, I recommend reading anything that helps you deal with HIV/AIDS or being gay or being the child of an alcoholic or the survivor of abuse...I am a firm believer that, no matter the wound, you cannot heal until you rid yourself of the pain of isolation. If you have AIDS, this bi-monthly magazine called *POZ* is a good place to start.

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COMMUNITY OUTLOOK



Getting and Keeping Health Insurance by Rose Nathan, Attorney at Law

If you have HIV or AIDS and do not have health insurance, you probably will not be able to get it. This is because insurance companies are free to ask health questions,

including questions about HIV, and refuse to insure people they believe are "bad risks."

One way you may be able to get insurance is by going to work for an employer. if you are able, who offers insurance to all employees without asking about health or health history. Many large employers offer insurance this way. Some even offer insurance to parttime employees.

If you have insurance through a job or are able to work for an employer who offers insurance to all employees, you usually can keep your insurance even after you leave or lose your job. This is true even if you have had insurance through the job for just a short period of time.

If you work for an employer with 20 or more employees, you will be entitled to COBRA continuation of you insurance, unless you were fired for gross misconduct. Under COBRA, you can continue your insurance for 18 months. If you are totally disabled at the time you leave or lose your job, you can continue COBRA for 29 months. The insurance plan administrator must notify you of the right to elect COBRA. You then must make the election within the time required by the notice and pay your premiums as they become due.

At the end of the COBRA continuation period, you may be able to convert your policy to an individual policy and keep it as long as you pay your premiums. You also may be able to convert a group policy if you are not entitled to COBRA because your employer did not have 20 employees or because you had the insurance privately (not through the job). You should check your policy to see if it provides for a conversion option and to find out when you need to make the election to convert.

Finally, if you are totally disabled at the time you lost your group health insurance coverage for any reason other than for cause, you have the right to extend benefits for 12 months at no cost to you. After the 12 months, however, you may not convert to an individual policy.

Insurance issues can be complicated. This article points out some general principles about getting and keeping insurance. Exceptions do exist; therefore, if you are having an insurance problem or question, please call the AIDS Legal Project at 612-3969.

It's Time for Wigwood Again!

Mark your calendar, start wig shopping; Wigwood '94 will be held Sunday, May 22, 1994 at The Metro, the Video Bar. This annual festival of "Peace, Love, and Wigs" will feature drag performances, music, a "celebrity wig and things" auction, and much more. Wigwood is sponsored by Etcetera Magazine.

Wigwood was inspired by Wigstock, the New York City Labor Day event of wigsfounded by the Lady Bunny, formerly

Responding to growth and demand for their resources and programs, AIDS Athens. a community-based nonprofit organization which serves Athens and the surrounding counties, has hired 31-year-old Iris Tropp as their first executive director. Tropp will be accountable for coordinating all activities conducted by the organization which include care and support for clients with the AIDS virus, HIV prevention education programs, grant applications, and fund raising.

"I envision myself as that key person to facilitate intra-organizational communication so that we can target programs and services to the populations

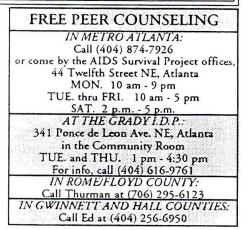
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of Atlanta.

The Metro is located at 48 Sixth St.. N.E., in midtown Atlanta. Doors open at 3:00 p.m. and entertainment continues until midnight. Ages 18 and up are admitted: everyone must be 21 and have I.D. to drink. Admission is \$5.00 at the door, with all proceeds benefiting the Atlanta chapter of the AIDS Coalition to Unleash Power. For more information, call ACT UP/Atlanta at 874-6782.



AIDS Athens Hires Executive Director

which have been underserved," explains Tropp.

Tropp comes to AIDS Athens with a background in health promotion, stemming from her masters degree in Health Advocacy from Sarah Lawrence College. She brings service experience as a former patient representative on the AIDS unit for Interfaith Medical Center In Brooklyn. In 1987, Tropp began service work as a graduate student and subsequently organized an HIV prevention program for Manhattan high school students through the HIV center at Columbia University. impact most are the education and outreach programs. "We need to develop an outreach mechanism for HIV prevention in the 10 county area," says Tropp. "Outreach allows you to disseminate effective messages."

While the addition of Tropp as executive director marks a milestone of development and maturity for the seven-year-old AIDS organization, the issues AIDS Athens faces are as menacing as ever. "It's a shame that we have to expand," AIDS Athens Co-Chairman St. John Flynn reflects ironically, "but the HIV disease is spreading so quickly among the various communities that we have to expand in order to remain effective."

May

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The target areas that Tropp hopes to

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C A LE N D R F EVENTS A

May 1994

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	6:00pm Treatment Committee 7:30pm Positively Living Support Group	7:30pm ACT UP	1:00pm Newsletter Committee 5:15 - 6:45pm Women's Support Group	7:30pm Growing Healthier Support Group	7:30 - 9:30pm Interact	8:00pm - til? PWArty
1	2	3	∠}	5	6	7
MOTHERS' DAY	7:30pm Positively Living Support Group	7:30pm ACT UP	5:15 - 6:45pm Worrien's Support Group	7:30om Growing Heathier Support Group		1:00 - 4:00pm Hemophilia Assoc. Meeting
8	9	10	11	12	13	14
2:00 - 4:00pm HIV Survival Series: Dr. Michael Saag at Colony Square	Newsletter Deadline 7:30pm Positively Living Support Group	6:00pm Special Events Committee 7:30pm ACT UP	5:15 - 6:45pm Women's Support Group 5:30pm Advocacy Committee	6:30pm Board Meeting Public invited to attend 7:30pm Growing Heatthier	7:30 - 9:30pm Interact	Operation: Survivel Day 1 at Grady IDP (Call 874-7926 to register) 8:00pm - til?
15	16	17	18	Support Group	20	PWAny 21
Operation: Survivel Day 2 at Grady IDP (Call 874-7926 to register)	7:30pm Positively Living Support Group	6:00pm Volunteer Orientation 7:30pm ACT UP	5:15 - 6:45pm Women's Support Group	7:30pm Growing Healthier Support Group		
22	23	24	25	28	27	28
	MEMORIAL DAY (Office closed)	7:30pm ACT UP			<u>}</u>	· · · · · · · · · · · · · · · · · · ·
29	7:30pm - Positively Living Support Group 30	31				

1994 June

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1:00pm Newsletter Committee 5:15 - 6:45pm Women's Support Group	7:30pm Growing Healthier Support Group	7:30 - 9:30pm Interact	8:00pm - til? PWArty
	6:00pm Treatment Committee 7:30pm Positively Living Support Group	7:30pm ACT UP	5:15 - 6:45pm Women's Support Group 6:00 - 10:00pm Peer Counselor Training	2 7:30pm Growing Heathier Support Group	3	Gay Pride Weekend Begins
5	3. M. CONTRES. 19. 15. (2015).11.	7	8	Ş	10	11
12 noon Gay Pride March 3:00 - 5:00pm HIV Survival Series: Dr. Judith Cohen at Grady IDP	7:30pm Positively Living Support Group	7:30pm ACT UP '] ⊻[Newsletter Deadline 5:15 - 6:45pm Women's Subport Group 5:30pm Advocacy Committee	6:30pm Board Meeting Public invited to attend 7:30pm Growing Heatnier Support Group 1 &	7:30 - 9:30pm interact 1 7	Gay Games Weekend 10:00am - 4:00pm Peer Courselor Training 8:00pm - til? PWArty J ©
FATHERS' DAY	7:30pm Positively Living Support Group	6:00pm Special Events Committee 7:30pm ACT UP	5:15 - 6:45pm Women's Support Group	7:30pm Growing Healthier Support Group		
19	20	21	22	23	24	25
Stonewall 25 March in New York City	7:30pm Positively Living Support Group	7:30pm ACT UP	5:15 - 6:45pm Women's Support Group	7:30pm Growing Heatinier Support Group		
26	27	28	29	30		
May	1994 •	SURV	IVAL	NEWS	• Pa	ge 14

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CLASSIFI E

All listings in this section will be printed one time. To have something listed, call the AIDS Survival Project office at 874-7926. If you want the listing to continue, you will need to notify the office prior to each publication deadline. All Classifieds are printed free of charge for AIDS Survival Project members and concerned friends.

ROOMMATES

• Gay Hispanic male seeking HIV+ GHM or GWM to share 2 BR/1 BA apt. in Midtown area. Rent S75/wk. or S300/mo... includes elec., gas, local phone. Derrick Rosa, (404) 888-0948.

· GWM, HIV+, Roommate wanted for nice 3-story private townhome near Avondale MARTA. Must be considerate, neat, positive-type person. I smoke some and have 2 cats. \$300/month includes all except telephone. Call Jim at 687-9472.

· GWM or F, someone to share 2 BR/2 BA, W/D. large porch. Jerusalem House. overloooks pool. \$300/month + 1/2 utilities. John, 325-1587.

• I-75/Delk Rd., 3800 sq. ft. condo, 3 floors, share or have one floor. Jacuzzi, sauna/steam room, 4 BR, 4BA, oversized. \$350 to \$400 depending on Social Security or SSI. Smoke. Pets. More info, 988-0146, Ron.

• One bedroom apt. (nice), 745 Monroe Drive, H/HW/Park, Pets, Secure HIV Friendly Community, Near IDC, 1920's bldg. 16-apts, Roommate OK, Small Deposit (waived for HIV+ & Hlth. wrkrs.), \$400/month. 841-0076, Tom: Bcar Atlanta.

· Roommate needed for 3 bedroom house in Decatur. Rent \$325 + 1/2 utilities. Dogs welcome. Smoker OK. House has washer & dryer, 2 screened-in porches, fenced in back yard. Steve, 378-0147.

JOBLINE

· CNA with experience working with PWA's seeking employment. Fees negotiable. Call Essinita, 752-6598.

• Experienced HIV caregiver, looking for 6 to 15 hrs. a week, \$4.50/hr. Call Pat, 633-3873.

• HIV+ individual, healthy, looking for odd jobs. housecleaning, etc. Cash only. Reasonable rates. Call Mark at 892-7005.

MISCELLANEOUS

· AIDS Survival Project is looking for a volunteer with a pick-up truck (or something similar) to help move furniture, etc., approx. once every 2 months. Please contact Liz at 874-7926.

Please contact the AIDS Survival Project office for permission to duplicate any of the information contained within this newsletter.

Our Wish List

The following items are things that the AIDS Survival Project has been desperately searching for in order to enhance our programs and improve the building's appearance. If you know of anyone who might be able to donate any of these items, please contact Liz at 874-7926. Thanks!

IBM 486 computer with printer & modem Macintosh computers Projection screen (8 x 8 or larger) Table lamp Folding chairs Message pads Plants for courtyard

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The 1994 Hollywood Hots U.S.O. Tour

Hollywood Hots, the AIDS fundraiser, is gearing up for its 1994 show. Hollywood Hots is a caparet under the stars that features some of the southeast's finest entertainment. This year's event will be held September 10 and will be behind the Heretic on Cheshire Bridge Road. The theme will be that of a U.S.O. tour.

This is the sixth year of Hollywood Hotshelping people with AIDS. The event began in 1989 to assist residents with AIDS in an apartment complex to pay their rent. In 1993 Hollywood Hots ended up loosing their home when the complex would not allow the event. The owners of the Heretic were kind enough to allow the event to be held in their back parking lot. This year Hollywood Hots will benefit AIDS Survival Project and

The show is currently looking for volunteers for all areas of the production. We need people now to help build the stage and help with fundraisers thoughout the summer. Please contact Hollywood Hots at 321-3983 for more information. Or write to Hollywood Hots, 3267 Buford Hwy. NF, Suite 720-308, Atlanta, GA 30329 for a volunteer application.

The AIDS Survival Project is incorporated in the state of Georgia as a 501(c)3 nonprofit corporation. All donations are tax-deductible. A large percentage of our annual budget is funded solely by your contributions, the rest is supplemented by grants solicited from private foundations.

We are happy to provide the newsletter to people who cannot afford to purchase a subscription; however, we ask that anyone who can afford to subscribe, do so.

I am a person living with HIV/AIDS and want to be a member of the AIDS Survival Project.

Enclosed is \$20.00 for a one year subscription.

I cannot afford to pay for a subscription. Please enter my free subscription.

Name: Address:

City, State, Zip:_____

Phone Day:_____ Evenings: ____

Please contact me about volunteering for the following: Newsletter Committee

- Operation: Survive!
- Peer Counseling
- Treatment Advisory Committee
 - Advocacy Committee
 - Special Events Committee
- I have other special skills I would like to offer:

I would like to make a donation in Memory of:

I would like to make a donation in Honor of:

Please acknowledge this donation to:

Name: Address:____

City, State, Zip:

SURVIVAL

NEWS

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To Run Your Ad, Write Dave at 8204 Trolley Square, Atlanta, GA 30306 or Call 875-5087 FREE ADS FOR THOSE AFFECTED BY HIV

Man Seeking Man

GWM, 40, 5'8", 145, br/br, beard, handsome, healthy, hairy, aggresive hottom, outgoing, smoker. Would like to meet someone 30-50 "top" for friendship or possible

GWM, 43, 120, brown/blue, avg. looks, OUT!, symptomatic but healthy. New to GA. seek OUT! mase. men mid-30s-40s; LT possible but friendship priority; non-dogmatic spirituality; vegetarian (include. dairy), lite smoker, not into bar scene/wallflowers much. spirituality; vegetarian (include. dairy), lite smoker, not into bar scene/wallflowers much. Quiet evenings my home/yours, sunrise/sunset, walks, pets, gardening, most music and living LIFE to its fullest. Want to share the journey? Shayne (404) 614-0949 (LSP/Candler) GWM, 40, 170, brown/hazel, 5'9", healthy, seek relationship but welcome friendship. Versatile. Seek WM 20-45. Stan (404) 296-9687 (Clarkston) GBM, 23, 5'8", 140, attractive, good personality, serious, non-bar scene. Seek attractive masc/dom, mature, athletic and relationship onented GBM for cooking and quiet evenings at home. Serious only. Rengin (404) 320.0378

evenings at home. Serious only. Reggie (404) 329-9378 GWM, 29, 61", 150, blond/brown. Seek friendship, possible relationship. Caroll after

7 PM 306-7915

Hispanic GM, 31, 5'8", 140, mustache, goatee, crew cut, military looks. Interests include. Reading, movies, dining out, plus more. All welcome to reply. GBM a plus. 875-8387 Roberto

S387 Koberto
 GWM, 31, 5'5", 135, brown/blue. I'm boyish smooth, love movies, seek teen to 30, also
 boyish. Leave msg. David 257-0987
 GWM, 6'1", 190, 38, aubum/brown. Seek older man for friendship possible relationship.
 Frank 528-9588. Into cudding.
 GWM, 27, 190, 6'4", black/lite brown, clean shaven. Good personality, sense of humor,

positive outlook, straight acting. Like hiking, camping, movies, art, music, running. Seek relationship but friendships welcome. New to area. Seek similar looks and outlook. Nathan 145 Tyson Road, Cordele, GA, 31015. (912) 273-7337 Want to meet GWM not afraid to have relationship w/GBM. 36, 158, 5'11", considered and looking approximate computed domain badw. Michael 875, 0021

good looking, passionate, sensuous, dancers body. Michael 875-8931
 GWM, 5'10", blond/blue, 160. Interested in movies, dining, bike riding. Overbarscene.
 Seek LT relationship w/someone around my age or younger. David 242-8667
 GWM, new to ATL, very healthy, 6', 190, bm/bm, attractive, versatile, non-smoker, clean cut, lead normal life, good times & great sex. Seek similar GWM. Well hung & versatile, for a state of the server brace from the server for the server

 Glenn 627-5396
 GBM, 6'2", 160, 38. Like to have fun. Scott (404) 786-9759
 GWM, 6', 160, young 43. Seek someone to simply have fun. Not into crazy stuff. Good old American boy. Race unimportant. Sex important but not necessary. Seek masculine friend/companion. Would love to develop good relationship. Must have income. Tom (404) 816-686 816-6686

GBM, 26, 5'6", 140. Seek mature indiv. for friendship/possible relationship. Race unimportant. Tim (404) 250-5177 (voice mail) GWM, 33 look 27 or 28, 5'10", 140, bm/bm. Part (small amt) Indian. Seek someone

CWM, 31, brown/hazel, moustache, 180, 5'7", healthy, fin. stable, enjoy variety of WM, 31, brown/hazel, moustache, 180, 5'7", healthy, fin. stable, enjoy variety of

things from country music & dancing, theatre, dining out, weekend get-aways & quiet times at home, easy going nonsmoker, romantic. Seek masculine same or older, facial hair a plus,

at home, easy going nonsmoker, romantic. Seek masculine same or older, facial hair a plus, for friendship or lasting relationship. Tim (404) 724-9758 Masculine GWM, 5'11", 150, 38, healthy, well educated, professional, in closet. Seek sincere Christian, masculine, tender, drug-free non-smoker, 28-45 for friendship, possible relationship. Seek one special person who is at peace with God & himself. Mark H. P.O.B. 1206, Jonesboro, GA 30237-1206 GBM, 37, 5'10", 160, healthy. Paraplegic. Like cooking, music, theatre, church, positive attitude. Seek friendship only, possibly more. Joseph (404) 681-5507 Sensuous, sexy, sincere GBM, 26, 5'11", 170, straight acting/looking. Seek tall attractive, regguedly masculine GBM25-40 for friendship and relationship. Must becharming, romantic & enjoy cuddling. Al 297-4360. GWM, 30, brown/hazel, seek someone 30-40 for friend, possible lover. Been alone too long, need someone to love! Serious only. Terry (706) 234-3205 GBM, 6'1", 230, 37, versatile, seek GWM to have fun with, not just sex. Someone into healthy lifestyle and positive attitude. Dan (404) 872-1982

healthy lifestyle and positive attitude. Dan (404) 872-1982 Buddy wanted. GWM, 5'11", 165, 37, brown/blue, short beard, masculine bottom

Buddy walled. Owner, 511, 105, 57, prown/olde, short beard, masculine boltom, french & greek passive, gregarious, conversation, genuine LT friendship, honest, attractive, well hung, not feminine, nature, outdoors, affection, active, music 60s-90s, some country, positive attitude. Seek similar top. Call or send note, photo. John, P.O.B. 8584, Atlanta, GA 30366 (404) 373-6978
 GWM, 5'10", 145, br/br, very hairy, moustache, boyish looking, cooking, church, music, nudism, seeks same. Versatile, any age, race. Non-smoker. John 634-9483 after 7-30. PM

PM

GWM, 39, 5'7", 160. Average guy who likes to have fun. Enjoy spending time with friends, cooking/reading. Seek similar guy. Life's too short to go it alone. David (404) 584-5835

5835
GBM, 160, 6'. Outdoors, movies, quiet walks, relaxing. Seeks laid-back male, race unimportant. Jobier 404/691-6736. Best time to call midnite to 2 PM afternoon GBM, 25, 6', 190. Like to rent movies, working out, travel, study. Seek masculine acting man 25-35. Mark 404/572-9317
GWM, 30, 5'11", 130. blond/blue, moustache. Seek someone teen to twenties for friendship, fun & hopefully a relationship. Jonesboro/Southlake area. Tim 404/960-9066 GBM, 24, 5'10", 140, seek masculine GBM 25-35. Love music, travel, good movies. Seek dating person, possible relationship. Damone, P.O.B. 57101. Atlanta, GA 30343 Photowould be nice would be nice

GWM, youngish 50, 6', 185, brown/blue, moustache, into movies, theatre, travel, quiet evenings, cuddling & LT relationship. Into Greek love. Lite smoker/drinker. Seek GW M 36-55 similar. Jere 404/458-4238

GWM, 5'11', 42 (look 32) 155, goatee, young at heart, sensitive, love music, former DJ, looking for relationship but welcome friendship, very versatile, positive person. Mike 404/

208-0650 (digital pager) atter 5 oʻclock only! Tired of bar scene. GWM, 37, 5'10", 160, blond/blue, healthy, seek LT relationship, serious calls only. No games. David 404/888-0809

Masculine GWM, predominantly bottom, 5'11", 145, 40, short hair, bald top, positive attitude, many interests, goatee. Lynn 706/798-4345 GBM, 32, 5'10", 185, healthy, cooking, reading, churche, theatre. Seek African Amer.

Tracy 404/491-631 only.

