

# BEYOND AIDS *Lifeline*

The Quarterly Newsletter of Beyond AIDS:

Reversing the HIV Epidemic Through Sound Public Health Policy

## Coming Up...

Beyond AIDS  
Board and General  
Meetings  
...September 15-16  
2001

Will include continuing  
medical education and intern  
training. All members, friends  
and associates of Beyond  
AIDS are welcome to attend;  
Ventura, CA

Beyond AIDS  
Nettie Awards  
Presentations  
Luncheon  
...September 15  
2001

Ventura, CA

Intern Training  
...September 16  
2001

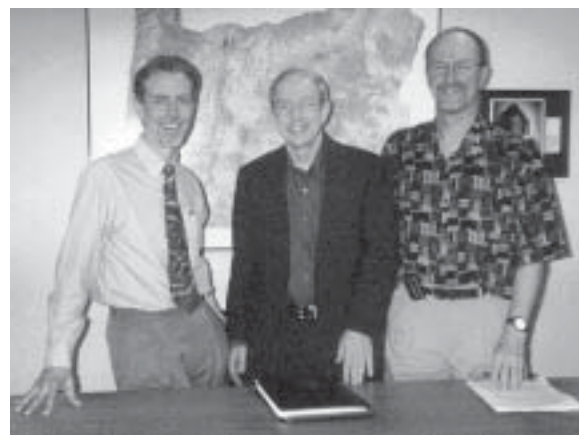
Ventura, CA

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## Beyond AIDS Represented as Oregon Plans HIV Reporting

In November 2000, Ron Hattis, MD, Vice-President of Beyond AIDS, communicated the organization's support and an offer of assistance to the Oregon Division of Health for a proposed HIV reporting system. In January 2001, Oregon Health Division (OHD) Administrator Martin Wasserman responded by inviting Hattis to serve on Oregon's HIV Reporting Implementation Advisory Group. Wasserman thought the advisory group could benefit from Beyond AIDS' perspective on the issues. Since January, Hattis has participated in meetings of this group, as the OHD develops its plans for a reporting system that is currently scheduled to take effect in October 2001. Expenses of this participation are shared by the Beyond AIDS Foundation and the OHD.



Mark Loveless, MD (left); Ron Hattis, MD; and David Houghton (right) confer after June 21 meeting of Oregon advisory group.

See Oregon, page 3

## International Initiatives Launched

Beyond AIDS and the Beyond AIDS Foundation have begun a series of international contacts to influence the public health response to the HIV epidemic throughout the world. While these efforts are small-scale so far, they are expected to increase during the coming year.

Vice-President Ron Hattis and new interns Jacob Haik and Tasneem Husain are attempting to influence the selection of a safer and nonreusable needle and syringe for use in Africa. They have been communicating with the World Health Organization's Safe Injection Global Network (SIGN) in Geneva, Switzerland, the International Association for Safe Injection Technology, the African Trade Consultants Network, and immunization staff at the Centers for Disease Control and Prevention. Many thousands of HIV and hepatitis B and C infections have been caused by the reuse

See International, page 7

## Beyond AIDS Meetings to Stress Achievements, Challenges

Beyond AIDS, Inc. will celebrate significant accomplishments at its Annual Meeting on September 15 in Ventura, California. The organization, which will be three years old in August, will report on progress at the state and federal levels in promoting name-based HIV reporting and in influencing other HIV related public policies. Several awards will be announced for outstanding contributions to humanity at a luncheon that day.

The membership will also ponder significant problems, including explosive increases in HIV transmission in the Third World, a tapering of effectiveness of current HIV drugs due to increasing resistance and significant side effects, and continued strong political resistance to standard

See Meeting, page 8



Thanks to all of  
you for your  
generous  
support of our  
mission—  
stopping the  
spread of HIV.



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## President's Message

### AIDS Exceptionalism/AIDS Terrorism

Friends and colleagues,

AIDS is a deadly disease—this we all know. The cure rate still locks in at zero. It is now estimated that 40,000–80,000 new infections occur each year in the U.S.A. 16,000 new HIV-infections occur each day on this planet. One woman becomes HIV-infected every 12 seconds. 600,000 babies were born HIV-infected last year. Every effort to stop the spread of this virus must be undertaken.

Instead, we have been living under AIDS terrorism. I call it AIDS terrorism because there has been a concerted effort to block all measures of public health needed to contain this virus. It sometimes comes under the guise of AIDS Exceptionalism. It has forced us into treating HIV, not as a deadly communicable virus, but as a social condition, exempt from the rules of epidemiology and preventative medicine. The consequences have been destructive to humankind—to everyone of us—our children, friends, relatives, neighbors—straight, gay, black, brown, white, every religion, every region on this globe. AIDS Exceptionalism has stood in the way of confidential name reporting of HIV, blocked partner notification and contact tracing, opposed routine premarital and prenatal screening for HIV.