GWM, 5'10", 28, 140, blond/blue. Seek relationship. I'm very good looking. John 404/ 552-7990

GWM, 44, chunky, hairy, moustache, beard, bm/hazel, 5'5", non-yuppy, non-barscene, non-smoker, versatile. Like flea markets, reading, dogs. Seek masculine 30-45 for friendship, possible relationship. JR 404/897-1355

GWM, 28, healthy, 5'11", 155, brownish blond/blue, clean 5 o'clock shadow, good OWN, 28, nealthy, 5°11°, 155, brownish blond/blue, clean 5 o'clock shadow, good personality, humor, positive outlook and straight acting. Like hiking, camping, movies, shooting pool, art, music and many more to come. Life too short for games. Seek 20-35 good build, clean shaven (moustache ok) enjoys talking and similar hobbies. Douglas, 138 Kimberly Way SW, Manetta, GA 30064. Photo, phone, letter only GWM, 45, 6°2°, 200, fit long term survivor. Looking for someone into healthy lifestyle, positive outlook, bicyclung, rock climbing, vegetanian, alternative therapies. Any age. Jeff 404/607-9369

GWM, 26, 6117, 145, brown hair/moustache. Interested in ATL GWM or BiWM for friendship or possible relationship. Must be good looking, self supporting and have good attitude. Scott 404/998-0376 before 11 PM. If not in leave msg. w/friend

Woman Seeking Man

Woman Seeking Man SBF. Intelested in corresponding w/men who are open minded, intelligent and knows whathe wants in life (age, race, health not an issue) looking for a friend. Women are welcome to write alko. Denise P.O. Box 103, Clarkdale, GA 30020 CA - SW Mom, 35, 5°10°, brown/blue, seek friendship, possibly more. Into nature, outdoors, animals, spending time w/2 year old son. Am healthy, high t-cell count. Seek big, tall black man, 6°2°+ preferred. Others welcome to reply. Terri, 1289 Ayala Dr., #4, Sunnyvale, CA 94086 BF.127, 5°11°, 148. Need someone to talk with, possibly more. Non-smoker, non-drinker. Must like children. Trudy 244-9784 DWE, healthy, 26, prown/brown, 5°3°, med, build, seeking 30,40 vo. open minded.

drinker. Must like children. Trudy 244-9784 DWF healthy, 26. prown/brown, 5'3", med. build, seeking 30-40 y.o. open minded, honest, no druggies. Race unimportant. Julie 404/352-2247 (leave msg) honest, no druggies. Race unimportant. Julie 404/352-2247 (leave msg) BF, 34, wants a man who knows what he wants in life. Not a party animal. 404/908-

BF, 134, wants a man who knows what he wants in life. Not a party animal. 404/908-3965 (voice mail)
 DBF, 36, 4°11°, 160. Want to meet a good man looking for a good woman. Must like children. Steady, hard working and lonely. Write me. Jeanette Williams, 392 Blvd., NE, #101, Atlanta, GA 30308.

Man Seeking Woman CA - WM, french descent, 40s, 5'11", 160. Like sports, working out, swimming, white water rafting. Would like to exchange photos w/woman who has got it together in her 30s or so. Latinas especially welcome. Tom Bourdonnay, 3400 Richmond Pkwy., #515, Richmond, CA 04506 (510) 260 0570

so. Latinas especially welcome. Tom Bourdonnay, 3400 Richmond Pkwy., #515, Richmond, CA 94806 (510) 669-9570
CA - WM, 37. 6', 210. brown/brown. Motorcyclist. Into health, no drugs. Seek slim F 18.-40 to share tune with. Kevin 669 Oberlin Ave., Berkeley, CA 94708 (510) 524-7490 WM, 5'11", 38, 145, blond/blue. Smoker, energetic child at heart, work out, travel, history, cyclist, music, upbeat, good cook, type A personality. Seek slim F or TV for relationship or friendship. No airheads. Dave 8204 Trolley Square, Atlanta, GA 30306 (404) 875-5087 875-5087

 CA [Healthy, witty, heterosexual. San Francisco grad student. Considering ATL to relocate/visit. Seek committed, monogamous relationship. Someone to share the good times as well as the bad. Darryl, Box 42, 1001 Page St., San Francisco, CA 94117 (415) 431-3739 SBM, 577, 140, brown, non-smoker, drinker. Seek honest, serious relationship. Not a party animal. Like outdoors, camping, iscouting, any kind of music, church and living right. Race unimportant. Sidney Whitehead III, 404/260-5831 (beeper) 404/288-2984 (home) BM, 32, 171. God tearing, sensitive, healthy, love cooking, soft music, church. Seek slencer female 25-34 with similar interests. Norman 297-0994
 DWM, 37, 578, 160, brown/blue and beard. Enjoy movies, cating out, art and craft shows, working in garden. Neek WF 27-40 w/similar interests, houston county. David 912/ 987-7031 CA Healthy, witty, heterosexual. San Francisco grad student. Considering ATL to

DWM, 33. blond/green, 6'3", 165. Seek friendship w/attractive F 25-34 w/similar interests Baseball, beaches, mountains, music and good books, positive attitude a must. Tim 402/603-1705

WM, attractive, intelligent. Seek F for loving relationship. Warren 622-3391 BM, 613-195, 34, music, TV, movies, parties, eating out. Age/race unimportant. I'm

BAL 6 3 192, 34, missic, 19, movies, parties, earling out, Agenate dumperature, healthy. John 404/298-1611 fleave msg.)
 W.M. 5710", 150, 27, earling out, movies, excellent cook, healthy. Will 404/458-3450
 SBM, 27, 132, dark skinned, intell., sensitive, seeks F 100-125 lbs. for possible relationship. Extra reminine, God fearing F encouraged to respond. Andre 404/874-3760

Variations

New to Atlanta. Would like to meet girl friends to talk on phone, run around, etc. Trudy 244-9784

BiSWF: interested in corresponding with men or women who are HIV+, open minded, intelli and attractive (age, race, health not an issue.) I am tall, full figured, striking, sexy, outgoing and somewhat accentric. Would love to travel south and escape cold. No drugs or heavy drikkers. Mary, Ann. P.O.B. 1031, Cumberland, MD 21501 BiWF, 25, full figured, dark heir & eyes. love music, walks, movies. Looking for F for possible relationship & romance. Tonya 404/921-6900

Inmates

Seeking "Pen Friends" I am WM, young 39, brown/brown, 5'9", 155. Well educated, Stocking Pen Princips: 1 am Wil, young 39, brown/brown, 5'9, 155. Well educated, hut not immune to stupidity!! which is the only reason I have for being in the Ark. Dept. of Corrections. Incarcerated since 2/92. Seek someone into letters as much as I am. Mail is my main contact with the "free world." So, why don't you give me some contact and write David T. Snell Jr, #98186, Diagnostic Unit - RSVP, 8001 West 7th St., Pine Bluff, AR 71603

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NEWS



Appendix 7: Announcements of Seminars and Public Forums

AIDS information projects that offer educational seminars and public forums use handouts or fliers to advertise these services to their communities. The following are samples of such fliers used by two of the projects included in this report. Organizations setting up AIDS information dissemination projects can use these examples as models for designing their own materials for announcing educational events and public meetings.

- 1. Seattle Treatment Education Project (STEP)—flier announcing the STEP HIV Health Management Series.
- 2. AIDS Survival Project Treatment Library-fliers announcing an Operation Survival seminar and a lecture titled "Clinical Trials Update."



presents

HIV HEALTH MANAGEMENT SERIES

A SIX-PART SERIES DESIGNED TO EMPOWER INDIVIDUALS WITH HIV TO TAKE CHARGE OF THEIR HEALTH

JANUARY 5TH: TAKING CONTROL OF YOUR HEALTH

Long-term survival; working with your health care provider; understanding laboratory tests; and monitoring your immune system

JANUARY 12TH: ANTIVIRALS

Learn about various conventional and naturopathic antivirals; how antivirals work; other antivirals that are currently being studied

JANUARY 19TH: ALTERNATIVE THERAPIES

Learn how to evaluate treatments; access buyer's clubs; promising immunomodulators; and in-depth information on vitamins and minerals

JANUARY 26TH: ADVANCED NUTRITION

Mechanisms of malnutrition; power packing your diet; lactose intolerance; fat malabsorption; problems which may interfere with eating and ways to deal with them; and food safety

FEBRUARY 2ND: MANIFESTATIONS OF HIV

Tips for dealing with some of the symptoms and "smaller" problems that HIV can cause such as thrush, canker sores, impotence, itching, fatigue, and many others

FEBRUARY 9TH: OPPORTUNISTIC INFECTIONS

Learn about the opportunistic infections which people with HIV are susceptible to and how to prevent and treat them

ALL CLASSES ARE FROM 7:00 - 9:00 PM ON WEDNESDAYS

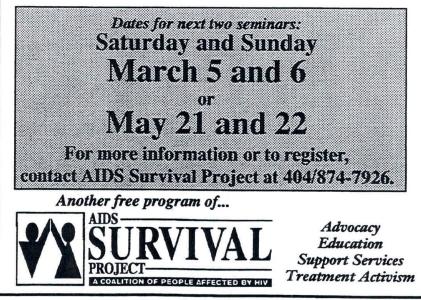
CALL OUR HOTLINE, 329-4857 FOR LOCATION AND REGISTRATION CLASSES ARE FREE AND A 250-PAGE CLASS MANUAL IS PROVIDED

It's about survival. It's about time.



If you or someone you love has tested HIV positive, register now for this <u>free</u> twoday seminar presented by

AIDS Survival Project. Led by HIV positive facilitators, **Operation: Survive!** covers HIV/AIDS treatments, legal issues, stress management, safer sex, insurance and much more. Come receive information and support, and start being a part of HIV survival.



The 1994

Survival Series

Clinical Trials Update

Michael Saag, M.D. Director of Birmingham AIDS Trials Site

Sunday, May 15, 1994 2:00 PM - 4:00 PM Colony Square Hotel

Co-sponsored by AIDS Research Consortium of Atlanta (ARCA)

This is a free presentation open to the public, and reservations are not required. For more information, please contact AIDS Survival Project at 404/874-7926.



44 Twelfth Street NE Atlanta GA 30306_874-7926

Appendix 8: Bibliographies and Guides to Materials

AIDS information projects produce guides to assist patrons in locating information in their materials collections. The following are samples of such tools produced by two of the projects included in this report, as well as two guides produced by the CDC National AIDS Clearinghouse. Organizations setting up AIDS information projects can use these examples as prototypes for designing their own research tools.

- 1. What About AIDS? Recommended Books and Videos-AIDS Information Network Library
- 2. AIDS/HIV In the Workplace—AIDS Information Network Library.
- 3. General Video Bibliography for Adolescents/Young Adults—AIDS Information Network Library.
- 4. Women and AIDS/HIV—AIDS Information Network Library.
- 5. Subject Guide to Books in the AIDS Resource Library—Monroe Community College AIDS Resource Center.
- 6. Index to AIDS Resource Library Journals—Monroe Community College AIDS Resource Center.
- 7. Using Indexes and Abstracts to Find HIV/AIDS Information—Monroe Community College AIDS Resource Center.
- 8. Resources for the Religious Community-CDC National AIDS Clearinghouse.
- 9. A Guide to Locating Information About Condom Efficacy and Use-CDC National AIDS Clearinghouse.

32 N Third St Philadelphia PA 19106

215 922.5120 voice 215 922.6762 fax 215 922.7999 TDD

AIDS INFORMATION NETWORK

AIDS Library SafeGuards . Critical Path AIDS Project

WHAT ABOUT AIDS?

The following books and videos are recommended for purchase (or purchase and resale) by the museums and institutions participating in the national exhibit, <u>What About AIDS?</u>. This listing can also be used by other organizations wishing to build AIDS/HIV collections.

BOOKS

Come Sit By Me (Margaret Merrifield) Women's Press, 1990 [Grades: Preschool-2] Paper, 5.95 ISBN 0-88961-141-6

You Can Do Something About AIDS (Stop AIDS Project) 1990 Paper, 1.00 ISBN 0-945972-02-4

¿Qué es un virus? un libro para niños sobre el SIDA (Fassler & McQueen) Waterfront Books, 1990 [grados esculares: escuela elemental] Paper, 8.95 ISBN 0-914525-17-4

Teens With AIDS Speak Out (Mary Kittredge) Julian Messner, 1992 Paper, 8.95 ISBN 0-671-74543-3

Magic Johnson: Champion With A Cause (Keith Elliot Greenberg) Lerner, 1992 Paper, 4.95 ISBN 0-8225-9612-1

Risky Times: How To Be AIDS-Smart and Stay Healthy - A Guide For Teenagers (Jeanne Blake) Workman Publishing, 1990 Paper, 5.95 ISBN 0-89480-656-4

Cómo protegerse contra el SIDA (Earvin "Magic" Johnson) Times Books, 1992 Paper, 3.99 ISBN 0-8129-2068-6

Cartooning AIDS Around The World (Forman & Horsey) Kendall-Hunt, 1992 Paper, 11.95 ISBN 0-8403-7600-6

And The Band Played On, 2nd ed. (Randy Shilts) Penguin, 1988 Paper, 12.95 ISBN 0-14-011369-X)

A copy of the AIDS Information Network's official registration and financial information may be obtained from the Pennsylvania Department of State by calling toll-free within Pennsylvania, 1,800,732,0999. Registration does not imply endorsement.

Wise Before Their Time: People With AIDS And HIV Talk About Their Lives (Richardson; Bolle) Harper Collins, 1992 Paper, 9.00 ISBN 0-00627648-2

The Quilt: Stories From The NAMES Project (Cindy Ruskin) Pocket, 1988 Paper, 22.95 ISBN 0-671-66597-9

Virus Hunting: AIDS, Cancer, And The Human Retrovirus...(Robert Gallo) BasicBooks, 1993 Paper, 15.00 ISBN 0-465-09815-0

The Essential AIDS Fact Book, rev. ed. (Douglas; Pinsky) Pocket Books, 1992

VIDEOS

Absolutely Positive. 1991 87 min. color vhs Select Media, 74 Varick St. New York, NY 10013; 212-431-8923 \$295

As seen on PBS's 1991 "P.O.V." series, this award winning documentary is one of the best. Eleven people, ages 17 to 55, from diverse backgrounds, tell their stories of fear and hope, anger and love, courage and affirmation. A celebration of the human spirit.

Jugandose La VIDA (Playing With Your Life). 1991 15 min. color vhs New York State Health Dept., Corning Tower, Room 1084, Empire State Plaza, Albany, NY 12237; 518-474-5370 \$25

Set in a New York barrio, focusing on Manny, Estrella, his girlfriend, and her brother, Rey, this story includes discussion of various risk factors including denial, unprotected sex, and sharing drug works. These likable characters show the benefits of communication, accurate information and behavioral change.

Seriously Fresh. 199? 21 min. color vhs (discussion guide) Select Media, 74 Varick St., Suite 303, New York, NY 10013; 212-431-8923 \$65

Focusing on young African American males, this is one of the best videos for teens: a candid, positive presentation for discussing and practicing safer sex. Models self-empowerment, decision making, negotiating skills and assertiveness.

Time Out: The Truth About HIV, AIDS And You. 1992 42 min. color vhs Paramount Corp., 555 Melrose Avenue, Hollywood, CA 90038; 213-956-5000 \$8.50 Produced by Arsenio Hall, featuring Magic Johnson and a myriad of other celebrities, this breezy, MTV generation video (directed by Malcolm-Jamal Warner) gives the facts about AIDS/HIV, shows how to use a condom and tells the stories of non-celebrities living with HIV.

> Compiled by Jean Hofacket, Director of Information Services AIDS Information Network

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AIDS INFORMATION NETWORK

AIDS Library SafeGuards Critical Path AIDS Project

HIV/AIDS VIDEOS FOR ALL AUDIENCES

Come Sit By Me. 1992 8 minutes color/vhs AIMS Media, 9710 DeSoto Avenue, Chatsworth Ca. 91311-4409 800-367-2467 [fax 818-341-6700] \$99.95 (Audience: ages 4-8) This story explores the emotions and fears that Nicholas, his friend Karen and their classmates undergo; introducing young viewers to the concept of AIDS and HIV in a realistic and comforting way.

Thumbs Up For Kids 23 minutes color/vhs AIMS Media (see above) \$99.95 (Audience: ages 4-8) Available in English, Spanish

Former "Romper Room" teacher Ruby Peterson leads discussion on disease prevention through song, dance and pictures. Designed for discussion before and after each of its three segments.

AIDS: Allie's Story 14 minutes color/vhs AIMS Media (see above) \$99.95 (Audience: teens, college, adults)

The clear message of the story of Allison Gertz - a teenage, heterosexual, non-drug user who contracted AIDS after spending one night with her boyfriend - is that AIDS does not discriminate. This film is a good example of HIV/AIDS being an equal opportunity disease and can be used to promote peer education.

AIDS: Everything You Should Know 20 minutes color/vhs AIMS Media (see above) \$99.95 (Audience: teens, adults) Available in English, Spanish, French Hosted by Whoopi Goldberg, this film opens with segments of everyday teenage life. This is wonderfully informative for young people - not a lecture. Teen involvement in the film is great and reinforces the idea that "life needs protecting as well as celebrating."

A copy of the AIDS Information Network's official registration and financial information may be obtained from the Pennsylvania Department of State by calling toll-free within Pennsylvania, 1,800,732,0999. Registration does not imply endorsement.

The Quilt 1992 10 minutes color/vhs Health Sciences Consortium, Distribution Center, 201 Silver Cedar Court, Chapel Hill, North Carolina 27514-1517 \$75.00 (Audience: teens, adults)

Using the quilt laying event in Washington D.C. as a focus, this program shows the enormity of human loss associated with this epidemic - not only the lives lost, but also the number of lives affected by each death. A good general introduction to the social and personal impact of AIDS.

The HIV Test 1992 15 minutes color/vhs Health Sciences Consortium (see above) \$75.00 (Audience: teens, adults)

This program deals with the issues of who should be tested for HIV, why a person should be tested for HIV, and what the meanings of the positive and negative results are and what types of behavior modifications should be considered following a positive or negative test result.

Belinda 1993 29 minutes color/vhs Appalshop Film and Video, 306B Madison Street, Whitesburg, Kentucky 41858 800-545-7467 [fax] 606-633-1009 \$35.00 (Audience: general) A native of eastern Kentucky, Belinda Mason was, as she says "a small-town journalist, a young mother and a reliable Tupperware party guest" until she became infected with the HIV virus in 1987. Funny, down-to-earth, and never self-pitying, Belinda speaks with a moving eloquence of our need for a collective response to AIDS which is not crippled by racism, homophobia, fear or ignorance. (If you can only afford one title on this list - give this one serious consideration.)

The Time To Know 1991 20 minutes color/vhs Eastern Maine AIDS Network, P.O. Box 2038, Bangor, Maine 04402-2038 \$50.00 (Audience: teens, adults)

Cited as "the best available (film) for women in rural areas, one of the best available for women in the nation" - this is a unique documentary about five HIV+ women who talk openly about how HIV has affected their lives, futures, relationships and decisions about having children after becoming HIV+.

Compiled By

Jean Hofacket, Director of Information Services

*Additional information concerning HIV/AIDS videos is available from the AIDS Information Network.

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INFORMATION NETWORK

Heshie Zinman

executive director

AIDS Library SafeGuards Critical Path AIDS Project

AIDS

AIDS/HIV IN THE WORKPLACE

A Resource Listing

Books

AIDS In The Workplace: Legal Questions and Practical Answers (William F. Banta) Lexington (Macmillan), 1993.

CDC Business Responds To AIDS Manager's Kit CDC National AIDS Clearinghouse HIV/AIDS Materials, 1992.

ACT NOW: Managing HIV AND AIDS In The Canadian Workplace Canadian AIDS Society (Ottawa, Canada), 1990.

The Next Step: HIV In The 90's Impact AIDS, 1990.

A Benefits Counselor's Guide Impact AIDS, 1990.

AIDS In The Workplace: Resource Material, 3rd ed. Buraff Publications, 1989.

AIDS And The Law: A Basic Guide For The Non Lawyer (Allen H. Terl) Taylor and Francis, 1992.

The Guide To Living With HIV Infection (John Bartlett and Ann K. Finkbeiner) Johns Hopkins University Press, 1991.

The Essential AIDS Fact Book (Paul Harding Douglas and Laura Pinsky) Pocket Books, 1992. The Americans with Disabilities Act - Access and Accommodations: Guidelines for Human Resources, Rehabilitation and Legal Professions (Nancy Hablutzel, J.D., Ph.D. & Brian T. McMahon, Ph.D., C.R.C.) Paul M. Deutsch Press, Inc., 1992.

AIDS & Ethics (Frederic G. Reamer) Columbia University Press. 1991.

Videos

An Epidemic Of Fear Impact AIDS, 1988. One Of Our Own Baxley Media Group, 1988. The Next Step: HIV In The 90's Impact AIDS, 1990. Too Close For Comfort Wild Ginger Productions, 1990.

Articles

Jordheim, Anne E "Removing The Mystery From AIDS Education." <u>Management Review</u> February, 1990. pp. 20-25.

Woolsey, Christine "Digital Pioneers Program To Fight AIDS, Ignorance." <u>Business Insurance</u>. October 7, 1991. p. 80.

Fried, Lisa I. "When AIDS strikes the office." Mananagement Review. February, 1990. pp. 12-18.

A copy of the AIDS Information Network's official registration and financial information may be obtained from the Pennsylvania Department of State by calling-toll-free within Pennsylvania, 1.800.132.0999. Registration does not imply endorsement.

Fremgen, Boonie; Whitty, Michael "Corporate AIDS Policy Response In One Midwestern City." <u>AIDS Public Policy Journal</u>. Winter, 1992. pp. 234-237.

Banas, Gary E "Nothing Prepared Me To Manage .AIDS." <u>Harvard Business Review</u>. July/August. 1992. pp. 26-28, 30-33.

Landsbergis, Paul A. et.al "AIDS and employment policies: the role of labor unions." <u>AIDS &</u> <u>Public Policy Journal</u>. Summer, 1991. pp. 76-82.

Stodghill, Ron, et.al. "Managing AIDS: How One Boss Struggled To Cope." <u>Business Week</u>. February 1, 1993. pp. 48-52

Pamphlets Brochures

"AIDS In The Workplace: A Guide For Employees" Impact AIDS, 1991. "HIV & AIDS: The Basics" GMHC (available in both English and Spanish)

"When A Friend Has HIV" Impact AIDS, 1992

"Women Need To Know About AIDS" GMHC (available in Spanish and English)

SOURCES

CDC National AIDS Clearinghouse. P.O. 6003 Rockville, Maryland 20849-6003. 1-800-458-5231 (voice) 1-800-243-7012 (TDD).

Canadian AIDS Society. 100 Sparks Street, Suite 701 OntarioK1p 5B7 Ottawa, Canada. 613-230-3580 (voice) 613-563-4998 (fax).

Impact AIDS. 3692 18th St. San Francisco, Ca. 94110. 415-861-3397 (voice) 415-621-3951 (fax).

Bureau of National Affairs, Inc. 1350 Connecticut Ave, N.W. Washington, D.C. 20036 1-800-333-1291 (voice) 202-862-0999 (fax).

Baxley Media Group (formerly Carle Medical Communication). 110 West Main Street Urbana, Illinois 61801-2700 217-384-4838 (voice).

Wild Ginger Productions 1204 Lakewood Drive, British Columbia V5L 4M4, Vancouver, Canada. 604-254-8998 (voice).

Gay Men's Health Crisis (GMHC). 129 West 20th Street, New York, New York 10011. 212-807-6664 (voice) 212-807-6655 (Hotline).

Compiled by Lauren Ferguson, Allie Fraser and Jenny Pierce

These and other titles available at the AIDS Information Network

AIDS

INFORMATION NETWORK

AIDS Library | SafeGuards | Critical Path AIDS Project 32 North 3rd Street • Philadelphia, PA 19106 (215) 922-5120

GENERAL VIDEO BIBLIOGRAPHY For Adolescents / Young Adults

Growing Up In The Age Of AIDS. 1992 75 min. color vhs MPI Home Video, 15825 Rob Roy Drive Oak Forest, IL 60452; 708-687-7881 \$19.98

This ABC special hosted by Peter Jennings is geared toward teenagers and focuses on issues specific to that age group. Participants include a live studio audience, HIV infected teens, callers from around the country and HIV/AIDS experts. Various issues including prevention, testing, peer pressure and health care are explored through dialogue, dramatic presentations, and individual stories.

Beginnings: You Won't Get AIDS. 1990 14 min. color vhs/beta AIMS Media, 6901 Woodley Avenue Van Nuys, CA 91406-4878; 800-367-2467 \$295.00 (Rental @ \$75 - 4 days)

Produced for 6 - 11 year olds, this video combines lively animation with live action and song to answer children's questions about AIDS/HIV, calm their fears and help them develop an awareness of their ability to be in control of their health.

Time Out: The Truth About HIV, AIDS And You. 1992 42 min. color vhs Paramount Corp., 555 Melrose Avenue, Hollywood, CA 90038; 213-956-5000 \$8.50

Produced by Arsenio Hall, featuring Magic Johnson and a myriad of other celebrities, this breezy, MTV generation video (directed by Malcolm-Jamal Warner) gives the facts about AIDS/HIV, shows how to use a condom and tells the stories of non-celebrities living with HIV.

A Million Teenagers. 1991 22 min. color vhs Churchill Films 12210 Nebraska Ave. Los Angeles, CA 90025; 213-207-6600, 800-334-7830 \$480.00 (Rental @ \$60.00)

Young Adult. This much honored program on sexually transmitted diseases has been changed to add a major section on AIDS. Much of the information now comes out through a lively exchange between older peer counsellors talking with tenth graders. Spanish version available.

AIDS - What Everyone Needs to Know. 1990 20 min. color vhs Churchill Films 12210 Nebraska Ave. Los Angeles, CA 90025; 310-207-6600, 800-334-7830 \$390.00 (Rental \$60.00)

Young Adult. Animation & live action explain[s] how the HIV virus works, risky & safe behaviors, & the latest advances in the diagnosis & manangement of AIDS. Second revision. Spanish version available.

AIDS Prevention: Choice Not Change. No Date Given color vhs Educational Activities Inc. 1937 Grand Ave. Baldwin, NY 11510; 516-223-4666, 800-654-3739 \$79.00

Ages 9-11. Positive approach to AIDS prevention is a factual, non-threatening video providing information without sensationalizing or using material inappropriate for children. (Includes activity masters and guide.)

Common Threads: Stories From The AIDS Quilt. 1989 80 min. color vhs Direct Cinema Ltd. P.O. Box 10003 Santa Monica, CA 90410; 800-345-6748; 291 S. La Cienega, Penthouse Los Angeles, CA 90069; 310-652-8000 \$150.00 Presents profiles of five individuals - including an IV drug user, a former Olympic decathalon star & a boy with hemophilia - whose stories reflect the diversity and common tragedy of those who have died of AIDS.

Kids-TV, Vol. 4: Understanding AIDS. No Date Given 30 min. vhs JCI & Associated Labels 5312 Derry Ave., No. M Agoura Hills, CA; 800-223-7479 vhs \$11.95

The Kids-TV crew decides to do a show on AIDS. This documentory shows that knowing about the facts is better than just being afraid.

Ryan White Talks to Kids about AIDS. No Date Given 28 min. color vhs Films for the Humanities & Sciences Video Division(s): FFH Video Box 2053 Princeton, NJ; 609-452-1128, 800-257-5126 \$249.00 (Rental \$75.00) Hosted by Phil Donahue. At the age of 16, Ryan White is an expert on AIDS - on the disease itself & its social side effects. Ryan, a hemophiliac who contracted the disease from contaminated blood products must contend with schools that do not want him, all the while supported by a strong caring mother.

Teens, Sex and AIDS. 28 min. color vhs Films for the Humanities & Sciences Video Division(s): FFH Video Box 2053 Princton, NJ; 609-452-1128, 800-257-5126 \$249.00 (Rental \$75.00)

Adolescence. Hosted by Jim J. Bullock & Rebecca Street. Contributions by Lynda Madaras & Christian Haren. Combines an open & candid discussion betweens teens about their AIDS concerns with dramatization of teens dealing with decisions about sex.

Thumbs up for Kids: AIDS Education. 23 min vhs AIMS Media 6901 Woodley Ave., Van Nuys, CA 91406-4878; 818-773-4300, 800-367-2467 \$250.00 (Rental \$75.00)

Featuring Ruby Peterson. Ruby Peterson, a former "Romper Room" teacher & producer, interacts with a group of children while teaching about disease prevention in general & AIDS in particular.

*** Except for the first three all descriptions are taken from Bowker's Complete Video Directory 1993

COMPILED BY JENNY PIERCE

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INFORMATION NETWORK

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WOMEN AND AIDS/HIV

INTRODUCTION

Women Need To Know About AIDS (brochure) (GMHC) 1991 Women, AIDS & Activism (ACT UP/New York, Women and AIDS Book Group) South End Press, 1990 Women And AIDS (video) GMHC, 1987 The Essential AIDS Fact Book, Updated (Paul Harding Douglas, Laura Pinsky) Pocket Books, 1992 AIDS: The Women (Ines Rieder, Patricia Rupplet) Cleis Press, 1988 Women And AIDS (Bonnie Lester) Continuum, 1989 Women And AIDS (Diane Richardson) Methuen, 1988

LIVING WITH HIV

Living With HIV: A Guide For Women (brochure) (Impact AIDS) 1991 Living In Hope (Cindy Mikluscak) Celestial Arts, 1991 Living With AIDS (video) Carle Medical Communications, Surviving With AIDS: A Comprehensive Program of Nutritional Co-Therapy (C. Wayne Callaway, Catherine Whitney) Little, Brown and Co., 1991 The Guide To Living With HIV Infection (John G. Bartlett, Ann K. Finkbeiner) Johns Hopkins University, 1991

RESOURCE GUIDES

AIDS And Women: A Sourcebook (Sarah Barbara Watstein, Robert Anthony Laurich) Oryx, 1991 Women And AIDS Clinical Resource Guide (Women's Program, San Francisco AIDS Foundation) 1987 AIDS Information Sourcebook, 3rd ed. (H. Robert Malinowsky, Gerald J. Perry, ed.) Oryx, 1991 Women And AIDS/HIV (United States Conference of Mayors) 1991

PERSONAL STORIES

Why I Survive AIDS (Niro Markoff Asistent) Simon & Schuster/Fireside, 1991 A Shallow Pool Of Time: An HIV+ Woman Grapples With The AIDS Epidemic (Fran Peavey) New Society Publishers, 1990 In The Absence of Angels (Elizabeth Glaser, Laura Palmer) G.P. Putnam's Sons, 1991 Olga's Story (video) Georgetown University Alicia (video) Georgetown University

PREVENTION/SAFER SEX

Making It:A Woman's Guide To Sex In The Age Of AIDS (Cindy Patton, Janis Kelly) Firebrand Books, 1990 Making Sex Safer (brochure) (American College Health Association) 1990 Abstinence (brochure) (ETR Associates/Network Publications) 1990 Condoms For Couples (brochure) (San Francisco AIDS Foundation) 1988 Safe S/M: Advice On AIDS Prevention (brochure) (AIDS Committee of Toronto) 1990 Women Loving Women (brochure) (GMHC) 1991

A copy of the AIDS Information Network's official registration and financial information may be obtained from the Pennsylvania Department of State by calling toll-free within Pennsylvania, 1.800,732,0999. Registration does not imply endorsement.

CHILDREN

Morning Glory Babies: Children With AIDS And The Celebration Of Life (Tolbert McCarroll) St. Martin's Press, 1988

Children, Adolescents, & AIDS (Jeffrey M. Seibert, Roberta A. Olson, ed.) University of Nebraska, 1989 Dr. Good On AIDS (video) Churchill Films, 1990

Courage To Care: Responding To The Crisis of Children With AIDS (Gary Anderson) Child Welfare, 1990 AIDS Kills Women And Babies (Brochure) (San Francisco AIDS Foundation) 1988

Children And The AIDS Virus; A Book For Children, Parents, & Teachers (Rosmarie Hausherr) Clarion Books, 1989

Alex, The Kid With AIDS (Linda Walvoord Girard) Albert Whitman, 1991

TEENS

Sex, Drugs And HIV (video) Select Media, 1991 AIDS/HIV: Answers For Young People, 2nd ed. (video) Churchill Films, 1990 Teens With AIDS Speak Out (Mary Kittredge) Julian Messner, 1991 Risky Times...A Guide For Teenagers (Jeanne Blake) Workman Publishing, 1990 Teens And AIDS: Why Risk It? (brochure) ETR Associates, 1987 Risky Business (comic book) Impact AIDS, 1988

CAREGIVING

Caring For A Loved One With AIDS (Marie Annette Brown, Gail M. Powell-Cope) Univ. of Washington, 1992 The Caregivers' Journey (Mel Pohl, Deniston Kay, Doug Toft) Hazelden/HarperCollins, 1990 When Someone You Love Has AIDS: A Book of Hope For Family And Friends. (BettyClare Moffat) NAL Penguin, Inc. 1986

The AIDS Caregiver's Handbook (Ted Edison) St. Martin's Press, 1988

Take These Broken Wings And Learn To Fly: The AIDS Support Book For Patients, Family and Friends (Steven D. Dietz, M. Jane Parker Hicks) Harbinger House, 1989

When Someone You Know Has AIDS: A Practical Guide (Leonard J. Martelli, Fran D. Peltz, William Messina) Crown Publishers, 1987

GRIEF, DEATH AND DYING

To Live Until We Say Goodbye (Elizabeth Kubler-Ross) Prentice Hall, 1978 I Never Know What To Say: How To Help Your Family And Friends Cope With Tragedy (Nina Hermann Donnelley) Ballentine, 1987 Being Human In The Face Of Death (Deborah Roth, Emily LeVier) IBS Press, 1990

In The Midst Of Winter: Selections From The Literature Of Mourning (Mary Jane Moffat) Vintage Books, 1992 Letting Go With Love: the Grieving Process (Nancy O'Connor) La Mariposa Press, 1984

VOLUNTEERING

Simple Acts Of Kindness: Volunteering In The Age Of AIDS (John Griggs. Sally J. Rogers, David A. Gould) United Hospital Fund of New York/AMFAR, 1989

You Can Do Something About AIDS (Sasha Alyson) The Stop AIDS project, Boston, 1990

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Monroe Community College AIDS Resource Center

SUBJECT GUIDE TO BOOKS IN THE AIDS RESOURCE LIBRARY

Compiled by Susan Esterman May, 1993 This SUBJECT GUIDE TO BOOKS IN THE AIDS RESOURCE LIBRARY has been prepared to help you find the information you need more easily. Books have been arranged in subject lists with call numbers given. So if, for example, you need information on teenagers and AIDS turn to the section entitled ADOLESCENTS, and you'll find a listing of books in the collection that are about teenagers and AIDS, or at least have sections on that topic. You can then go to the shelves and find the books you want by call number.

We have tried to make this guide as complete as possible, but since new books are coming in all the time, and since some books include information about many, many aspects of AIDS, there may be useful information in books not listed under your topic of interest. So use this guide as a starting point for your research, but if you're not finding the information you need, please see the **AIDS librarian** for further help (hours are listed below).

Videotapes have not been included, but in our collection **holdings list** there is a summary the contents of each video. There is a holdings list in the back of this guide; please consult it to find videos on your topic.

To conduct a more complete subject search of AIDS Resource Library materials, you can use **"ALEX", the on-line catalog**. There is a terminal just outside the AIDS Resource Library next to study room 314, and a brief instruction sheet is included in the back of this guide. If you need further help, a librarian will be happy to assist you.

Besides books and videos, you should also look for information in the **vertical file**. It contains newspaper clippings, article reprints, reports, curricula, brochures, pamphlets, and bibliographies. Materials are grouped in folders by topics. There is a listing of topics in the first folder of the file.

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<u>ADOLESCENTS</u>

RC 200.2 .N68 1988	Nourse	Teen guide to safe sex
RC 607 .A26 A345725 1988	Quackenbush	The AIDS challenge
RC 607 .A26 B59 1990	Blake	Risky times
RC 607 .A26 M4 1992	NYC Hum.Res.	The mental health needs of well adoles- cents in families with AIDS
RJ 387 .A25 C45 1989	Seibert	Children, adolescents and AIDS

1

<u>ART AND LITERATURE</u>

NX 504 .V38 1993	Yaucher	Muses from chaos and ash
PN 771 .A64 1992	Nelson	AIDS: the literary response
PS 509 .A43 P4 1989	Preston	Personal dispatches: writers confront AIDS
PS 595 .A36 P64 1989	Klein	Poets for life: seventy dispects roup and to AIDS
PS 627 .A53 W38 1990	Osborn	The way we live now: American plays and the AIDS crisis
RA 644 .A25 S76 1988	Robbins	Strip AIDS USA
RC 607 .A26 D7413 1988	Dreuilhe	Mortal embrace
RC 607 .A26 N58 1991	Nixon	People with AIDS
RS 644 .A25 566 1989	Sontag	AIDS and its metaphors
TT 835 .R88 1988	Ruskin	The quilt: stories from the NAMES project

<u>BIOGRAPHM</u>

Muses from chaos and ash NIX 504 M38 1993 Vaucher RA 644 A 25 C 565 1992 Corea The invisible epidemic the story of women... RA 644 A25 K85 1989 Kaklin Fighting back PÅ 544 Å25 S48 1987 Shiles And the band played on RC 607 A26 A3645 1988 Reider AIDS, the women. RC 607 A26 A85 1991 Why I survive AIDS Asistent RC 687 A26 B59 1998 Blake Risky times RC 507 A26 C33 1990 Callen Surviving AIDS RC 807 A26 D7413 1988 Dreuilhe Morta i embrace Reports from the holocaust RC 507 A26 K73 1989 Kramer RC 607 .426 M66 1988 Monette Borrewed time RC 807 A28 N58 1991 Nixon People with AIDS RC 507 .A26 N86 1987 Nungesser Epidemic of courage RC 607 A26 P48 1990 Perrow Eancing against the carkness RC 607 .A26 P77 1991 Brown A promise to remember RC 507 A26 R545 1993 **Fimer** HIV+: working the system RC 607 ,A26 T55 1990 Tilleraas Circle of hope RC 607 A26 V667 1985 Peabody The screaming room PC 607 A26 W495 Whitmore Someone was here RJ 387 A25 K57 1989 Learning by heart: AIDS and school Kiro ónildren in America is communities. TT 835 A88 1999 **Buskin** The quilt stories from the NAMES provect.

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<u>CARE-CIVINC</u>

BY 4460.7 .C466 1991	Christensen	The samaritan's imperitive: compassionate ministry to people living with AIDS
BV 4460.7 .S86 1987	Sunderland	AIDS, a manual for pastoral care
RA 644 .A25 B367 1992	Barouh	Support groups
RA 644 .A25 K85 1985	Kuklin	Fighting back
RA 644 .A25 Y68 1988	Alyson	You can do something about AIDS
RC 607 .A26 A3454 1991	NYSDSS	AIDS in-service for the home care worker
RC 607 .A26 B376 1991	Bartlett	The guide to living with HIV infection
RC 607 .A26 B755 1992	Brown	Caring for a loved one with AIDS
RC 607 .A26 D48 1988	Haskell	Developing AIDS residential settings
RC 607 .A26 F33 1989	Dill	Face to face: a guide to AIDS counseling
RC 607 A26 H395 1988	Hay	The AIDS Dook
RC 607 .A26 H577 1990	Tailmer	HIV positive: perspectives on counseling
RC 607 .A26 K57 1990	Kirkpatrick	AIDS: sharing the pain
RC 607 .A26 M37 1990	Martin	AIDS home care and hospice manual
RC 607 .A26 N87 1988	Lewis	Nursing care of the person with AIDS/ARC
RC 607 .A26 O22 1992	O'Brein	Living with HIV: experiment in courage
RC 607 .A26 P64 1990	Pohl	The caregivers' journey
RC 607 A26 Q35 1990	Sherman	Quality food and nutrition services
RC 607 .A26 R545 1993	Rimer	HIV+: working the system
RC 607 .A26 T86 1988	Tuohey	Caring for persons with AIDS and cancer
RJ 387 .A25 C68 1990	Anderson	Courage to care
RT 61 .F75 1986	Friedman	Home health care

4

<u>CRIMINAL JUSTICE</u>

HY 7936 .H4 H3 1987

HY 8843 .H36 1986

Hammett

Hammett

AIDS and the law enforcement officer

AIDS in correctional facilities

DIRECTORIES

RA 644 .A25 A345 1991	Mulinowsky	AIDS information sourcebook 3rd ed
RA 644 .A25 G843 1991		The guide to resources on women and AIDS
RA 644 .425 L38 1992	HDI	Latina AIDS action plan
RA 644 A25 L42 1989	AMFAR	Learning AIDS
RA 644 .A25 L6 1988		Local AIDS services: national directory
RA 644 A25 P42 1991	Pearlberg	Women, AIDS and communities
RA 644 .A25 R69 1987	Rowe	AIDS: a public health challenge
RC 607 .A26 A26 1988	AMFAR	AIDS information resources directory
RC 607 A26 A3 1981/86	Weissberg	AIDS bibliography for 1981-86
RC 607 A26 A3475 1988	Malinowsky	AIDS information sourcebook
RC 607 A26 B354 1992	Baker	Early care for HIV disease
RC 607 A26 H9 1991b	Huber	How to find information about AIDS
RC 607 .A26 K87 1988	Kurland	Coping with AIDS
RC 607 A26 L56 1988b	Lingle	How to find information about AIDS
RC 607 .A26 R45 1986	Read	↓IDS: how and whore to find facts and do research
RC 607 .A26 U454	USOASH	Surgeon General's report
RJ 387 .A25 C45 1988	CWLA	Report of the CWLA task force on children and HIV infection
RJ 387 .A25 C68 1990	Anderson	Courage to care

ADAP

Gilden, Dave. California Drug Assistance Program adds new medications. AIDS TREATMENT NEWS; February 4, 1994; (192): 8.

ADOLESCENTS

- Health-risk behaviors among people aged 12-21 years United States, 1992. MORBIDITY AND MORTALITY WEEKLY REPORT; April *, 1994; 43(13): 231-235.
- New York State Department of Health. AIDS among adolescents and young adults. AIDS SURVEILLANCE QUARTERLY UPDATE; December 1993: 7-10.
- Rosenfeld, Shoshana. The hidden effects of childhood sexual abuse on adolescent and young adult HIV prevention. AIDS & PUBLIC POLICY JOURNAL; Winter 1993; 8(4): 181-186.

AFRICA

Rowley, Jane. Modeling the impact and cost-effectiveness of HIV prevention efforts. AIDS; April 1994; 8(4): 539-548.

ALTERNATIVE MEDICINE

- Ali Shaaban, Mohamed. Alternatives, alternatives, alternatives. . . POSITIVE DIRECTIONS; December 1993; 6(4): 11.
- Dickinson, Ken. Massage and HIV. POSITIVE DIRECTIONS; December 1993; 6(4): 7.
- FDA to restrict access to vitamins and minerals. POSITIVE DIRECTIONS; December 1993; 6(4): 16.
- Kraak, Vivica Ingrid. Managing HIV-related diarrhea. BODY POSITIVE; April 1994; 7(4): 17-18.
- Life with the FDA, or your tax dollars at work. NOTES FROM THE UNDERGROUND; January/February 1994; (24): 7-8.
- New study gives little support to mind-over-body theory. AIDS ALERT; January 1994; 9(1): 8-9.