This is the first time in U.S. medical history that a communicable disease of this severity has been made an exception to all public health measures needed to contain transmission. Never before has medical science been so distorted. Certain individuals, without credentials or training in medicine, nursing, epidemiology, preventative medicine, or public health, have been able to engineer UCSF in a direction that endangers the public (my opinion). I do not believe these people represent the philosophy of the UCSF faculty or alumni. In fact, I don't



believe most of the faculty have any clue that this has been happening under their watch.

The following excerpt is such an example of AIDS Exceptionalism. Tom Coates, mentioned below, is the recipient of millions of dollars of government funds (Ryan White funds gone amuck),

pharmaceutical donations, and other private donations. Here is what Coates has to say:

"There have been discussions lately about AIDS exceptionalism—in scientific funding, in medical care, and in special programs. Some are saying that we should get rid of AIDS exceptionalism and treat AIDS like every other disease. I take quite the opposite position. I argue that we must maintain AIDS exceptionalism, because we don't want AIDS to become like every other disease. We want research and care in every other disease to become more like AIDS." Mr. Tom Coates of UCSF; Dec. 1, 1997

Person by person, just like the spread of HIV, we must get our message out. We want public health involvement in this disease. It won't be easy and it won't happen overnight. And it won't happen without some people being very angry at those of us who push for real AIDS Prevention. But we have to make this effort—humanity is at stake. Too many have already died.

Let us also never forget the needs of those who are already HIV-infected. They need and deserve our love and help. Likewise, we need their love and help to contain this virus.

Chins up,

Cary Savitch, MD

President, Beyond AIDS

# A Letter from South Africa

2 July 2001

Dear Dr. Savitch,

Until the arrival of your email letter, I indeed thought that I was the only doctor in the world challenging the malignant liberals against the HIV/Aids pandemic. Your email letter is most encouraging and supportive for me because at present I am under considerable attack from hospital authorities, professors in the Medical School and Aids activists.

At present South Africa is facing an AID/ holocaust. Hundreds of thousands of people have already died from this disease and I predict that tens of millions will die in the near future. In addition, South Africa is in the midst of a massive crime wave with motor vehicle piracy, bank heists, murder and rape, the order (or rather disorder) of the day.

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The hospital in which I work (about 1 200 beds) is in essence an Aids hospital with up to 75% of the patients being HIV positive (including O & G, paediatrics, surgery and internal medicine).

It is clear to me that immorality is the direct cause of the increased crime in South Africa. It is therefore obvious that a return to morality is the only answer to the Aids and crime plague in South Africa. Although I am an observant orthodox Jew, the 7 universal laws which were mentioned in the Mail and Guardian newspaper apply to all of mankind and are not based on some fanatical religious sect.

Once again I am grateful for your support.

Best regards,

Howard Sacho, MD

## Oregon

*continued from page 1*

Dr. Hattis offered his assistance even though the Oregon reporting plan falls somewhat short of the ideal system recommended by Beyond AID/. Oregon is modeling its plan after the Washington and Maine HIV surveillance programs, in which HIV infections are reported by name but are converted to codes within about 3 months. The Beyond AID/ Board considered Oregon critical to stopping a trend toward totally coded reporting in states that had not already adopted confidential name-based HIV reporting.

Wasserman had previously headed Maryland's state health department and had seen the problems with that state's "unique identifier" HIV reporting. He was determined that names be used despite considerable opposition at public hearings, but he offered the conversion of names to codes as a compromise. He also offered a number of assurances to allay concern, including a commitment to strict confidentiality and continued availability of anonymous testing. Wasserman left the OHD at the end of February, but the HIV reporting plan is continuing on track despite some continued political obstacles.

Mark Loveless, MD, Medical Director and Epidemiologist of the OHD's HIV, STD, and TB

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Program, is pursuing the plan with the support of Drs. Grant Higginson, Acting Administrator, and Melvin Kohn, State Epidemiologist. David Houghton from the Multnomah County Health Department is Chair of the advisory committee on which Hattis serves. The other members represent multi-ethnic AID/ service organizations.

Hattis has used his advisory role to inform committee members of the superiority of name-based to "unique identifier" reporting systems, and to urge that confidential HIV testing be offered as an alternative to anonymous testing at all public test sites. He has also kept up pressure on the OHD to assure that partner notification and referrals to longterm case management will be effectively pursued during the 90-day "window" when names will be available to health departments.

"Oregon is better organized than other states to make such a system work," according to Hattis. "All HIV partner notification referred to public health will be done by a staff of state communicable disease specialists who already do the partner notification for other sexually transmitted diseases. The Ryan White programs in Oregon are all operated out of county health departments, so  
*See Oregon, page 5*

The following article was mentioned in the President's Message, Spring 2001 issue.