AMERICANS WITH DISABILITI

Turner, Ronals. AIDS, The Americans With Disabilities Act, and disability-based insurance distinctions. AIDS & PUBLIC POLICY JOURNAL; Winter 1993; 8(4): 177-181.

AMPHOTERICIN

Smart, Theo. Liposomal amphotericin B enters U.S. trials. TREATMENT ISSUES; April 1994; 8(3): 6+.

ANTIBBODIES

Jansson, Marianne. Peptide serology for analysis of the interand intra-individual variation in HIV-1 V3 domain. AIDS; APril 1994; 8(4): 413-421.

ANTIBODIES

- Kroon, Frank. Antibody response to influenza, tetanus and pneumococcal vaccines in HIV-seropositive individuals in relation to the number of CD4+ lymphocytes. AIDS; April 1994; 8(4): 469-476.
- Scarlatti, Gabriella. Neutralizing antibodies and viral characteristics in mother-to-child transmission of HIV-1. AIDS; November 1993; 7(Supplement 2): S45-S48.
- Torres, Gabriele. Antiviral highlights from the European AIDS conference. TREATMENT ISSUES; April 1994; 8(3): 1-3.

ANTIVIRALS

- Bruisten, Sylvia M. Use of competitive chain reaction to determine HIV-1 levels in response to antiviral treatments. AIDS; November 1993; 7(Supplement 2): S15-S20.
- Gilden, Dave. Major antiviral conference surveys AIDS research. AIDS TREATMENT NEWS; January 6, 1994; (190): 3-6.
- Gilden, David. Protease inhibitors: overview and analysis. TREATMENT ISSUES; March 1994; 8(2): 1-8.
- Gilden, David. Study finds AZT reduces mother-to-child transmission. TREATMENT ISSUES; March 1994; 8(2): 15-16.
- James, John S. Major protienase inhibitor trials to begin. AIDS TREATMENT NEWS; February 18, 1994; (193): 3-4.
- James, John S. San Francisco: Phase 1 trial of Bucast (castanospermine analog) recruiting. AIDS TREATMENT NEWS; February 18, 1994; (193): 4-5.
- Kojima, Eiji. Monitoring the activity of antiviral therapy for HIV infection using a polymerase chain reaction method coupled with reverse transcriptase. AIDS; November 1993; 7(Supplement 2): S101-S105.
- Most physicians say AZT benefits outweigh fears, risks. AIDS ALERT; April 1994; 9(4): 53-55.
- Sande, Merle A. Antiretroviral therapy for adult HIV-infected patients. AIDS REFERENCE GUIDE; January 1994: section 1318.

Torres, Gabriele. Antiviral highlights from the European AIDS

conference. TREATMENT ISSUES; April 1994; 8(3): 1-3.

ART AND LITERATURE

- Currier, Jameson. Looking for heroes. BODY POSITIVE; April 1994; 7(4): 14-16.
- Shapiro, Howard. The kvetch kronicles. BODY POSITIVE; April 1994; 7(4): 25.

ASIA

- Celentano, David. HIV-1 infection among lower class commercial sex workers in Chiang Mai, Thailand. AIDS; April 1994; 8(4): 533-537.
- World Health Organization. AIDS surveillance in the WHO Western Pacific region. AIDS REFERENCE GUIDE; April 1994: section 224, pp 1-5.
- Wright, Nicholas. Was the 1988 HIV epidemic among Bangkok's injecting drug users a common source outbreak? AIDS; April 1994; 8(4): 529-532.

ASSOCIATIONS

- AIDS private funding: new survey published. AIDS TREATMENT NEWS; January 7 1994; (190): 8.
- Novick, Alvin. Conflict within the HIV/AIDS advocate/activist communities. AIDS & PUBLIC POLICY JOURNAL; Winter 1993; 8(4): 153-156.

AUSTRALIA

- Infection control breach cited in HIV transmission via surgery. AIDS ALERT; February 1994; 9(2): 24-26.
- McDonald, Ann. The pattern of diagnosed HIV infection in AUstralia, 1984-1992. AIDS; April 1994; 8(4): 513-519.

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- Gilden, Dave. Major antiviral conference surveys AIDS research. AIDS TREATMENT NEWS; January 6, 1994; (190): 3-6.
- Gilden, David. Study finds AZT reduces mother-to-child transmission. TREATMENT ISSUES; March 1994; 8(2): 15-16.
- Gray, Francoise. Zidovudine therapy and HIV encephalitis: a 10year neuropathological survey. AIDS; April 1994; 8(4): 489-493.
- Most physicians say AZT benefits outweigh fears, risks. AIDS ALERT; April 1994; 9(4): 53-55.

- Sande, Merle A. Antiretroviral therapy for adult HIV-infected patients. AIDS REFERENCE GUIDE; January 1994: section 1318.
- Torres, Gabriele. Antiviral highlights from the European AIDS conference. TREATMENT ISSUES; April 1994; 8(3): 1-3.

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CDC looking at new model for enhanced HIV counseling. AIDS ALERT; January 1994; 9(1): 4-6.

BLOOD

- Clerici, Mario. HIV-specific T-helper activity in seronegative health care workers exposed to contaminated blood. AIDS REFERENCE GUIDE; April 1994: section 928, pp 1-5.
- Harris, Gordon. Altered cortical blood flow in HIV-seropositive individuals with and without dementia: a single photon emission computed tomography study. AIDS; April 1994; 8(4): 495-499.
- Red Cross might be held liable in blood suit, U.S. judge says. AIDS POLICY AND LAW; April 15, 1994; 9(7): 3-4.

BUCAST

James, John S. San Francisco: Phase 1 trial of Bucast (castanospermine analog) recruiting. AIDS TREATMENT NEWS; February 18, 1994; (193): 4-5.

BULLETIN BOARD SERVICES

- Tobias, Tadd. AIDS research databases now free to community organizations, public libraries, and individuals. AIDS TREATMENT NEWS; February 4, 1994; (192): 5-6.
- Tobias, Tadd. Computer access to treatment information. AIDS TREATMENT NEWS; January 21, 1994; (191): 6-8.

BUYER'S CLUBS

Life with the FDA, or your tax dollars at work. NOTES FROM THE UNDERGROUND; January/February 1994; (24): 7-8.

CASE MANAGEMENT

Case managers increase attention to HIV pain management. AIDS ALERT; January 1994; 9(1): 9-11.

CD4+ T CELL

- Charlegue, Daniel. A 7-year analysis of anti-Gag (p17 and p24) antibodies in HIV-1 seropositive patients with haemophilia: immunoglobulin G titre and avidity are early predictors of clinical course. AIDS; November 1993; 7(Supplement 2): S87-S90.
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- Gallagher, John. Zero and counting. AIDS PATIENT CARE; February 1994; 8(1): 13-15.

CD4+ T-CELL

Orendi, Jurgen M. Enhancement of HIV-1 replication in peripheral blood mononuclear cells by Cryptococcus neoformans is monocyte-dependent but tumor-necrosis factor independent. AIDS; April 1994; 8(4): 423-429.

CLARITHROMYCIN

- Clarithromycin (Biaxin) formally approved for MAC. AIDS TREATMENT NEWS; January 7, 1994; (190): 7.
- GIlden, Dave. New California law requires off-label coverage. AIDS TREATMENT NEWS; February 4, 1994; (192): 8.
- Newly approved drugs include antivirals, appetite enhancer. AIDS ALERT; April 1994; 9(4): 60-62.

CLINICAL TRIALS

- Acyclovir-resistant herpes: trial of topical HPMPC. AIDS TREATMENT NEWS; January 7, 1994; (190): 7.
- CMV retinitis: new trial of HPMPC as first treatment. AIDS TREATMENT NEWS; January 7, 1994; (190): 7.
- Jacobson, Mark. Phase II dose-ranging trial of foscarnet salvage therapy for cytomegalovirus retinitis in AIDS patients intolerant of or resistant to ganciclovir (ACTG Protocol 093). AIDS; April 1994; 8(4): 451-459.
- James, John S. Major protienase inhibitor trials to begin. AIDS TREATMENT NEWS; February 18, 1994; (193): 3-4.
- James, John S. Rheumatoid arthritis advance may be relevant to AIDS. AIDS TREATMENT NEWS; February 18, 1994; (193): 5.

James, John S. San Francisco: Phase 1 trial of Bucast (castanospermine analog) recruiting. AIDS TREATMENT NEWS; February 18, 1994; (193): 4-5.

New York City, Philadelphia, Pittsburgh, Sherman Oaks, Stony Brook: Important Protease Trial recruiting. AIDS TREATMENT NEWS; January 21, 1994; (191): 4.

REFERENCE

USING

INDEXES AND ABSTRACTS

to find

HIV/AIDS INFORMATION

INDEXES AND ABSTRACTS - WHAT THEY ARE:

In order to do any in-depth searching for HIV/AIDS information, you will need to use **periodicals**, such as magazines, journals, and newspapers. And to find the information you need in periodicals, you'll have to use **indexes** and **abstracts**.

Like the index in a book, periodical indexes list contents of publications by subject (and, often, by author). Abstracts do the same thing, but also provide a summary of the article contents. As a rule, the indexes and abstracts to periodicals are not included as part of the journal, but are published as separate research tools. And usually a periodical index or abstract provides information on more than one periodical, sometimes thousands!

Indexes and abstracts choose the periodical titles they index based on broad topic areas. For example, the INDEX TO DENTAL LITERATURE only indexes those publications most likely to carry articles on dentistry while the SOCIAL SCIENCES INDEX covers a very different range of titles. Using several different indexes in an search will give you information from a larger number of periodical titles.

Because periodicals are published a number of times each year, the indexes to periodicals must also be updated frequently. Periodical indexes are available in monthly, quarterly, and yearly cumulations. The monthly and quarterly issues allow you to discover what's new in your topic of interest. The yearly issues let you do a more comprehensive information search. Both indexes and abstracts will provide all the bibliographic information you need to track down the article you want

USING INDEXES AND ABSTRACTS:

Indexes and abstracts are usually not difficult to use once you get used to the basic method. Generally, all you need to do is to look up your topic alphabetically. The index will then give you a list of articles you might be interested increading. With the information the index provides you can then go to the actual magazines and journals to find the complete articles. A few of the indexes and abstracts are more complex than this, but they all have complete instructions for use in the front. And, as always, the librarians will be very happy to assist you in learning how to use these research tools.

FINDING THE ARTICLE YOU NEED:

Once you have located an article you want from an index , you need to copy down some of the information provided. You'll need the **title of the**

TITLE: READERS' GUIDE TO PERIODICAL LITERATURE

SCOPE: Broad coverage of English language periodicals of general interest. Indexes more than 200 titles, including most of the mass market weeklies and monthlies. Published monthly, with quarterly and annual cumulations.

LOCATION: Index Tables, 2nd floor

FORMAT & USAGE: Articles are listed alphabetically by title under main topics and subheadings. Keys to abbreviations are provided. An index of book reviews is included.

MOST RELEVANT SUBJECT HEADINGS:

ACT UP (Organization) AIDS (DISEASE) [many subheadings] AIDS (DISEASE) AND [various] HIV VIRUSES

SAMPLE ENTRY:

- AIDS (DISEASE) 1----See also 1) Subject heading AIDS Project Los Angeles AIDS, by definition, will soon get worse. il U.S. News 2) Article title 3) Author & World Report 114:9 Ja 11 '93 AIDS it ain't [immune disorder, similar to AIDS, where patients have low CD4 count] Time 141:21 F 22 5) Volume 6) Pages ·93 Are some people immune to AIDS? [mm who have thrived with HIV] C. Gorman il [Time] 141:49-51-6 Mr 22 '93 Gene therapists jump ship; Top AIDS official to leave [National Institutes of Health] L. Thompson and J. Cohen. Science 259:303 Ja 15 '93 Immune syndrome remains mysterious [AIDS-like ICL syndrome] K. Fackelmann. Science News 143:119 F 20 '93

- 4) Journal title
- 7) Publication date

TITLE: SOCIAL SCIENCES INDEX

SCOPE: Indexes over 300 English language periodicals in the areas of community health and medicine, social work, sociology, law, psychology, economics, and related fields. Published quarterly with annual cumulations.

LOCATION: Index tables, 2nd floor

FORMAT & USAGE: Articles are indexed by subject and author. A book review index is included in the back of each issue.

MOST RELEVANT SUBJECT HEADINGS:

AIDS (Disease) [many subheadings] AIDS (Disease) education AIDS (Disease) in children AIDS patients HIV viruses

SAMPLE ENTRY:

Subject heading
 Article title
 Author
 Journal title
 Volume number

6) Page numbers

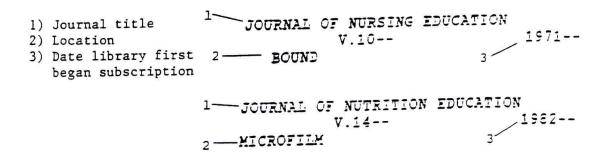
7) Publication date

1-AIDS (Disease)	
See also	
Attitudes toward AIDS (Disease) 2-Serum prolactin levels in homosexual and bisexual men	
2-Serum protaction levels in homoscram and others. Am- with HIV infection. J. M. Gorman and others. Am-	-4
J Psychiatry 149:367-70 Mr '92 3	
J Flychiany spine to an	
5 6 7	

article, the title of the magazine or journal in which it appears, the date of the magazine, and the pages of the article.

Both in the AIDS Resource Library and at the index tables of the main library (2nd floor) you will find copies of a printout entitled MAGAZINES, NEWSPAPERS, AND INDEXES IN THE LEROY V. GOOD LIBRARY. This lists the title of all periodicals the MCC libraries subscribe to, and where you can find them. Search for the journal title you need alphabetically in the printout. If it is listed there, we have it; if it is not listed, we don't. Let's assume you are in luck and that we carry the title you need. The printout will also tell you how long we have carried it, and where back issues are located.

EXAMPLE:



Concerning location - If the location listed is AIDS RESOURCE LIBRARY all issues of the journal are housed in Room 315. If the location is BOUND, several months of the most current issues are on the magazine racks on the second floor of the library. The older issues are bound together in hardcover and stored on shelves nearby. If the location is MICROFILM, again recent issues are on the magazine racks but earlier ones are stored on microfilm in the microfilm room on the 2nd floor. All are welcome to use the microfilm resources, but they can only be read by using a reader machine. If you don't know how to use one, a librarian will be glad to teach you.

IF THE MCC LIBRARIES DO NOT SUBSCRIBE TO THE PERIODICAL YOU NEED:

There are many hundreds of journal titles likely to carry important information on HIV/AIDS, and it is impossible for any one library to carry them all. If this library does not hold the title you want, you may be able to locate an equally relevant article in a publication we <u>do</u> carry. If you really need an article from a periodical we don't have, you still may be able to obtain it. If you are a student or staff member at MCC, you can order your article through interlibrary loan (it may take a week or longer to arrive). If you are associated with another school or research institution, you can probably obtain materials through your institution's interlibrary loan department. If you are not affiliated with such an institution, you may be able to obtain your article from the public library, either directly from their collection or via interlibrary loan. Or a librarian here can help you find out which libraries in the area hold the journal you need; you may be able to go there in person and photocopy what you want.

If none of these are possible for you, please consult the AIDS Resource Library's librarian. As a rule, where there's a will there's a way!

USING THIS GUIDE:

This guide provides a list of the indexes and abstracts available in the libraries at Monroe Community College that can help you find the HIV/AIDS information you need. Each page gives the title of an index, the areas of interest it covers, where it is located in the library, a few hints on usage, and a list of some suggested subjects to look under. There is also a sample entry from the index with brief explanations. As you use these indexes and abstracts, please remember a few points:

1.) In-depth HIV/AIDS research will often require the use of periodicals.

2.) To locate information in periodicals effectively, you'll need to use indexes and abstracts.

3.) Indexes list the contents of various periodicals by subject.

4.) Each index has instructions for use in the front.

5.) The more you use the indexes, the easier you will find them to use.

6.) The index will tell you what periodical contains the article you want. If we don't own that periodical you can still probably obtain a copy of the article through interlibrary loan or from another local library.

7.) The librarians will always be happy to assist you in your research. DON'T BE AFRAID TO ASK FOR HELP!

TITLE: ABRIDGED INDEX MEDICUS

SCOPE: Produced by the National Library Of Medicine. "Each issue contains citations from 119 English-language journals". Covers all branches of clinical medicine. Published monthly with annual cumulations.

LOCATION: Index Tables, 2nd floor

FORMAT & USAGE: Articles are listed under subject headings, alphabetized by the name of the journal in which they appear. An author index is produced as a separate volume.

MOST RELEVANT SUBJECT HEADINGS:

ACQUIRED IMMUNODEFIENCY SYNDROME (many subheadings) AIDS-ASSOCIATED NEPHROPATHY AIDS DEMENTIA COMPLEX AIDS-RELATED COMPLEX AIDS SERODIAGNOSIS AIDS VACCINES HIV HIV ANTIBODIES HIV ANTIGENS HIV INFECTIONS (many subheadings) HIV SEROPOSITIVITY HIV SEROPOSITIVITY HIV SEROPREVELANCE HIV-1 HIV-2

SAMPLE ENTRY:

- 1) Subject heading
- 2) Article title
- 3) Author
- 4) Journal title
- 5) Publication date
- 6) Volume and issue
- 7) Page numbers

ACQUIRED IMMUNODEFICIENCY SYNDROME

- 2-Medical and dental students' attitudes about the AIDS 3-epidemic. Bernstein CA, et al. Acad Med 1990 Jul: 5
- 6 65(7):458-60-7 AIDS: just another disease? Kettel LJ. Acad Med 1990 Jul; 65(7):446-7
 - Initial evaluation of HIV-infected patients [news] Am Fam Physician 1990 Nov;42(5 Suppl):80S

TITLE: AIDS BIBLIOGRAPHY

SCOPE: One of the most extensive indexes of HIV/AIDS information. Includes journal articles, books, and audiovisuals resources. Covers preclinical & clinical aspects, epidemiology, diagnosis, and prevention. Offers thorough indexing to the abstracts of the International Conference on AIDS, as well as other HIV/AIDS conferences. A very important research tool. Produced monthly.by, the National Library of Medicine.

LOCATION: AIDS Resource Library

FORMAT & USAGE: Divided into "subject" and "author" sections. Subject section is further divided into 3 subsections-Journal Articles, Monographs, and Audiovisuals. Titles of journals are abbreviated, but no list of full titles is given, which can be frustrating.

MOST RELEVANT SUBJECT HEADINGS: Enormous range of subject headings. Some experimentation with terms may be necessary to pinpoint desired articles. For initial searching use subheadings under the following subjects:

ACQUIRED IMMUNODEFIENCY SYNDROME AIDS-RELATED OPPORTUNISTIC INFECTIONS HIV INFECTIONS

SAMPLE ENTRY:

- 1) Subject heading
- 2) Article title
- 3) Author
- 4) Journal title
- 5) Publication date
- 6) Volume and issue numbers

7) Page numbers

- ACQUIRED IMMUNODEFICIENCY SYNDROME
- 2-Medical and dental students' attitudes about the AIDS 3 epidemic. Bernstein CA. et al. Acad Med 1990 Jul: 5 65(7):458-60-7
- AIDS: just another disease? Kettel LJ. Acad Med 1990 Jul: 65(7):446-7

Initial evaluation of HIV-infected patients [news] Am Fam Physician 1990 Nov;42(5 Suppl):80S

TITLE: AIDS LITERATURE & NEWS REVIEW

SCOPE: Selected HIV/AIDS articles dealing with a wide range of issues. Indexes a variety of journals and several major newspapers. Coverage includes medical care, research, public policy, prevention, education, etc. Published monthly.

LOCATION: AIDS Resource Library

FORMAT & USAGE: Simple alphabetical arrangement by broad subject headings. Citations to major articles include abstracts.

MOST RELEVANT SUBJECT HEADINGS:

Subjects are listed alphabetically on the first page of each issues.

7

SAMPLE ENTRY:

l)	Subject heading	
2)	Author	3~
3)	Affiliation	2-D.O. Perkins (UNC School of Medicine, Dept. of Psychia-
4)	Article title	try, CB #7160, Chapel Hill, N.C. 27599) et al., "Psychoso4
5)	Journal title	cial Predictors of High-Risk Sexual Behavior among
6)	Volume & issue	6 HIV-Negative Homosexual Men," AIDS Education and
7)	Publication date	Prevention 5. no. 2 (Summer 1993): 141-52-8
8)	Pages	Perkins et al. surveyed 53 HIV-negative gay men attending
9)	Abstract	North Carolina's Coping in Health and Illness Project to learn
		what caused gay men to participate in sexual activities that
		9 placed them at risk for HIV. The authors found that 23
		percent of their subjects practiced high-risk sexual behavior;
		these individuals were also most likely to have a sense of
		optimism and invincioility, to have high levels of anger
		toward the world, and to have little sense of self-worth
		because they were gay.

TITLE: APPLIED SCIENCE & TECHNOLOGY INDEX

SCOPE: Indexes English language periodicals covering engineering, mathematics, metallurgy, chemistry, and other industrial and mechanical arts. Produced monthly, with quarterly and annual cumulations, Main value lies in citations to articles on the pharmaceutical industry, and to mathematical models of HIV/AIDS epidemiology

LOCATION: Index tables, 2nd floor

FORMAT & USAGE: Entries are listed alphabetically by title under main topics and subheadings. Lists of abbreviations are provided.