# HIV exposure rates among residents and medical students unchanged

WE/TPORT, CT (Reuters Health)—Despite improvements in the use of universal precautions and in the incidence of needlestick accidents among residents and medical school students, additional education and prevention efforts are needed to reduce the risk of occupational HIV exposure in this population.

The rising prevalence of HIV infection has counteracted the benefits of these improvements, leading to an unchanged risk of occupational HIV exposure for medical students during the first half of the last decade, according to Dr. Stephen Radecki and colleagues from the University of Southern California in Los Angeles.

As reported in an article published in the November 13th issue of the Archives of Internal Medicine, the investigators used an anonymous questionnaire to assess the rate of occupational exposure to HIV from July 1, 1989, through June 30, 1990, and from July 1, 1994, through June 30, 1995, among 1100 residents and 3rd-year and 4th-year medical students. At baseline, the estimated incidence of occupationally acquired HIV in this group was approximately 1 case every 2 to 3 years.

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*During the interval between the 2 survey periods, the incidence of needlestick incidents, particularly among surgical residents, declined from 2.19 mean exposures per year to 1.30 exposures per year. This difference was significant among both surgical and medical residents but not among medical students.*

The rate of reported potential exposures also increased during the study period from 9% in the 1989–1990 training year to 15% in the 1994–1995 training year.

Because the proportion of needlestick incidents that involved exposure to HIV-infected patients also rose during the study period, the rate of occupational exposure to HIV remained stable.

“These findings support the continued need for educational approaches to minimize risks of exposures to students and residents,” the authors conclude. Better availability of effective antiretroviral agents and recent recommendations about postexposure prophylaxis may decrease the risk of occupationally acquired HIV in this population and may also increase rates of reporting. ▲

*Arch Intern Med. 2000;160:3107–3111. (c) 2000 Reuters Limited. Reprinted with permission.*

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## “HIV Stops With Me”

By Ron Hattis, MD

The CDC has recently initiated programs aimed at encouraging HIV infected persons to avoid transmission-prone behavior. The idea of “HIV Stops With Me,” as five of the grants are titled, is commendable but comes 2 decades late. Public health prevention efforts for every other communicable disease focus on stopping transmission at the source, i.e., working with and treating the infected individuals, not just warning everyone else. For example, with TB, the infected person wears a mask when outside of an isolation room, till infectiousness is controlled by medication. You don’t just let them cough on everyone on the streets and require everyone else to wear a respirator. But outrageously, that’s essentially been the strategy of AIDS prevention until now, don’t

Don’t require any responsibility on the part of HIV positives, just warn everyone else to be careful!



require any responsibility on the part of HIV positives, just warn everyone else to be careful!

Beyond AIDS will monitor the new CDC initiative and will press to assure that it truly accomplishes reductions in high-risk behavior by the HIV positive persons. ▲



# Science shows that names reporting does NOT deter HIV testing

*Submitted by Roland R. Foster*

The following is a study presented in August at the 2001 National HIV Prevention Conference in Atlanta, Georgia. . Once again the science shows that names reporting does NOT deter HIV testing. This study also once again exposes the huge disparity that exists for women and African Americans when surveillance focuses only on AIDS rather than the full scope of HIV infection.

## Impact of Named HIV Reporting on the Epidemiological Profile of HIV Disease and HIV Testing Behaviors in Texas

*Melville JM; Robbins AJ; King JA; Hamaker DW*

**ISSUE:** January 1, 1999 the Texas Department of Health (TDH) implemented named HIV infection reporting for adults (> age 13). Prior to that date, only pediatric HIV cases (< age 12) and AIDS cases were reportable by name. One of the most frequently expressed concerns about HIV reporting by name is that it would deter people from testing, particularly those at highest risk for HIV disease. The issue is the impact of named HIV case surveillance on the Texas HIV/AIDS epidemiological profile and on HIV testing behaviors.

**SETTING:** The TDH HIV/AIDS database (HARS), which houses information from HIV/AIDS case reports from laboratories and healthcare providers throughout Texas, was used to determine numbers of cases and conduct descriptive demographic analyses. The TDH HIV counseling and testing system (CTS) that collects data from publicly funded CTS sites throughout the state was used to determine changes in numbers and

When overall testing trends are accounted for, HIV named reporting does not deter publicly funded HIV testing nor cause an increase in anonymous testing.

demographic profile of persons testing, and HIV positivity rates before and after implementation of named HIV reporting.

**PROJECT:** The State of Texas disease reporting rules were changed as of January 1, 1999 to include name as one of the required disease reporting elements for HIV. TDH staff carefully monitored HIV/AIDS case reports and the information on HIV testing numbers and client profiles submitted by HIV CTS providers to detect any differences between the epidemiologic profile of HIV and AIDS cases and to detect any change in publicly funded HIV testing behaviors.