MOST RELEVANT SUBJECT HEADINGS: AIDS (Disease) [many subheadings] HIV viruses

SAMPLE ENTRY:

2) Article title 3) Author 4) Journal title 5) Volume number 6) Page numbers 7) Publication date

AIDS (Disease) 1) Subject heading 2 AIDS: where has HIV been hiding? H. M. Temin and D. P. Bolognesi il Nature 362:292-3 Mr 25 '93_ Attitudes of dentists to HIV-positive patients. S. Porter and others, bibl Lancer 341:1032 Ap 17 '93 Canada decides, at last, to increase spending on AIDS. D. Spurgeon. Nature 362:199 Mr 18 '93

TITLE: CONSUMER INDEX TO PRODUCT EVALUATIONS AND INFORMATION SOURCES

SCOPE: An index to "magazine articles and government resources that provide information on consumer and health-related topics and on specific products and services." Use this index to find brief updates on HIV/AIDS products, therapies, services, and issues. Provides short summaries of listed articles. Quarterly and annual cumulations.

LOCATION: Index tables, 2nd floor

FORMAT & USAGE: Articles are listed under subject, within chapters devoted to broad areas of consumer concern. Simplest way to use is to look up topic of interest in the SUBJECT INDEX in the front of the book. Turn to the page given, and scan the listings for articles of interest.

4

MOST RELEVANT SUBJECT HEADINGS: AIDS (DISEASE)

SAMPLE ENTRY:

	1-	AIDS (DISEASE)
1)	Subject	General3
2)	Article title 2	-The AIDS File." Griffin, Katherine.
3)	Author	a interview discuss. Allos Tansinission during surger /
		Four bner articles discuss, the applying for a marriage license; a new mandatory AIDS testing when applying for a marriage license; a new 4
4)	Article summary	Table for AIDS patients suffering for criticities and
5)	Journal title	a higher risk for women who engage in unprotected com
6)	Volume & issue 5-	in Hearth v5 n7, Dec/Jan, 1991/1992 p12.
7)	Publication date	The AIDS File." Davis, Lisa.
		ALOC TIA DECISSAS' THE FAIL OF THE COULT
8)	Pages	This month's AIDS File discusses, the falls and the store of the store
		AIDS antibody lests.
		Health vo n1, Feb/Mar. 1992. p20.
		Ecoklin Deborall
		articles that discuss: AIUS conductor of anter
		hatorocovitals. 300 int site Jvenega of
		AIDS testing among neterosectuals, and the choice when used in leading AIDS drugs (zidovucine and dideoxycyticine) when used in
		leading AIUS drugs (4.00 to the and a state of the state
		combination.

Health vo n2. Apr. 1992. p16.

TITLE: CUMULATIVE INDEX TO NURSING & ALLIED HEALTH

SCOPE: Indexes over 500 journals: Includes almost all English language nursing journals, as well as selected journals in allied health fields such as social service in health care, occupational therapy, health education, etc. Also some coverage of consumer health, biomedicine, and health sciences librarianship. Includes selected nursing dissertations, standards, and conference proceedings. Issued bimonthly.

LOCATION: Index Tables, 2nd floor

FORMAT & USAGE: Use Subject Section volumes (white pages). Journal titles are abbreviated; lists of abbreviations are in the front of each volume. Articles are listed alphabetically by journal title under subject headings.

MOST RELEVANT SUBJECT HEADINGS:

ACQUIRED IMMUNODEFIENCY SYNDROME [Many subheadings] AIDS ASSOCIATED NEPHOROPATHY AIDS DEMENTIA COMPLEX AIDS PATIENTS AIDS RELATED OPPORTUNISTIC INFECTIONS AIDS SERODIAGNOSIS AIDS VACCINES HIV INFECTIONS [Many subheadings] HIV SEROPOSITIVITY [Many subheadings] HUMAN IMMUNODEFICIENCY VIRUS

SAMPLE ENTRY:

1-ACQUIRED IMMUNODEFICIENCY SYNDROME

For /transmission consider also HUMAN IMMUNODEFICIENCY VIRUS /transmission.

see also ATTITUDE TO AIDS

What nurses don't know about AIDS (Neighbors M et al) ADV CLIN CARE 1991 Mar-Apr; 6(2): 27 (7 ref)

2 — Information nurses need about AIDS A
 3 — (Neighbors M et al) ADV CLIN CARE 1991 — 5
 May-Jun; 6(3): 49-50 (5 ref) - 7 - 8

Models of clinical care (Pinching AJ) AIDS 1989; 3(): suppl 1: S209-13 (4 bib)

AIDS: the year in review (Hutman S) (review) AIDS PATIENT CARE 1990 Dec: 4(6): 11-5

1) Subject heading

- 2) Article title
- 3) Author
- 4) Journal title
- 5) Publication date 6) Volume & issue
- 7) Pages
- 7) rages
- 8) Notes

TITLE: CURRENT INDEX TO JOURNALS IN EDUCATION (CIJE)

SCOPE: Indexes selected articles gleaned from more than 750 educationrelated journals. Issued monthly with semi-annual cumulations appearing twice a year.

LOCATION: Index tables, 2nd floor

FORMAT & USAGE: One of the more complex indexes to use. First part of the index is the MAIN ENTRY SECTION which provides complete citation to the article, along with a good abstract of contents. Articles are arranged ir. numerical order by an assigned accession number. The second section is the SUBJECT INDEX. This is the place most researchers need to start. Article citations are listed under broad subject headings. An accession number is given for each entry. When a relevant listing is found, go to the MAIN ENTRY SECTION and look up the article numerically for complete information. CIJE also includes an AUTHOR INDEX and a JOURNAL CONTENTS INDEX. Photocopies of most articles listed in CIJE can be ordered from University Microfilms International (for a hefty fee). Instructions for ordering are provided in the introductory section.

MOST RELEVANT SUBJECT HEADINGS:

(Author)

Acquired Immune Deficiency Syndrome Human Immunodeficiency Virus

SAMPLE ENTRY:

SUBJECT INDEX

- Subject heading
- 2) Article title
- Journal title
 Volume number,
- Issue number Page numbers
- 5) Publication date
- 6) Accession number

1) Accession number

- 2) Article title
- 3) Author
- 4) Journal
- 5) Volume number Issue number Pages
- 6) Publication date
- 7) Reprint availability
- 8) Subject identifiers
- 9) Article summary
- 10) Clearinghouse nc.

2-The HIV-Positive Student Applicant:	A Legal Perspective
Admission to Allen Deally A	
3-Journal of Studies in Technical Ca	reens vis ni posor
5Win 1991	EJ 440 585

MAIN ENTRY SECTION

10

1-EJ 440 585 2-The HIV-Positive Student Appl spective on Admission to Allied	CE 523 499-10 licant: A Legal Per- d Health Education
3 Programs. Holland, Susan A.	Journal of Studies — 4
5 in Technical Careers: w13 al	p35-39/Win 1991_6
7_(Reprint: UMI)	
Descriptors: *Acquired Immune	Deficiency
8 Syndrome; *Allied Health Occ	upations
Education; *Admission Criteri	a: *Legal
Responsibility: Postsecondary	Education:
*College Applicants	
Institutions offering programs in allie	d health will have to
face the problem of whether or not candidate who is HIV-positive. Requ	to admit a qualified
candidate who is HIV-positive. Requ	legal comitions
students creates a web of complex	legal rammeations.

TITLE: EDUCATION INDEX

SCOPE: Indexes educational publications in the English language. Covers, elementary, secondary, higher and adult education, as well as counseling and personnel services, teaching methods, and curriculum. Includes articles on health education, psychology, and mental health, and social sciences. Quarterly and annual cumulations.

LOCATION: Index tables, 2nd floor

FORMAT & USAGE: Arranged alphabetically by title under broad subject headings. Articles are also indexed by author's name. A separate section cites book reviews.

MOST RELEVANT SUBJECT HEADINGS:

AIDS (Disease) [many subheadings] AIDS patients HIV viruses

SAMPLE ENTRY:

TITLE: GENERAL SCIENCE INDEX

SCOPE: Indexes English language journals covering various branches of science, including medicine and health. Issued monthly, with quarterly and annual cumulations.

LOCATION: Index tables, 2nd floor

FORMAT & USAGE: Articles are listed alphabetically by title under main topics and subheadings. List of abbreviations are provided. Includes an index of book reviews.

MOST RELEVANT SUBJECT HEADINGS:

AIDS (Disease) [many subheadings] AIDS antibody test AIDS education AIDS virus

SAMPLE ENTRY:

1) Subject heading
2) Article title
3) Author
4) Journal title
5) Volume number
6) Page numbers
7) Publication date

AIDS (Disease)
AIDS: where has HIV been hiding? H. M. Temin and D. P. Bolognesi. il Narure 362:292-3 Mr 25 '93___7
Attitudes of dentists to HIV-positive patients. S. Porter and others. biol Lancet 341:1032 Ap 17 '93
Canada decides, at last, to increase spending on AIDS. D. Spurgeon. Nature 362:199 Mr 18 '93

TITLE: HUMANITIES INDEX

SCOPE: Index to English language periodicals in the fields of language and literature, history, interpersonal communication, religion and theology, anthropology and related subjects.

LOCATION: Index tables, 2nd floor

FORMAT & USAGE: Articles are indexed by subject and author. Citations are alphabetized by article title. A separate section indexes book reviews.

MOST RELEVANT SUBJECT HEADINGS:

AIDS(Disease) [various subheadings] AIDS (Disease) in art AIDS (Disease) in literature AIDS (Disease) in mass media AIDS (Disease) in motion pictures AIDS patients AIDS guilt HIV viruses

SAMPLE ENTRY:

- 1) Subject heading
- 2) Article title AIDS (Disease) AIDS as monster in science fistion and howor cinema. E. Guerrero. il <u>D Pop Film Telev</u> 18:86-93 Fall '90_
- 3) Author
- 4) Journal title
- 5) Volume number
- 6) Page number
- 7) Publication date
- Are we spending too much on AIDS? M. Fumento. Commentary 90:51-3 O '90 The contemporary historiography of AIDS. E. Fee and D. M. Fox. J Soc Hist 23:303-14 Wint '89 Mass media use and knowledge of AIDS. C. A. Stroman and R. Seltzer. Journal Q 66:881-7 Wint '89 Power and the conditions of silence. C. Patton. Crit Q 31:26-39 Aut '89

TITLE: INDEX TO DENTAL LITERATURE

SCOPE: Produced by the National Library of Medicine, this index contains citations to journal articles and conference/symposia proceedings. Covers many aspects of dental medicine and oral health. Produced quarterly with yearly cumulation.

LOCATION: Index Tables, 2nd floor

FORMAT & USAGE: Articles are listed under subject headings, alphabetized by the name of the journal in which they appear. Also includes an author index.

MOST RELEVANT SUBJECT HEADINGS:

ACQUIRED IMMUNODEFIENCY SYNDROME (various subheadings) AIDS-RELATED COMPLEX AIDS SERODIAGNOSIS HIV HIV ANTIBODIES HIV ANTIGENS HIV INFECTIONS (many subheadings) HIV SEROPOSITIVITY HIV SERO PREVALENCE HIV-1 HIV-2

SAMPLE ENTRY:

- 1) Subject heading
- 2) Article title
- 3) Author
- 4) Journal title
- 5) Publication date
- 6) Volume and issue numbers

7) Page numbers

► ACQUIRED IMMUNODEFICIENCY SYNDROME

- 2-Medical and dental students' attitudes about the AIDS
- 3 epidemic. Bernstein C.A. et al. Acad Med 1990 Jui: 5 65(7):458-60-7
 - AIDS: just another disease? Kettel LJ. Acad Med 1990 Jul:
 - 65(7):446-7 Initial evaluation of HIV-infected patients [news] Am Fam Physician 1990 Nov;42(5 Suppl):80S

TITLE: INTERNATIONAL NURSING INDEX

SCOPE: Published in cooperation with the National Library of Medicine. Indexes over 270 nursing journals from around the world as well as selected articles from 2700 allied health and biomedical journals. Produced quarterly and annually.

LOCATION: Index Tables, 2nd floor

FORMAT & USAGE: Articles listed under subject headings, alphabetized by the name of the journal in which they appear. Also includes an author index.

MOST RELEVANT SUBJECT HEADINGS:

ACQUIRED IMMUNODEFIENCY SYNDROME [many subheadings] AIDS DEMENTIA COMPLEX AIDS-RELATED COMPLEX AIDS-SERODIAGNOSIS AIDS VACCINES HIY HIV ANTIBODIES HIV INFECTIONS [many subheadings] HIV SEROPREVALENCE HIV-1 HIV-2

SAMPLE ENTRY:

ACQUIRED IMMUNODEFICIENCY SYNDROME

- 1) Subject heading 2) Article title 3) Author
- 4) Journal title 5) Publication date
- 6) Volume and issue

7) Page numbers

- 2-Medical and dental students' attitudes about the AIDS epidemic. Bernstein CA. et al. Acad Med 1990 Jul: 5 - 65(7):458-60-
- AIDS: just another disease? Kettel LJ. Acad Med 1990 Jul: 65(7):446-7
 - Initial evaluation of HIV-infected patients [news] Am Fam Physician 1990 Nov;42(5 Suppl):30S

TITLE: NEW YORK TIMES INDEX

SCOPE: Indexes news articles, features, and editorials printed in the daily and Sunday editions of the New York Times. Indexes are produced biweekly, with quarterly and annual cumulations.

LOCATION: Index tables, 2nd floor

FORMAT & USAGE: Entries consist of brief summaries of articles arranged chronologically by date of publication under broad subjects. Has value not only as an index, but also as a concise chronological overview of the topic.

WHENE DEFICIENCY SYNDROME

MOST RELEVANT SUBJECT HEADING: ACQUIRED IMMUNODEFIENCY SYNDROME (AIDS)

SAMPLE ENTRY:

	1ACQUIRED IMMUNE DEFICIENCY SYNDROME
	(AIDS) Town of Sanford, Florida, joins in campaign against AIDS

TITLE: PSYCHOLOGICAL ABSTRACTS

SCOPE: Provides more than 30,000 abstract references to journal articles and books each year. Areas of coverage include all aspects of behavioral, educational, and physiological psychology, as well as social processes and issues, personality, and treatment and prevention of psychopathology. A very important resource for locating in-depth information.

LOCATION: Index tables, 2nd floor

FORMAT & USAGE: Can be challenging and tedious to use. Look up your topic in the subject index (which is in two volumes). You'll find a long list of simple article descriptions, each followed by an assigned abstract number. Scan the list until you find a description of interest. Write the accession number down, and go to the main entry section (which is in four quarterly volumes). Find the volume which includes your accession number (range of numbers are listed on the spine) and search numerically until you find your article. Full bibliographic information and a good abstract will be given. Confused? See a librarian for help!

MOST RELEVANT SUBJECT HEADING:

Acquired Immune Deficiency Syndrome Venereal Diseases

SAMPLE ENTRY:

- 1) Subject
- 2) Article descriptor

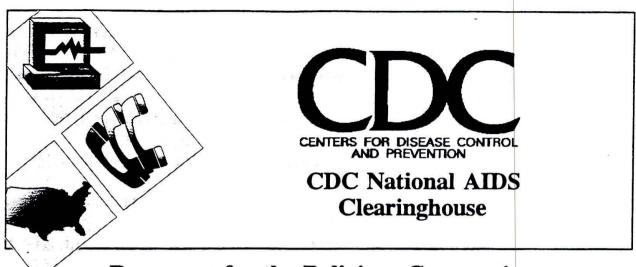
3) Abstract number

SUBJECT INDEX <u>Acquired Immune Deficiency Syndrome</u> acceptance of HIV antibody testing, adults seeking outpatient treatment for cocaine abuse, 20321

JOURNAL ARTICLE ABSTRACT

- 1) Abstract number
- 2) Author(s)
- 3) Author's affiliation
- 4) Title of article .
- 5) Title of journal & bibliographic data
- 6) Article summary

20321. Weddington, William W. & Brown, Barry S. (U'Chicago, IL) Acceptance of HIV-antibody testing by persons_ seeking outpatient treatment for cocaine abuse. Journal of 5 Substance Abuse Treatment, 1988, Vol 5(3), 145-149. -100 of 101 applicants for outpatient treatment for cocaine abuse consented to voluntary human immunodeficiency virus (HIV) antibody testing. 12 Ss tested HIV-antibody positive; 8 of these had injected drugs parenterally with syringes and needles used by - 6 other addicts, and 4 had never taken drugs iv. A subgroup of 48 Ss were interviewed regarding their knowledge of HIV infection, acquired immune deficiency syndrome (AIDS), and risk factors associated with transmission of HIV. All 48 had heard of HIV, AIDS, and recommendations that they use condoms, clean syringes, and needles. None reported that they used condoms: 10 reported reduced sexual activity and number of sexual partners: and none of those who shared needles reported that they had discontinued sharing other addicts' drug paraphernalia.



Resources for the Religious Community

This resource guide, developed by the CDC National AIDS Clearinghouse in collaboration with the AIDS National Interfaith Network, includes materials from a variety of sources on issues related to HIV/AIDS and the religious community. Each entry includes the source organization or author followed by information about ordering the item. On the last page are national organizations to contact for additional information.

AIDS: A Christian Perspective. Day, D. & C. Everett Koop, M.D.: Word Inc., P.O. Box 1790, Waco, TX 76703. (817) 772-4200. (Videotape)

AIDS: A Christian Student's Response. Chance, H.L. 1990: Broadman Press, 127 Ninth Avenue, N., Nashville, TN 37234. (615) 251-2548. (Book)

AIDS: A Guide for Study and Response. 1987: Baptist State Convention of North Carolina, Council on Christian Life and Public Affairs, P.O. Box 1107, Cary, NC 27512-1107. (Brochure)

AIDS: A Salvationist Response. 1991: Salvation Army, Office of Media Ministries, P.O. Box 3608, Dallas, TX 75221. (Videorecording)

AIDS: An Orthodox Perspective. 1988: Greek Orthodox Telecommunications, 27-09 Crescent Street, Astoria, NY 11102. (800) 888-6835. (Videorecording)

AIDS and the African-American Church: An AIDS Education and Training Guide for African-American Church Religious Leaders and Ministers. Hartwell, V., et. al. 1991: Jackson State University, National Alumni AIDS Prevention Project, P.O. Box 18890, Jackson, MS 39217. (601) 968-2519. (Teaching Guide)

AIDS and the Church: The Second Decade. Shelp, E.E., and Sunderland, R.H. 1992: Westminster/John Knox Press, 100 Witherspoon Street, Louisville, KY 40202. (502) 569-5043 ext. 8022. (Book)

AIDS and Your Religious Community: A Hands-On Guide for Local Programs. (includes 27 proven models). Blumenfeld, W.J., et. al. 1991: Unitarian Universalist Association, 25 Beacon Street, Boston, MA 02108. (617) 742-2100; AIDS National Interfaith Network, 110 Maryland Avenue, N.E., Suite 504, Washington, DC 20002. (202) 546-0807. (Manual)

AIDS Bibliography: Selected Resources for Church Educators. Shafer, M. 1989: United Methodist Board of Global Ministries, General Board of Global Ministries, Health and Welfare Ministries, 475 Riverside Drive, Room 350, New York, NY 10027. (212) 870-3600. Focus Paper No. 5. (Bibliography)

The AIDS Caregiver's Handbook. Revised Edition. Eidson, Ted, ed. 1993: St. Martin's Press, 175 Fifth Avenue, New York, N.Y. 10010. (Book)

AIDS Education Church Bulletin Insert. 1990: District of Columbia Commission of Public Health, 1660 L Street, N.W., Washington, DC 20036. (202) 673-3425. (Brochure)

AIDS & Ethics. Reamer, F.G., ed. 1991: Columbia University Press, 562 W. 113th Street, New York, NY 10025. (212) 316-7100. (Book)



AIDS: Facing Facts, Confronting Fears; Handle With Caring. 1988: Baptist General Convention of Texas, Christian Life Commission, 333 N. Washington Street, Dallas, TX 75246. (214) 828-5190. (Information Package)

AIDS Ministry Models. Hunter, J. 1990: National Association of Evangelicals, P.O. Box 28, Wheaton, IL 60189. (708) 665-0500. (Proceedings)

AIDS Packet. 1988: Unitarian Universalist Association, 25 Beacon Street, Boston, MA 02108. (617) 742-2100. (Information Package)

AIDS Policy: The Moody Church. 1993: Moody Church, 1609 N. LaSalle Blvd., Chicago, Il 60614. (312) 943-0466. (Report)

AIDS Policy: Calvary Memorial Church. 1990: Calvary Memorial Church of Oak Park Illinois, 931 Lake Street, Oak Park, IL 60301. (708) 386-3900. (Policy Statement)

AIDS: The Spiritual Dilemma. Fortunato, John E.: Harper & Row Publishers, 1160 Battery Street, San Francisco, CA 94111. (415) 477-4400. (Book)

AIDS: What is Now Known. Selwyn, P. 1986: HP Publishing, 55 5th Avenue, New York, NY 10003. (212) 989-2100. (Book)

The Atlanta Declaration. We Are Living With AIDS: An Interfaith Call to Hope and Action. AIDS National Interfaith Network, 110 Maryland Avenue, N.E., Suite 504, Washington, DC 20002. (202) 546-0807. (Statement)

Christianity and Crisis. Vol. 52, No. 13, September 21, 1992. Christianity in Crisis, Inc. P.O. Box 6415, Syracuse, NY 13217; United Methodist AIDS Network, 475 Riverside Drive, Room 350, New York, NY 10115. (212) 870-3909. (Magazine)

Christians in the Age of AIDS. Smith, S. and Smith, A. 1990: Americans for A Sound AIDS/HIV Policy, P.O. Box 17433, Washington, D.C. 20041. (703) 471-7350; Victor Books, 1825 College Avenue, Wheaton, IL 60187. (Book)

A Christian Response to the AIDS Crisis. 1990: The Church of the Nazarene, Nazarene Publishing House, P.O. Box 419527, Kansas City, MO 64141. (800) 877-0700. (Videotape)

The Church's Response to the Challenge of AIDS/HIV: A Guideline for Education and Policy Development. MAP International. 1991: Americans for A Sound AIDS/HIV Policy, P.O. Box 17433, Washington, D.C. 20041. (703) 471-7350. (Booklet)

The Color of Light: Daily Meditations for All of Us Living With AIDS. Tilleraas, P. 1988: Hazelden Foundation, Educational Materials, P.O. Box 176, Center City, MN 55012-0176. (612) 257-4010. (Book)

Congregation-Based Care Teams: A Guide and Resource Manual for Practical Support and Pastoral Care of Persons With AIDS. Austin, M.S., et. al. 1992: Associated Catholic Charities of New Orleans, Regional AIDS Interfaith Network, 1000 Howard Avenue, New Orleans, LA 70113. (504) 523-3755 ext. 2917. (Manual)

Cry Pain, Cry Hope. An Opportunity for Interfaith Prayer in Response to the Crisis of AIDS. 1989: Interfaith Conference of Metropolitan Washington, 1419 V Street, N.W., Washington, DC 20009. (202) 234-6300. (Script)

Developing Your Church AIDS Policy. Crumb, D. 1992: AIDS Information Ministries, 6032 Jacksboro Highway, Suite 100, Fort Worth, TX 76136. (817) 237-0230. (Book)

An Early Journey Home: Helping Dying Children and Grieving Families. Froehlich, M.A. 1992: Baker Book House Company, P.O. Box 6287, Grand Rapids, MI 49516-6287. (616) 676-9185. (Book)

An Epistle of Comfort: Scriptural Meditations and Passages for Persons Suffering From AIDS. Dobbels, W.J. 1990: National Catholic Reporter Publishing, Inc., Sheed and Ward, P.O. Box 419492, Kansas City, MO 64141-6492. (816) 531-0538. (Book)

Face to Face: A Guide to AIDS Counseling. Dilley, J.W., et al., 1990: University of California San Francisco, AIDS Health Project, P.O. Box 0884, San Francisco, CA 94143-0884. (415) 476-6430. (Book)

For Those We Love: A Spiritual Perspective on AIDS. 1986: AIDS Ministry Program, the Archdiocese of Saint Paul and Minneapolis, Riverside Medical Center, 2450 Riverside Avenue, South, Minneapolis, MN 55454. (612) 672-4345. (Book)

The Gospel Imperative in the Midst of AIDS: Towards a Prophetic Pastoral Theology. Iles, R.H. 1989: Morehouse Publishing, 78 Danbury Road, Wilton, CT 06897. (203) 762-0721. (Book)

In the Midst of Winter. 1992: Pyramid Film and Video, P.O. Box 1048, Santa Monica, CA 90406. (310) 828-7577; (800) 421-2304. (Videorecording)

Leprosy in the Church Today: AIDS. Skol, R. and Skol, C. 1987: Exhortation Ministries, P.O. Box 433, Streamwood, IL 60107. (Paper)

Lights of Hope. Parra, R. 1991: CDC National AIDS Clearinghouse, P.O. Box 6003, Rockville, MD 20849-6003. (800) 458-5231. CDC NAC Inventory No. V035 (English); No. V036 (Spanish). (Videorecording)

Ministry to Persons With AIDS: A Family Systems Approach. Perelli, R.J. 1991: Augsburg Publishing House, P.O. Box 1209, Minneapolis, MN 55440. (612) 330-3300. (Book)

Mortal Fear: Meditations on Death and AIDS. Snow, J. 1987: Cowley Publications, 980 Memorial Drive, Cambridge, MA 02138. (617) 876-3507. (Book)

Nothing Can Separate Us From the Love of God. Help From the Scriptures for Coping With AIDS. 1989: American Bible Society, 1865 Broadway, New York, NY 10023. (800) 248-6571. Also available in Spanish. (Book)

Our Church Has HIV/AIDS: Respond to HIV/AIDS - A Presbytery Task Force. 1992: Presbyterian Distribution Management Service, 100 Witherspoon Street, Louisville, KY 40202-1396. (800) 524-2612. (Book)

Prayer Journey for Persons With AIDS. Nugent, R. 1989: Saint Anthony Messenger Press, 1615 Republic Street, Cincinnati, OH 45210. (513) 241-5615. (Book)

Praying With HIV/AIDS: Collects, Prayers & Litanies in a Time of Crisis. 1990: Forward Movement Publications, 412 Sycamore Street, Cincinnati, OH 45202. (513) 721-6659. Also available in Spanish. (Brochure)

The Presiding Bishop's National Day of Prayer for Persons Living With HIV/AIDS: Episcopal Church HIV/AIDS Resources. 1991: Episcopal Church Center, Joint Commission on AIDS, 815 2nd Avenue, New York, NY 10017. (212) 867-8400. Also available in Spanish. (Book)

RACE (Reducing AIDS Through Community Education). 1991: Southern Christian Leadership Conference/Women's Organization Movement for Equality Now, National AIDS Minority Information Education and Training Program, 330 Auburn Avenue, NE, Suite 216, Atlanta, GA 30303. (404) 681-2437. (Brochure)

Saving a Life: A Jewish Response to AIDS. Kahn, R.Y. 1990: Union of American Hebrew Congregations, 838 5th Avenue, New York, NY 10021-7046. (212) 249-0100. (Brochure)

Suggested Guidelines for Counselling Family Members of People With AIDS. Bender-Laitman, L. 1990: Union of American Hebrew Congregations, 838 5th Avenue, New York, NY 10021-7046. (212) 249-0100. (Brochure)

Suggested Guidelines for Counselling People With AIDS. Bender-Laitman, L. 1990: Union of American Hebrew Congregations, 838 5th Avenue, New York, NY 10021-7046. (212) 249-0100. (Brochure)

Teaching About AIDS. Flynn, E.P. 1988: National Catholic Reporter Publishing, Inc., Sheed and Ward, P.O. Box 419492, Kansas City, MO 64141-6492. (816) 531-0538. (Study Guide)

Ten Tips for an Enthusiastic Love & Action Volunteer Team. 1993: Love and Action Midwest, Inc., 107 S. Hi Lusi, Mt. Prospect, IL 60056. (708) 392-3123. (Fact Sheet)

A Time for Caring: A Pastoral Approach for Persons With AIDS. 1989: Lazarus Project. W. Hollywood Presbyterian Church, 7350 Sunset Blvd., Hollywood, CA 90046. (213) 874-6646. (Videorecording)

UAHC Committee on AIDS: An Annotated Bibliography of AIDS. Edelheit, J.A. 1990: Union of American Hebrew Congregations, 838 5th Avenue, New York, NY 10021-7046. (212) 249-0100. (Bibliography)

When AIDS Comes to Church. Amos, W.E. 1988: Westminster/John Knox Press, 100 Witherspoon Street, Louisville, KY 40202. (502) 569-5043 ext. 8022. (Book)

Why Me? 1993: American Scripture Gift Mission, P.O. Box 2126, Upper Darby, PA 19082; Scripture Gift Mission, 300 Steelcase Road West #32, Markham, L3R 2W2, Canada. (Book)

Worship Resource for HIV & AIDS Ministries. Brown, Ph.D., et. al. 1991: United Methodist Church, General Board of Global Ministries, Service Center, 7820 Reading Road, Caller No. 1800, Cincinnati, OH 45222-1800. (513) 761-2100. (Book)

National Religious AIDS Organizations

AIDS Advocacy in African American Churches, 110 Maryland Ave., NE, Washington, DC 20002. (202) 546-0807; (202) 546-5103. Contact: Jacquelyn Wilkerson.

AIDS National Interfaith Network, 110 Maryland Avenue, N.E., Suite 504, Washington, DC 20002. (202) 546-0807; (800) 288-9619. Contact: Ken South.

Christian AIDS Services Alliance, P.O. Box 3612, San Rafael, CA 94912-3612. (410) 268-3442. Contact: Brad Sargent.

Disciples of Christ AIDS Network, 747 N. Taylor Ave., Kirkwood, MO 63122. (314) 822-3296; (314) 772-2309.

Lutheran AIDS Network, Holy Cross Lutheran Church, 1165 Seville Drive, Pacifica, CA 94044. (415) 359-2710. Contact: Rev. Michael Pozar.

National Catholic AIDS Network, P.O. Box 422984, San Francisco, CA 94142-2984. (707) 874-3031; (707) 874-1433 (FAX). Contact: Rodney J. DeMartini, SM.

National Episcopal AIDS Coalition, 2025 Pennsylvania Ave., NW, #509, Washington, DC 20006-1813. (202) 628-6628. Contact: Ted Karpf.

Presbyterian AIDS Network, 747 N. Taylor Avenue, Kirkwood, MO 63122. (314) 822-3296; (314) 722-2309 (FAX). Contact: Peg Atkins.

Presbyterian AIDS Network, RD 1 Box 112, Fredrickstown, PA 15333. (412) 377-0728; (412) 323-2256 (FAX). Contact: Phil Jamison.

Union of American Hebrew Congregations, 6300 Wilshire Blvd., Suite 1730, Los Angeles, CA 90048. (213) 653-9962; (213) 653-9236 (FAX) or Temple Beth Chayim Chadashim, 6000 W. Pico Blvd., Los Angeles CA 90035. (213) 931-7023; (213) 931-1490 (FAX). Contact: Rabbi Marc Blumenthal.

United Church AIDS Network, Urbandale United Church of Christ, 7002 Oliver Smith Drive, Urbandale, IA 50322. (515) 276-0625. Contact: Pat de Jong. 1417 W. Olive Avenue, Chicago, IL 60660. (312) 935-8300; (312) 935-6199 (FAX). Contact: Chuck Seiner.

United Methodist AIDS Network, 475 Riverside Drive, Room 350, New York, NY 10115. (212) 870-3909; (212) 870-3873 (FAX).

Unitarian Universalist Association AIDS Program, 25 Beacon Street, Boston, MA 02108-2800. (617) 742-2100; (617) 523-4123 (FAX). Contact: Meg Riley.

Universal Fellowship of Metropolitan Community Churches AIDS Ministry, 5300 Santa Monica Blvd. #304, Los Angeles, CA 90029. (213) 464-5100; (213) 464-2123 (FAX). Contact: Rev. A. Stephen Pieter.

Additional Resources

The CDC National AIDS Hotline is open 24 hours a day, 7 days a week, 365 days a year to answer questions from the general public on HIV/AIDS. 1-800-342-AIDS; 1-800-344-7432 (Spanish); 1-800-243-7889 (deaf access/TDD).

Clergy and others can contact the CDC National AIDS Clearinghouse for assistance in organizing an HIV program, developing materials, or to order bulk materials at P.O. Box 6003, Rockville, MD, 20849-6003. 1-800-458-5231 (voice); 1-800-243-7012 (deaf access/TDD).

Other national organizations with a religion and HIV/AIDS initiative or focus:

Americans for A Sound AIDS/HIV Policy, P.O. Box 17433, Washington, D.C. 20041. (703) 471-7350. Contact: Shepard Smith.

The Congress of National Black Churches, 1225 Eye Street, N.W., Suite 750, Washington, D.C. 20005-3914. (202) 371-1091. Contact: Rev. Michael Lemons.

National Council of La Raza, 810 1st Street, NE, Suite 300, Washington, D.C. 20002-4205. (202) 289-1380, (FAX) (202) 289-8173.

10/93:B538



CDC National AIDS Clearinghouse

A Guide to Locating Information About Condom Efficacy and Use

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service

A Guide to Locating Information About Condom Efficacy and Use

Introduction

Recent studies provide compelling evidence that latex condoms are highly effective in protecting against HIV infection when used correctly and consistently for every act of intercourse. This guide was produced by the CDC National AIDS Clearinghouse as a tool to assist program developers and health educators in locating information about condom efficacy and use. It includes information about key reports, studies, and journals that highlight the scientific evidence about the ability of condoms to prevent HIV transmission. Both print and electronic resources are provided; availability information is included for each resource. For information about ordering materials that are available from the Clearinghouse, please call 1-800-458-5231 (voice); 1-800-243-7012 (TDD).

The guide also includes a list of organizations with expertise in this area. These groups conduct research on condoms as risk reduction tools or provide condom education to the target audiences that they serve. Many are willing to provide assistance to others who are planning condom education programs.

Key Subject Terms

When conducting research in libraries or using online resources, the use of certain terms will help you formulate your search. Since much of the literature on condoms has been published in journals and books that focus on contraception, several of the terms below are drawn from the field of family planning.

- AIDS (Disease)
- Barrier methods
- Condom
- Contraception
- Contraceptives
- HIV Infection
- HIV Prevention
- Human Immunodeficiency Virus
- Safer Sex
- Sexually Transmitted Diseases
- Sexually Transmitted Disease--Prevention

1. Selected Reference Resources

"Update: Barrier Protection Against HIV Infection and Other Sexually Transmitted Diseases," Morbidity and Mortality Weekly Report, Centers for Disease Control and Prevention, August 6, 1993, Vol. 42, No. 30, 589-597, available from the CDC National AIDS Clearinghouse, inventoryno. D445.

This report describes laboratory and epidemiologic findings regarding the effectiveness of condoms in the prevention of HIV infection and other STDs. Data from these studies indicate that in heterosexual couples in which one partner is HIV positive and the other is HIV negative, use of a latex condom substantially reduces the risk for HIV transmission. An Editorial Note describing proper condom use and methods for prevention of HIV infection is also included. Facts About Condoms and Their Use in Preventing HIV Infection and Other STDs, July 1993, Centers for Disease Control and Prevention, Available from the CDC National AIDS Clearinghouse, inventory no. D444.

This fact sheet summarizes recent studies that provide compelling evidence that latex condoms are highly effective in protecting against HIV infection when used properly for every act of intercourse. It also includes a list of steps for correct use of condoms, addresses common myths about condom use, and discusses other HIV prevention strategies.

Hatcher, Robert, A., et al. Contraceptive Technology, 1990-1992 edition available from Bridging the Gap, 1014 Sycamore Dr., Decatur, GA 30032, (404) 373-0530. 1994-1996 edition will be available in January 1994.

This comprehensive biannual guide to contraception, provides background information on all methods of contraception. The 1990-1992 edition includes information on condoms and their use in preventing the transmission of HIV.

The Facts (series of fact sheets from the Center for Population Options, 1025 Vermont Ave., NW, Suite 200, Washington, DC 20005, (202) 347-5700. These fact sheets provide concise information on condom use and include bibliographies.

Adolescents, HIV and Other Sexually Transmitted Diseases, May 93 Condom Efficacy and Use Among Adolescents, January 1993 Adolescents and Condoms, October 1991 Adolescent Contraceptive Use, June 1990 Adolescent Sexuality, Pregnancy and Parenthood, December 1993

Bao, D., Thorne, B., Condom Educator's Guide, Condom Resource Center, Oakland: 1991. P.O. Box 30564, Oakland, CA 94604, (510) 891-0455.

This monograph gives advice to college students educating their peers about safer sexual conduct and HIV infection. It provides detailed information about different types of condoms and how to use them, with emphasis on behavior modification and the importance of attitudes.

Population Reports, "Condoms-Now More Than Ever," Population Information Program Series H, No. 8, September 1990; available from Population Information Program, Center for Communication Programs, Johns Hopkins School of Hygiene and Public Health, 111 Market Place, Suite 310, Baltimore, MD, 21202. (410) 659-6336 or -6337; Fax (410) 659-6266.

This issue of Population Reports provides an excellent overview of condom education worldwide and includes an extensive bibliography. Articles cover a broad range of topics related to condom use in developed and developing countries; efficacy in prevention of STDs and pregnancy; promotional methods with respect to different audiences and challenges, and examples of successful marketing; counseling on condom use; increasing availability; national condom standards; and steps in the development of new types of condoms for men and women. It includes an illustrated cut out flyer on correct condom use and statistics on condom use for family planning and efficacy in prevention of pregnancy.

2. Key Journals and Newsletters

Current information on HIV/AIDS research studies and findings is frequently published in journals, newsletters and newspapers. The following publications regularly address questions relating to condom efficacy and use. They can be found in most university and medical libraries.

Contraceptive Technology Update

This monthly newsletter for health professionals provides information and analysis about contraception, prevention of STDs and pregnancy, counseling, product labeling, education, federal funding, and group behavioral studies. Articles include educational materials reviews, legislation analysis, quarterly STD update, and a question and answer section. Available from American Health Consultants, Inc., 3525 Piedmont Road, Building 6, Suite 400, Atlanta, GA 30305. (800) 688-2421; (404) 262-7436.

FDA Drug Bulletin

The Food and Drug Administration's monthly bulletin reviews new drugs and medical devices (including condoms) approved by the FDA, and evaluates drug treatment and effects. Available from FDA Drug Bulletin, Circulation Dept., HFI-43, 5600 Fishers Lane, Rockville MD 20857. (301) 443-3220.

Family Planning Perspectives

A bi-monthly journal, *Family Planning Perspectives* includes articles, book reviews, letters, digests and program spotlights. Research articles about the United States and the developed world are intended to be of practical assistance to professionals in the fields of family planning, population studies and maternal and child health. A quarterly journal, *International Family Planning Perspectives*, includes articles about developing countries covering contraceptive practice, and research; fertility levels; trends and determinants; public policies and legal issues; STDs; and reproductive maternal and child health. Both journals are available from the Alan Guttmacher Institute, 111 Fifth Ave., New York, NY, 10003. (212) 254-5656; Fax (212) 254-9891.

Network

Network is a quarterly journal, published in English, Spanish, and French, for health professionals covering contraceptive development, family planning, reproductive health, and AIDS prevention around the world. Available from Family Health International, P.O. Box 13950, Research Triangle Park, NC 27709. (919) 544-7040; Fax (919) 544-7261; Telex 579442.

Population Reports

These topic-focused reports cover family planning and population information in the United States, Europe, and developing countries. All aspects of family planning and contraception, including specific methods, correct use, efficacy in preventing STDs and pregnancy, counseling, and the impact of family planning on fertility, family planning programs, youth and education are covered. Some issues of *Population Reports* are available in Arabic, French, Portuguese, and Spanish. Series H and L deal with STDs, contraception, and AIDS. Available from Population Information Program, Center for Communication Programs, Johns Hopkins School of Hygiene and Public Health, 111 Market Place, Suite 310, Baltimore, MD 21202 (410) 659-6336 or 6337; Fax (410) 659-6266.

SIECUS Report

Contraception, sexuality, AIDS and other STDs are covered in this bimonthly report. Issues include stories, publication reviews, fact sheets, listings of educational resources, and a conference calendar. Available from the Sex Information and Education Council of the United States, 130 West 42nd Street, Suite 2500, New York, NY, 10036 (212) 819-9770.

3. Print and Electronic Indexes to Journals

Print, CD-ROM, and online databases are available to help locate articles in the journals and newsletters described above as well as in other periodicals. The print indexes described below can be found in most public libraries; the online databases are available in some public libraries and in most university and medical libraries.

Print Indexes

SIRS (Social Issues Resources Series) is an informational service, released monthly, covering AIDS and other social science questions of high visibility. Each edition includes an index and the full text of 1-5 articles per month.

Readers Guide to Periodical Literature is a monthly index to popular literature. Topics of articles can be searched by subject headings.

CD-ROM Indexes

Magazine Index (TM), Magazine Article Summary (TM), and Infotrac (TM) are CD-ROM article summary services of popular literature that are updated monthly. They can be searched by author, title, journal, or keyword; publication information and abstract can be printed directly from the computer screen.

Online Databases

The following databases can be searched to find articles about condoms in journals, conference proceedings, reports, and monographs. Consult your university or public librarian for additional information on these and other electronic resources. A list of commercial vendors that make these databases available is included following the descriptions.

AIDS Daily Summary

Provided by the CDC National AIDS Clearinghouse, this service provides summaries of AIDS-related articles from major newspapers and journals. The AIDS Daily Summary is available online to registered users (organizations working in the fields of AIDS prevention, research, support and care) of NAC ONLINE, the CDC National AIDS Clearinghouse's electronic network. Searches of the AIDS Daily Summary are available free by calling a reference specialist at the CDC National AIDS Clearinghouse. Call 800-458-5231 to inquire about becoming a registered user or to obtain a free search.

CDC National AIDS Clearinghouse Educational Materials Database

The CDC National AIDS Clearinghouse Educational Materials Database is a collection of information about 12,000 hard-to-find print and audiovisual materials that can be used in AIDS education programs, including those that focus on risk reduction strategies. The database is available online to registered users of NAC ONLINE. Searches are available free by calling a reference specialist at 1-800-458-5231.

AIDSLINE Database

Produced by the National Library of Medicine (NLM), this database covers AIDS-related literature from 1980 to the present and is available in print as the AIDS Bibliography. The database covers biomedical, epidemiological, social, and behavioral aspects of the disease as well as health policy issues. AIDSLINE also includes abstracts from International Conferences on AIDS. For information about obtaining access to AIDSLINE through NLM's MEDLARS system, call 1-800-638-8480. AIDSLINE can also be accessed using NLM's Grateful Med, a user-friendly software package available from the National Technical Information Service at (800) 423-9255. AIDSLINE is also available from DIALOG, Data-Star, BRS (see below for phone numbers).

POPLINE (Population Information Online)

Made available through the National Library of Medicine, POPLINE consists of citations, with abstracts, from the following sources: Center for Population Options, Johns Hopkins University; Carolina Population Center, University of North Carolina; Center for Population and Family Health, Columbia University; and the Office of Population Research, Princeton University. POPLINE includes citations from 1970 to date from the worldwide literature on population, family planning and family-related health care, law, and policy issues including contraceptive methods and AIDS in developing countries. It covers journals, monographs, and technical reports. POPLINE is available on MEDLARS (800) 638-8480 and in CD-ROM, from SilverPlatter (see below for phone number).

PsycInfo/Psychological Abstracts

Produced by the American Psychological Association, this database provides access to the international literature in psychology and related behavioral sciences from 1967 to the present. PsycInfo/Psychological Abstracts is available on DIALOG, BRS, and DataStar; PsycLIT, a CD-ROM version is available from SilverPlatter (see below for phone numbers).

	Online Database Vendors	
DIALOG	AIDSLINE; PsycINFO	(800) 334-2564
BRS	AIDSLINE-closed June 1992; Psychological Abstracts; Sociological Abstracts	(800) 289-4277
Data-Star	AIDSLINE; Psychological Abstracts	(800) 221-7754
Silver Platter (CD-ROM)	POPLINE	(800) 874-1130

4. Resource Organizations

****American College Health Association**

P.O. Box 28937 Baltimore, MD 21240-8937 (410) 859-1500

The American College Health Association is a professional association which focuses on health promotion to students and other members of the college community. It offers continuing AIDS education programs for health professionals and students, faculty, and college administrators; coordinates safer sex and AIDS prevention programs; publishes newsletters, reports, and educational materials including a list of condom machine manufacturers and installers; and maintains an extensive library.

American Social Health Association

National STD Hotline P.O. Box 13827 Research Triangle Park, NC 27709 (800) 227-8922

The American Social Health Association's National STD Hotline provides basic information about sexually transmitted diseases to the general public, as well as free literature and referrals.

****Center for Population Options**

1025 Vermont Ave., NW. Ste. 210 Washington, DC 20005 (202) 347-5700

The Center for Population Options (CPO) seeks to improve adolescent decision-making through life planning and other sexuality education programs; to promote access to comprehensive health care, including family planning, through school-based and other community-based clinics; and to prevent the spread of HIV and other sexually transmitted diseases among adolescents. CPO operates the **National School Condom Availability Clearinghouse** which maintains information about current school condom availability programs, programs that are in development, and those that have been rejected. Staff provide technical assistance to individuals and school districts in the areas of program design, implementation, and evaluation.

****Condom Resource Center**

P.O. Box 30564 Oakland, CA 94604 (510) 891-0455

The Condom Resource Center is dedicated to reducing the incidence of sexually transmitted diseases, including AIDS, and unintended pregnancy by increasing the proportion of sexually active persons who use condoms. It sponsors National Condom Week and provides outreach education, technical assistance, and print and audiovisual materials.

Alan Guttmacher Institute

111 5th Ave. New York, NY 10003 (212) 254-5656

The Alan Guttmacher Institute is a nonprofit organization that provides research findings and policy analysis in the areas of family planning and reproductive rights.

**Indicates that the organization is willing to provide assistance in developing condom education programs.

Mariposa Education and Research Foundation

3123 Schweitzer Dr. Topanga, CA 90290 (818) 704-4812

The Mariposa Education and Research Foundation is a nonprofit organization involved in research and prevention of sexually transmitted disease, in general, and AIDS in particular.

National Collegiate AIDS Network

HAVOC Director 321 South Jordan Ave. Bloomington, Indiana 47401 (812) 332-2092

The National Collegiate AIDS Network's goal is to serve as an avenue by which institutions of higher learning across the United States and agencies which serve them can exchange information, ideas, and resources on HIV/AIDS concerns among the college student population. The Network publishes a newsletter three times per year.

****Planned Parenthood Federation of America**

810 7th Ave.
New York, NY 10019
(212) 541-7800 (national headquarters)
(800) 230-PLAN (automatic connection to the nearest local affiliate)

The Planned Parenthood Federation of American (PPFA) is a federation of family planning organizations nationwide that provide reproductive health care and sexuality education. PPFA affiliates provide educational materials, safer sex counseling, referral services, and community education. Most PPFA affiliates offer anonymous and/or confidential HIV testing counseling. PPFA staff can provide technical assistance in launching condom information and promotional campaigns. Some affiliates house resource centers with condom education information.

**Sex Information and Education Council of the US

130 West 42nd St, Suite 2500 New York, NY, 10036 (212) 819-9770

The Sex Information and Education Council of the U.S. (SIECUS) was founded to provide information and education on family life and related issues to health care professionals, educators, policy makers, students, and the general public. SIECUS provides technical assistance with the implementation of condom promotion campaigns and events; conducts workshops on issues related to sexuality and HIV/AIDS; maintains a library containing a major collection of AIDS and sexuality-related resources; and provides educational materials and bibliographies.

5. Other Resources

The following are other resources to consider when planning condom education activities:

- AIDS service organizations and other community organizations in your local area that already provide AIDS prevention education or sexuality education. Call the CDC National AIDS Clearinghouse for information about local AIDS service organizations.
- Major manufacturers of condoms in the U.S.
- State and local health departments for technical assistance and materials for use in condom education programs.

**Indicates that the organization is willing to provide assistance in developing condom education programs.

Appendix 9: AIDS Education General Information System (AEGIS)

AIDS information projects can benefit from the resources available through the AIDS Education General Information System's bulletin board network. This appendix describes the components of AEGIS.

AEGIS - HIV/AIDS INFORMATION BBS.

Modem phone (714) 248-2836 Internet address: mary.elizabeth@aegis.hivnet.org

This comprehensive information collection is current and easily accessible; simply stated, this is one of the best. HIV/AIDS Information BBS serves as the central hub of the AEGIS (AIDS Education General Information System) network which links AIDS-related bulletin boards and networks in many U.S. and Canadian cities, and in Africa, Asia, Australia, and Europe. A complete list of the AEGIS affiliates is included at the end of this document.

As with many bulletin board systems, HIV/AIDS Information BBS consists of two basic parts: a message area and a file area. The message area allows you to read and write messages, either to public, subject-specific conferences, or privately to other AEGIS users through electronic mail. The AEGIS public conferences available are AIDS.DATA, AIDS.DIALOGUE, AIDS.DRUGS, AIDS.NEWS, AIDS.SPIRITUAL, AIDS.TRIALS, and AIDS.WOMEN. Users can post relevant information, ask questions, or simply read what others have written. In addition to these AEGIS conferences, the system makes available: HIVNet (which is a European sister organization to AEGIS, with conferences in French, German, and Dutch); FidoNet conferences AIDS/ARC, AIDS-HIV, ACTUP, and THE WHITE HOUSE; as well as the Internet Newsgroups sci.med.aids and bionet.molbio.hiv. (Some of these conferences are read-only for users of HIV/AIDS Information BBS.)

The second component is the files area. Known on this system as Online Library Services, it has over 140,000 files available for reading immediately or for downloading (transmitting to your computer for use later), with hundreds of new files added each month. These files include information on current AIDS-related treatment, research, epidemiology/surveillance, education/prevention, etc., available from the U.S. Public Health Service, National Institutes of Health, National Institute of Allergies and Infectious Diseases, Food and Drug Administration, Centers for Disease Control, National AIDS Information Clearinghouse, and National Library of Medicine. Several newsletters are available, including AIDS TREATMENT NEWS, Being Alive, Critical Path AIDS Project, STEP Perspective from Seattle Treatment Education Project, and Treatment Issues from Gay Men's Health Crisis. Information is also available from major newspapers and wire services. Other resources include conference proceedings, research abstracts, an AIDS bibliography for books in print, a glossary of AIDS-related terminology, an introductory course in AIDS, and a listing of AIDS support organizations.

This is only a brief overview of the some of materials available. To make the information more accessible, a keyword search is provided. Users can search most of the databases using up to ten keywords, which can be combined using the operators 'and', 'or', and 'not'. After the search, the results are presented and the user is given the choice of viewing the text immediately, or downloading the files for reading later.

We encourage people to connect with this system to explore it for themselves. Callers have immediate free access to the bulletin board, though each caller is limited to 40 minutes per call, 6 calls daily because the demand is high. Callers who wish to remain anonymous may log on as "aids info," but then they can only read information; it is necessary to register to get permission to write to the conferences. Once connected, we strongly recommend reading the notice for first-time callers, available from the main menu. It provides some important information regarding the use of this system. If you have difficulty or questions, you may contact the system operator, Mary Elizabeth, by voice telephone at 714/248-5843 (9 am to 4 pm Pacific time). She is willing to provide whatever assistance may be necessary.

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Global Electronic Network for AIDS (GENA) AEGIS--GayCom--GCL--GreenNet--GSN--HIVNET--PrideNet--StudsNet 05/29/94

UNITED STATES

Alabama Torch Song BBS (SNet 1:3602/69) 205.328.1517 Sysop: Phil Tidwell Location: Birmingham

California AEGIS/America (1:103/927) Sysop: Mary Elizabeth Internet: mary.elizabeth@aegis.hivnet.org

The Clovis Co of Fresno (AEGIS 1:205/48)209.323.7583Sysop: Rod JessenLocation: ClovisFeed: 1:2608/311

The Hiding Place (AEGIS 1:125/3110)707.887.1341Sysop: Doug OlsonLocation: Forestville

Special Times BBS (GaySubNet 1:102/528) 213.665.9486

Sysop: Kevin Walker

Location: Hollywood

The Silent Partner BBS Sysop: Jim Schooler 818.832.4585 Location: Los Angeles

Stephanie's Playhouse (AEGIS 1:202/1824)619.569.8788Sysop: Stephanie AndersonLocation: San Diego

Fog City BBS (GayCom 207:1/5; 1:125/100)415.863.9697Sysop: Bill EssexLocation: San Francisco

STUDS BBS (STUDSnet 1:125/572)415.495.2929Sysop: Hans Von BraunLocation: San Francisco

The Sprawl (1:102/903) Sysop: John Schofield 818.342.5127 Location: Tarzana

THE ART GALLERY - SOUTH BBS (StudsNet)310.791.7278Sysop: Mike ReevesLocation: Torrance

Colorado

The Colorado Leather Company (PrideNet 156:1850/3)303.399.4385Sysop: Robert SchlupLocation: Denver

The Denver Exchange (1:104/909)303.623.4965Sysop: James CraigLocation: DenverRegional Hub and GayComm Gateway (201:1/4; 201:1/12)

Telepeople (AEGIS 1:104/69)303.426.1866Sysop: Marshall BarryLocation: Denver

Connecticut AEGIS/Connecticut (AEGIS 1:141/650) 203.624.8990 Sysop: Kenny Teel Location: New Haven Regional Hub Lifestyles (GAY) BBS (GCL 1:141/107) 203.481.4836 Sysop: Rick Sande Location: Branford Rainbow View - AEGIS/Danbury (1:141/991) 203.744.0179 Sysop: Bill Hausler Location: Danbury The Nursing Network (AEGIS 1:141/896) 203.237.1131 Sysop: Michael Rostock Location: Meriden LambdaConn Health AEGIS/Milford (AEGIS 1:141/215) 203.877.6667 Sysop: Jeffrey Lizotte Location: Milford Chrometics (AEGIS 1:141/755) 203.270.8676 Sysop: Tom Ruddy Location: Newtown The Soft Parade (AEGIS 1:141/485) 203.924.5603 Sysop: Mike Robinson Location: Shelton Emerogronican BBS (AEGIS 1:141/666) 203.949.0189 Sysop: Steve Ambrossini Location: Wallingford The Vampire Connection (AEGIS 1:141/808) 203.269.8313 Sysop: The Vampire Lestat Location: Wallingford District of Columbia The Baobab (APC 1:109/151) 202.296.9790 Sysop: Bob Barad Location: Washington, D.C. Internet: sysop@baobab.fidonet.org Florida The Beach Board BBS (1:371/1) 813.337.5480 Sysop: Dave Ward Location: Fort Myers Northeast Florida AIDS Network (AEGIS 1:112/1612) 904.358.2854 Sysop: David Gano Location: Jacksonville The Mineshaft BBS (StudsNet 305.477.0550 Sysop: Teddy Bear Location: Miami Compu-Link (GaySubNet 1:363/1571) 407.240.7952 Sysop: Bill Wenzel Location: Orlando Medical Center of Excellence (AEGIS 1:3600/3) 904.431.1913 Sysop: Bill Mathews Location: Raiford Aftermidnite BBS (AEGIS 1:3603/103) 813.823.3163 Sysop: Dell Edwards Location: St. Petersburg

Does Your Mother Know (iGIS 1:137/406) 813.484.0673 Sysop: Al Anderson Location: Venice Georgia Trash Shack BBS (AEGIS 1:133/518) 404.320.0026 Sysop: Clifford Deans Location: Atlanta Zap (GaySubNet 1:3611/6) 912.788.6811 Sysop: Robin Stacy Location: Macon Illinois Scandal's (GaySubNet 1:115/266) 708.356.5633 Sysop: Roger Hyttinen Location: Lake Villa Kentucky The Backstreet 502.459.2870 Sysop: Tony Myers Location: Louisville Maryland Info Connection (AEGIS 1:109/561/PrideNet 156:2600/0) 301.937.6704 Sysop: Steve Deller Location: Beltsville The Honey Board CBCS (AEGIS 1:109/543) 301.933.1467 Sysop: Heather James Location: Wheaton Massachusetts The Den (AEGIS 1:101/225) 617.662.6969 Sysop: Ray Gouin Location: Melrose The Lighthouse (AEGIS 1:322/605) 508.892.8857 Sysop: George Lafreniere Location: Leicester The Foundation BBS (AEGIS 1:322/732) 508.797.9563 Location: Worcester Sysop: Phil Collins Michigan Auburn Hills Hub (AEGIS/Michigan 1:120/2310) 810.852.4444 Sysop: Jeff Bonner Location: Auburn Hills Minnesota DRAGnet (AEGIS 1:282/1007) 612.753.1943 Sysop: Gordon Gillesby Location: Andover Carolyn's Closet (AEGIS 1:282/3015) 612.891.1225 Location: Apple Valley Sysop: Carson Kimble Missouri Doc in the Box (AEGIS 1:289/8) 314.893.6099 Sysop: Mark D. Winton Location: Jefferson City Internet: mwinton@med.itc.com Boardrooms to Bedrooms BBS (PrideNet 156:2850/1) 816.483.7018 Sysop: Terry Goodlett Location: Kansas City

ARC ANGEL EXPRESS (AEGIS 1:284/7) 417.864.4573 Sysop: Charlie Munhollon Location: Springfield New Jersev The Underground BBS (AEGIS 1:107/425) 908.262.9666 Sysop: David Brian Location: Bricktown gLiTcH (GayCom 207:1/4; FidoNet 1:2605/633) 908.968.7883 Sysop: JOD Location: Piscataway New York Access BBS (AEGIS 1:267/136) 518.885.4192 Sysop: Maureen Allen Location: Ballston Spa Brooklyn College ONLINE! (AEGIS 1:278/0) 718.951.4631 Sysop: Howie Ducat Location: Brooklyn The Backroom (GayCom 207:1/1) 718.951.8256 Sysop: Tiger Tom Location: New York Queer ConX (PrideNet 1:278.504@fidonet) 212.780.9475 Sysop: Derek Felska Location: New York SOTB BBS (AEGIS 1:272/113) 914.723.3397 Sysop: Lyssa Wess Location: Scarsdale North Carolina Swamp Ward (AEGIS 1:3660/814) 919.751.2324 Sysop: Mike Whatley Location: Goldsboro Connie's Corner RyBBS (1:3660/850) 919.527.6194 Sysop: Connie Anne Location: Kinston, NC Oklahoma The Looking Glass BBS (AEGIS 1:170/706) 918.838.7575 Sysop: Arnie Holder Location: Tulsa Pennsylvania Black Bag Medical BBS (AEGIS 1:273/701) 610.454.7396 Sysop: Edward Delgrosso Location: Collegeville Regional Hub (1:278/0) Internet: ed@blackbag.com P.A.& W. BBS (AEGIS 1:129/228) 412.381.6878 Sysop: Doug Segur Location: Pittsburgh Feed: 1:2608/31 Rhode Island GAYtway (GayCom 207:1/20 401.739.1380 Sysop: Location: Providence Texas River City Mailbox (GaySubNet 1:382/4) 512.327.5376 George Sharpe Location: Austin

The Super Collider Project 409.833.8583 Sysop: Patrick Presley Location: Beaumont Puss-N-Boots (AEGIS 1:124/3103) 214.437.0688 Sysop: Aaron Davis Location: Grand Prairie Feed: 1:130/55 Murphy's Law (PrideNet 156:370/0; 1:106/365) 713.584.0348 Sysop: Gregg Holland Location: Houston AIDS Chat Line (AEGIS 1:130/55) 214.256.5586 Sysop: John Pfeifer Location: Irving Hub (1:124/3103) Lambda World BBS (GaySubNet 1:387/330) 210.732.6451 Sysop: Jay Smith Location: San Antonio Virginia A New Day BBS (AEGIS 1:2621/15) 804.736.8688 Sysop: Maynard Ernest Location: Keysville Washington Capitol Hill BBS (PrideNet 156:3950/1) 206.322.6725 Sysop: John Murrow Location: Seattle Seattle AIDS Info BBS (AEGIS) 206.323.4420 Sysop: Steve Brown Location: Seattle Wisconsin The Back Door BBS (GayCom 207:1/108) 414.744.9336 Sysop: Paul Parkinson Location: Bay View **OVERSEA CONNECTIONS** ------AFRICA -----Cite d'iroire (Ivory Coast) [French] Acos BBS (APC 5:7721/1) +225.20.5111

Sysop: Joseph Mayega Location: Abidjan Internet: sysop@adbabjacos.gn.apc.org Kenya [English]

Elc (APC 5:731/1) +254.2.567043 Sysop: Doug Rigby Location: Nairobi Internet: sysop@elci.gn.apc.org

Unics (APC 5:731/100 a/k/a 5:731/4 +254.2.561000 Sysop: Shem Ochuodho Location: Nairobi Internet: shem@arcc.gn.apc.org

Senegal [French] Enda (APC/GreenNet 5:7711/1) +221.21.7627Sysop: Moussa Fall Location: Dakar Internet: endadak.gn.apc.org Enda (APC/GreenNet 5:7711/1.25) 011.221.21.7627 Sysop: Kate White Location: Dakar Ethiopia Padisnet (APC/GreenNet 5:751/1) +251.1.514412 Sysop: Lishan Adam Location: Addis Ababa Internet: sysop@padis.gn.apc.org Mozambigue [Portuguese] Afroline (APC 5:7221/1) +258.1.415303Location: Maputo Sysop: Helder Santos Internet: sysop@afroline.gn.apc.org South Africa Worknet (APC/GreenNet 5:7101/26) +27.11.484.3724Sysop: Simone Shall Location: Johannesburg Internet: sysop@worknet.apc.org Tunisia [Arabic] Enda-Arabe (APC 5:7911/1) +216.1.70.1827Sysop: Michael Cracknell Location: Tunis Internet: sysop@enda-arabe.gn.apc.org Uganda Makerere University (APC 5:7321/1) +256.41.532440Sysop: Charles Musisi Location: Kampala Internet: sysop@mukla.gn.apc.org Zambia Unza (APC/GreenNet 5:761/1) +260.1.252892Sysop: Mark Bennett Location: Lusaka Internet: sysop@unza.gn.apc.org Zimbabwe Mango (APC/GreenNet 5:7211/1) +263.4.738692Sysop: Rob Borland Location: Harare Internet: sysop@mango.apc.org ASIA: APC/GreenNet India Live Wire BBS (APC 6:606/1) +91.22.5787812 Sysop: Suchit Nanda Location: Bombay Internet: sysop@inbb.gn.apc.org Philippine Islands E-Mail Center (APC 6:751/401) +63.2.921.9976

Sysop: Roberto Verzola Location: Quezon City Internet: sysop@phil.gn.apc.org Thailand Ccan (APC 6:608/3) +662.208.9373Sysop: Yongchai Jerdampai Location: Bangkok Internet: sysop@ccan.gn.apc.org AUSTRALIA Oueensland Atom BBS (PrideNet 3:640/813) 011.61.7.288.6643 Sysop: Wayne Dallachy Location: Ipswich CANADA ----Alberta Connections BBS (AEGIS 1:134/32) 403.234.7169 Sysop: Matthew T. Lewis Location: Calgary, AB Regional Hub The Polish Pickle (AEGIS 1:134/151) 403.259.5439 Sysop: Neil Bamford Location: Calgary, AB Rainbow Connection (íGIS 1:134/172) 403.244.0794 Sysop: Brent Rector Location: Calgary, AB British Columbia Lambda Speaks BBS (1:153/756) 604.681.3667 Sysop: Warren Cox Location: Vancouver Ontario Villa Gryphus (GaySubNet 1:244/106) 905.545.5013 Sysop: Kelly Ryan Location: Hamilton Mother's Board (1:243/38; 207:1/203; 250:1/1) 613.728.4122 Sysop: Perry Davis Location: Ottawa Life is a Journey (La'Net 250:1/3) 613.729.5930 Sysop: John Harnick Location: Ottawa The Gay Blade (GayCom 207:1/202; 1:250/214) 905.882.4800 Sysop: Phil Dermott Location: Thornhill Ouebec S-TEK (GayCom 207:1/201) 514.597.2409 Sysop: Eric Blair Location: Montreal EUROPE -----Belgium

euro carrefour SantÇ (2:512/186) Sysop: Peter Kauffman

Carrefour SantÇ (2:293/3211) Sysop: Philippe Rasquinet

Czech Republic Econnect (APC 2:424/10) Sysop: Vojta Kment Internet: sysop@ecn.gn.apc.org

+42.2.802908 Location: Csfr Prague

Location: Leeuwarden

Location: Marchienne

France [French] HIVNET/Jean-Luc Dalou (2:320/303) Sysop: Jean-Luc Dalou Location: Paris

Globenet (APC 2:320/211) Sysop: Assad Kondakji I Internet: sysop@globenet.gn.apc.org

+33.1.45806556 Location: Paris

Germany [German] HIVNET (2:2410/205) Sysop: Joerg Schulze

A&M Soft (2:2410/202) Sysop: Michael Vogt

Kumpelnest BBS (2:242/1205.3 Sysop: Matthias Ganick

Null Device (Matrix 2:2410/200) Sysop: Karsten Ebeling

Krypta.UUCP (Matrix 2:2410/208) Sysop: Alexandros Gougousoudis

Macchiavelli BBS (2:242/1234) Sysop: Marco Kratzenberg

Access BBS (2/244/1312) Sysop: Alexander Mangold

Nice Bitts BBS (2:244/1164) Sysop: Stephan Grosse

SGBB BBS (2:2403/43.5) Sysop: Thomas Blaesing

Medical System (2:246/63) Sysop: Arnulf Bultmann

Infopool Stuttgart IPS (2:246/1817) Sysop: Roland Teich Lo

The Organpipe BBS (2:243/7011)

49.30.4542605 Location: Berlin

49.30.3915186 Location: Berlin

49.30.4026340 Location: Berlin

49.30.742.2535 Location: Berlin

> 49.30.817.5954 Location: Berlin

49.30.452.1380 Location: Berlin

49.6104.797283 Location: Frankfurt

49.69.4960751 Location: Frankfurt

49.40.8505958 Location: Hamburg

49.89.295223 Location: Muenchen

) 49.7152.56330 Location: Rutesheim

49.2051.56866

Prague

011.31.58.122512

011.32.71.518162

33.1.42544519

Location: Velbert Sysop: Michael Smetten Manbox Nuernberg (2:2490/2069) 011.49.9129.9621 Sysop: Frank Schwarz Location: Wendelstein Ireland Toppsi (APC 2:263/151) +353.1.6711047Sysop: David Doyle Location: Dublin, Ireland Internet: sysop@toppsi.gn.apc.org Italy [Italian] FantOZZY - la "barracca" (PNet 91:1/1 (Mail Only) 39.81.8701576 Sysop: Alfonso Martone Location: Castellammare di Stabia Senza Confine (Pnet) +39.733.236370Location: Macerata Sysop: Andrea Sannucci Wolfnet Point's Line (APC 2:332/602) +39.50.589050Location: Pisa Sysop: Cesare Dieni Internet: sysop@wolfnet.gn.apc.org The Netherlands BIB (2:500/279) 31.5437.74203 Sysop: Freek Kempink Location: Aalten Chaps in Paradise! (25:250/504; FidoNet 2:2801/29) 31.20.6633546 Sysops: Martijn Wismeijer Location: Amsterdam HIVNET (2:280/413) 31.20.6647461 Sysop: Tjerk Zweers Location: Amsterdam ArtNet (2:280/204) 31.20.6163698 Location: Amsterdam Sysop: Martin Cleaver Utopia (2:280/308) 31.20.6273860 Sysop: Felipe Rodriquez Location: Amsterdam PCN (2:280/415) 31.20.6962860 Sysop: John Kessel Location: Amsterdam Broomcupboard (2:500/296) 31.20.6362575 Sysop: Jochem Broers Location: Amsterdam HIVNET Testlab (2:280/419) 31.20.6125918 Sysop: Matthew Lewis Location: Amsterdam Internet: matthew@nl.hivnet.org Dutch Health BBS (2:500/211) 31.55.337951 Location: Apeldoorn Sysop: Ruud vd Linden

> 31.4990.60548 Location: Breugel

MadCat's (2:284/120)

Sysop: Lodewijk Otto

HIVNET (2:284/306)

31.45.231754

Sysop: Lucas Vermaat

CommPoort (2:281/403) Sysop: Dennis Hammerstein

HIVNET Rijnmond (HIVNET 2:286/117) Sysop: Nico Hollander Location: Rijnmond

31.01880.45978 nond

31.71.124350

Interface (2:281/506) Sysop: Ron Huiskes

HIVNET (2:285/818) Sysop: Simon Bignell

Bommel's BBS (2:285/800) Sysop: Nitz Neder-Helman 31.10.4700939 Location: Schiedam

31.70.3361380

31.10.2130501

Location: Heerlen

Location: Rijswijk

Location: Rotterdam

Location: Leiden

The Helpdesk BBS (2:285/251) Sysop: Freerk Westera

+31.13.350529 Location: Tilburg

+38.61.218663

011.46.8.326152

Abm BBS (APC 2:380/102) +38. Sysop: Dalibor Cerar Location: Ljubljana Internet: sysop@abm.gn.apc.org

Sweden

Slovenia

Night Owls of Linkoeping (2:204/426)011.46.13.143828Sysop: Johan OlofssonLocation: Linkoeping

TGT The Gay Telegraph (HIVNET 2:201/2106) Sysop: Robin Nyman Location: Stockholm

Location: Stockholm

Switzerland HIVNET Zuerich (2:301/724) Sysop: Manuel Vincenz

011.41.1.241.15.39 Location: Zuerich

United Kingdom [English] POS+NET/HIVNET (2:25/555) Sysop: Ron Dixon

44.81.6956113 Location: London

Spartacus (2:255/27) Sysop: Barry Kingston-Wyatt

Dataserve Systems BBS (2:440/23) Sysop: Graham Jenkins

Gnfido (2:254/70) Sysop: Karen Banks

Out BBS (2:441/55) Sysop: Damien Marcus

Quadris Technics (2:441/99) Sysop: Michael Pereira Location: Frome, Somerset

03.273.509152

44.795.590170 Location: Faversham Kent

44.71.608.1899 Location: London

44.71.490.8493 Location: London

44.81.649.9408 Location: London

Appendix 10: Resource Guide

AIDS information projects can use the materials and resources listed in the following guide as they set up their own projects. The Resource Guide is divided into these five sections:

- 1. Setting Up a Library/Information Service.
- 2. Producing Newsletters.
- 3. Electronic Bulletin Board Software.
- 4. Funding Information.
- 5. Selected Resource Organizations.

1. Setting Up a Library/Information Service

How to Start and Run an Alcohol and Other Drug Information Center: A Guide. 1990. Edited by Virginia Rolett and Jean Kenney. Available from the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852.

This publication is a practical guide for setting up and running a small alcohol and other drug information center, directed at those who would like to organize this information for their own use and for the use of others, but who are not trained in library science. The manual offers basic suggestions for organizing a small collection using only techniques that do not require the purchase of any specialized equipment or supplies. In addition to covering all major information collection, organization, and dissemination areas, it includes a glossary defining library-related terms, sample forms, and lists of resources.

The following materials on basic information service process and procedures are available from the Special Libraries Association (SLA), 1700 18th St., NW, Washington, DC 20009-2508, (202) 234-4700. (See also description of SLA in section 5 of this appendix.)

The Best of OPL: Five Years of The One-Person Library, by Andrew Berner and Guy St. Clair. 147 pages, 1994. Price: \$27.50 for members, \$34.50 for non-members. This document includes original and adapted articles, selection lists, and profiles, as well as marketing and management strategies.

Database Design: An Introductory Guide to Planning and Creating a Database, by Anne Conway Fernald. 1991. Price: \$60 for members, \$75 for non-members. This workbook is a self-study course that takes the non-programmer through the steps of creating a database on a microcomputer, using software available in the marketplace.

A Fundraising Handbook. 14 pages, 1989. Price: \$10 for members, \$15 for non-members. This handbook contains advice on how to recruit volunteers, write proposals, and resolve tax and legal questions associated with fundraising. Ideas for creating effective fundraising projects are also supplied.

Library Without Walls: Plug in and Go, compiled by Susan B. Ardis. 208 pages, January 1994. Price: \$25 for members of the association, \$31 for non-members. This book includes information on defining the technologies that may be found in an electronic library. It describes the new technologies by category, for example, marketing and managing the electronic library.

Networking and Special Libraries, compiled by Sharyn Ladner. 1990. Price: \$15 for members, \$20 for non-members. This spiral-bound kit offers information on current issues affecting resource sharing and the exchange of information, materials, and services. It includes a bibliography and sources of information on existing networks and consortia. A Sampler of Forms for Special Libraries, compiled by Washington, D.C. Chapter of the Social Science Group, SLA. 328 pages, 1991. Price: \$29 for members, \$35 for non-members. This book contains use-tested forms for acquisitions, cataloging, reference, inter-library loans, budgeting, and more.

Subject Indexing: An Introductory Guide, by Trudi Bellardo. 1991. Price: \$60 for members, \$75 for non-members. This workbook is for those with no prior knowledge of indexing or subject cataloging. It covers the fundamentals and gives a sound orientation for the novice.

2. Producing Newsletters

Producing a First Class Newsletter, by Barbara Fanso. Price: \$18. Self Counsel Press. Newsletters from the Desktop, by Joe Grossman and David Doty. Price: \$30. Bantam Press. Both are available from the American Society of Association Executives, 202-626-2748.

Success in Newsletter Publishing: A Practical Guide, by Frederick D. Goss. 332 pages. Price: \$39.50 plus \$3.50 postage and handling. Available from Newsletter Publishers Association, 1401 Wilson Blvd., Suite 207, Arlington, VA 22209 (703-527-2333); outside VA, 1-800-356-9302. This book covers all aspects of newsletter production from conception to publication. It answers literally hundreds of questions to help you get started publishing a newsletter.

3. Electronic Bulletin Board Software

The following three magazines provide reviews of BBS software, news and articles about Internet, and online tips.

BBS: The Bulletin Board Systems Magazine. Monthly. Annual subscription of \$18. Callers Digest, Inc., 701 Stokes Rd., Medford, NJ 08055, 1-800-822-0437.

Boardwatch Magazine: Guide to Online Information Services and Electronic Bulletin Boards. Monthly. Annual subscription of \$35. Boardwatch Magazine, 8500 W. Bowles Ave., Suite 210, Littleton, CO 80123.

Connect: The Modem User's Resource. Bimonthly. Annual subscription of \$18. Pegasus Press, Inc., 3487 Braeburn Circle, Ann Arbor, MI 48108-2619.

Several articles on BBS software that have been published by these magazines are referenced below.

"The Major BBS 6.2: A Professional Bulletin Board System." Connect. July-Aug., 1994, p. 46-51.

"Multiline Bulletin Board Systems and a Trip to the Land of the Galactinoids," by Jack Rickard. *Boardwatch*, June 1994, p. 36.

"A Powerful Cat from the Big Horse," BBS, August 1994, p. 8-16.

"The Worldview of 15.2," BBS, September 1994, p. 8-16.

These materials published by CompuMentor may also be helpful in dealing with computer-related issues. To order, contact CompuMentor at 89 Stillman St., San Francisco, CA 94107 (415) 512-7784, Fax (415) 512-9629. Internet address: cmstaff@well.sf.ca.us. (See also description of CompuMentor in Section 5 of this appendix).

Guide to Automating I&R Systems, 133 pages. Price: \$6. This guide is the culmination of a year-long study of agencies in California that provide information and referral. It is designed to help the information and referral (I&R) administrator cope with the challenges of automating a paper I&R filing system or upgrading an existing I&R computer system. Built around a series of worksheets, the guide helps the reader decide whether automation is appropriate and then find and implement the best solution. It is illustrated with case studies, useful tips, and ideas from many information and referral agencies.

Guide to Online Systems for Nonprofits, 61 pages. Price: \$12.50, plus \$1.06 sales tax within California. This guide profiles the leading online systems (such as HandsNet and CompuServe) in terms of nonprofit needs. It offers guidelines on how to select an online system. Information provided for each system includes costs, ease of use, and special features. Nonprofit networks can quickly survey viable options and narrow their choice.

Software Redistribution Catalogues. Price: \$15 for one-year subscription. Free to CompuMentor members. Through donations from software publishers, magazines, and reviewers, CompuMentor assembles a quarterly catalogue of several hundred useful software packages and books. These high quality Mac, DOS, and Windows-compatible programs are available for nominal handling charges to nonprofits throughout the United States.

4. Funding Information

These materials on foundation and corporate giving are available from The Foundation Center's collections in New York, Washington, Cleveland, San Francisco, and Atlanta and its network of library reference collections. To find out the locations of these collections, call 1-800-424-9836.

AIDS Funding: A Guide to Giving by Foundations and Charitable Organizations, 3rd Edition. 196 pages, November 1993. Price: \$75. This directory lists more than 450 grantmakers who have stated or demonstrated a commitment to AIDS-related services and research. It includes current information on grantmaking programs of foundations, corporate giving programs, and public charities. Most entries list recently awarded grants.

AIDS Fundraising. 49 pages, July 1991. Price: \$10. Published in conjunction with Funders Concerned About AIDS (FCAA), this guide helps nonprofit groups plan a strategy for raising money. It covers a vast array of money-generating initiatives, from membership drives to special events, direct mail, and grant applications.

The Foundation Center's Guide to Proposal Writing. 191 pages, August 1993. Price: \$29.95. This instructional manual takes readers through the entire proposal-writing process, from preproposal planning to the writing itself to the post-grant follow-up. It also includes tips from

Appendix 11: Services of the CDC National AIDS Clearinghouse

The CDC National AIDS Clearinghouse (CDC NAC) is a national reference, referral, and distribution service for HIV/AIDS-related information. All of the Clearinghouse's services are designed to facilitate the sharing of information and resources among people working in the field of HIV prevention, treatment, and support. Clearinghouse staff members serve a diverse network of people who work in international, national, state, and local settings. For all Clearinghouse services, call 1-800-458-5231; deaf access, 1-800-243-7012.

To accomplish its mission, the Clearinghouse offers a number of services including:

Comprehensive Reference and Referral Services

Comprehensive reference and referral services are provided by the Clearinghouse's multidisciplinary staff of reference specialists. Reference specialists answer questions and provide technical assistance to people working for community-based organizations, public health and other health care professionals, educators, and others working in the HIV/AIDS field. Using the Clearinghouse's online databases and other resources, reference specialists provide information on AIDS-related organizations, educational materials, and funding opportunities. Bilingual reference specialists are available to speak to Spanish-speaking callers.

CDC NAC Databases

The Clearinghouse staff organizes much of the information it collects into databases that cover all aspects of HIV/AIDS prevention, care and social support. The largest of these databases is the Resources and Services Database, which contains information on more than 19,000 national, state, and local organizations that provide HIV/AIDS services.

The Clearinghouse's Educational Materials Database contains descriptions of over 14,500 materials including brochures, videotapes, curricula, reports, and other hard-to-find publications for use in prevention activities and training programs. The materials in this database assist AIDS program directors and educators in locating appropriate educational and training materials.

The Funding Database includes information about federally and privately sponsored HIV/AIDS funding opportunities for community-based organizations. Using this database, seekers of funds can keep up to date on the current availability of funds as well as identify organizations that have been funders in the past.

Publications Distribution Services

The Clearinghouse is a major distributor of HIV/AIDS educational materials including up to date information on scientific findings, CDC guidelines, and changing trends in the HIV epidemic. The Clearinghouse distributes brochures, posters, and videotapes that can be used for HIV prevention activities as well as selected reprints from CDC's Morbidity and Mortality Weekly Report (MMWR) series and issues of the HIV/AIDS Surveillance Report. Many of the prevention materials are available in Spanish.

Resource Centers

The Clearinghouse Resource Centers, located in Rockville, Maryland, and Atlanta, Georgia, house extensive collections of educational materials and HIV/AIDS newsletters that deal with many issues raised by the epidemic. Visitors can examine these resources, and receive personalized assistance from Resource Center staff.

CDC NAC ONLINE

CDC NAC ONLINE is the computerized information network of the CDC National AIDS Clearinghouse. It provides current information from CDC and other federal agencies on a wide variety of HIV/AIDS-related topics; offers a medium for information exchange among people working in the field of HIV/AIDS; and provides a convenient way to access Clearinghouse services. Using a personal computer and a modem, users can keep current with HIV-related news through the AIDS Daily Summary; participate in interactive forums; communicate through electronic mail; access CDC's AIDS-related *MMWR* articles; and search the Clearinghouse databases. Information from all of these sources can be easily printed out at the user's site or downloaded into a file for future use. To date, over 500 organizations (mostly community-based organizations) have used CDC NAC ONLINE.

AIDS Clinical Trials Information Service

The AIDS Clinical Trials Information Service (ACTIS) provides up-to-date information on clinical trials that evaluate experimental drugs and other therapies for adults and children at all stages of HIV infection. ACTIS reference specialists respond to inquiries from people living with HIV infection, care givers, and health professionals. Bilingual reference specialists are available to speak with Spanish-speaking callers. Call 1-800-TRIALS-A (1-800-874-2572); deaf access, 1-800-243-7012.

HIV/AIDS Treatment Information Service

The HIV/AIDS Treatment Information Service (ATIS) provides information about federally approved HIV treatment guidelines to health care providers and people with HIV infection and AIDS. ATIS is staffed by reference specialists who are health care professionals; bilingual staff are available to speak with Spanish-speaking callers. Call 1-800-HIV-0440 (1-800-448-0440); deaf access, 1-800-243-7012.

Business and Labor Respond to AIDS Resource Service

The reference specialists of the Business and Labor Respond to AIDS Resource Service help businesses, labor unions, and other organizations develop AIDS-related workplace policies and employee education programs. Bilingual staff are available to speak with Spanish-speaking callers. Call 1-800-458-5231; deaf access, 1-800-743-7012.

Appendix 12: Glossary of Library-Related Terms

Acquisition: The process of acquiring, or gathering, materials for a library or information service.

Bookjobber: A company that provides a link between a publisher and a purchaser. Bookjobbers allow you to get many of the books you need from one source, even through they may come from different publishers. Working with them can simplify ordering and cut down on paperwork.

Catalog: A list of the holdings of a particular library, or group of libraries.

Cataloging and classification: Library processes for describing and organizing a library's collection.

Circulation: The process of lending library materials to borrowers and keeping a record of the loan.

Dewey Decimal classification system: Divides all knowledge into 10 groups. Each group is further divided into classes, which represent the main subdivisions of the subject. The Dewey Decimal System is commonly used to classify materials in public library settings.

Interlibrary loan: A cooperative borrowing arrangement among libraries.

Library of Congress (LC) classification system: This scheme was originally developed for books in the Library of Congress, but has been adopted by many other libraries. The LC system divides the whole field of knowledge into 21 groups, using the letters of the alphabet to represent the classes.

MeSH: The National Library of Medicine's Medical Subject Headings are the most widely used indexing list for medical libraries.

OCLC: A bibliographic network incorporated in 1967 as the Ohio College Library Center, establishing an online, shared cataloging system. A library using the OCLC Online Cataloging system has access to millions of bibliographic records of materials in locations around the country. Libraries at remote locations can access the system, edit the data if necessary, and add in-house data to the record.

Thesaurus: The controlled vocabulary of an indexing language, arranged in a known order and structured so that relationships among the terms are clearly displayed and identified. The primary purposes of a thesaurus are to facilitate retrieval of documents and to achieve consistency in the indexing of documents.

Vertical file: A collection made up primarily of pamphlets and clippings which are housed in file drawers or similar containers.

The above definitions were taken from the following books:

1. Introduction to Cataloging and Classification, 6th Edition, by Bohdan S. Wynar. Libraries Unlimited, 1980.

- 2. Organizing and Administering the Small Hospital Library, edited by Ruth W. Wender. Talon, 1979.
- 3. Scientific and Technical Libraries, Their Organization and Administration, Second Edition. Edited by Lucille J. Strauss, Irene M. Shreve, and Alberta L. Brown. Wiley-Becker-Hayes, 1972.
- 4. The Vertical File and Its Satellites: A Handbook of Acquisition, Processing, and Organization, by Shirley Miller. Libraries Unlimited, 1971.



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