**RESULTS:** The 1999 epidemiologic profile shows African Americans constitute around 37% of AIDS cases but 47% of HIV cases. Compared to AIDS cases, HIV cases have a greater proportion of women and a lesser proportion of male-to-male sex as the mode of exposure. In 1999, the number of publicly funded HIV tests dropped 6.7 %, continuing a long term decline in testing numbers which began several years prior to the implementation of named HIV reporting. The proportion of anonymous HIV tests remained from 1998 from 1998 to 1999 at approximately 17%. The HIV positivity rate in 1999 was unchanged from 1998, 1.3 positives per 100 HIV tests.

**LESSONS LEARNED:** The HIV named reporting system is revealing important differences in the epidemiologic profile of those with HIV compared to AIDS. When overall testing trends are accounted for, HIV named reporting does not deter publicly funded HIV testing nor cause an increase in anonymous testing. ▲

## Oregon

*continued from page 3*

it should be possible for many cases to be referred during the 90 days by public health specialists to long-term case management services, most of which will also operate out of county health departments. These case managers will be trained in prevention counseling, which is not being done in most other Ryan White programs across the country."

Nevertheless, Hattis remains concerned that not all infected persons will benefit from such services. In the proposed plan as of July 2001, partner

...not all infected persons will benefit from such services...

notification, referrals, and case management will be done by public health staff only if the patient's healthcare provider requests this. Otherwise, these responsibilities will be left up to the provider. "As a physician, I know that most private doctors do not have the time or the special training to do these things," says Hattis. "Health departments need to be able to automatically contact HIV patients about notifying their partners and about preventing further transmission of this deadly virus." Hattis is pressing the OHD to actively urge physicians to request those services from public health. ▲

## Beyond AIDS Foundation Internship Program

In a dramatic expansion of the Beyond AIDS Foundation Internship Program, nine new interns have accepted offers of part-time positions for 2001–2002 and have indicated their interest in accepting. Holly Vilorio, Beyond AIDS' first intern, organized and coordinated the selection process.

The successful applicants come from both coasts. They are mostly recent college graduates or students, but include at least one with a Master's degree in environmental public health and one who is still in high school. All demonstrated commitment to public service in their applications.



Holly Vilorio

The new interns have been invited to attend our workshop on September 16, 2001 and will be presented to the membership at our annual meeting in Ventura, CA.

Anyone seeking more information about this program may contact Holly directly and more quickly by email at [BeyondAIDS/inc@aol.com](mailto:BeyondAIDS/inc@aol.com), or write to her at Beyond AIDS Foundation, 611 Pennsylvania Ave. NE, #1600, Washington, DC 20003–4303. Donations for this program may be sent to the same address. ▲

## Letters

4/5/01

The Honorable Tom Bliley, Chairman  
Committee on Commerce  
Room 2125, Rayburn House Office Building  
Washington D.C. 20515–6115

Thank you for the unexpected letter and very kind words. For my daughter, her high school friends, my co-workers, and my friends, your letter clearly told them that there are people in Washington who are looking out for the health and safety of the average citizen.

For too many years, public health has focused on protecting the privacy of the HIV infected at the expense of the uninfected. In the history of communicable diseases, HIV is the only disease that makes it a crime to report the disease in about seventeen states by hiding the disease under confidentiality laws. Confidentiality and privacy should never come at the expense of someone else's life. HIV is the only disease where someone with the deadly ability to kill another human being is given better protection than the potential victim is.

In 2001, California is about to embark on this deadly course using federal money to implement a no name HIV reporting system under the guise of a pilot project. California legislators, government leaders, and HIV special interest groups have steadfastly refused to look at good public health procedures and policies. They are continuing to forge ahead to create a system which will endanger countless California citizens and others when infected Californians travel outside the state. California has 40,000 plus living AIDS cases and

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maybe twice that number of estimated unreported HIV cases that could infect other people. With approximately 30,000,000 people in California that means 1 in every 250 should be HIV positive and capable of transmitting the HIV virus. How many more have to die prematurely? Are those acceptable odds for good public health in any state or this nation?

Since we do not have a cure and may never have one in our lifetime, the most effective means of controlling this guaranteed killer virus is through name reporting. Infected people have to be accountable any time they deliberately or carelessly infect another human being and give another human being a premature death sentence. Passive action and no name reporting for HIV in the past has not worked as evidenced by the increasing HIV infection rate every year. "AIDS" cases are false indicators and anyone in the scientific community knows that.

In closing, I would encourage you to keep up the good work of yourself and past House of Representative member, Tom Coburn. Please build on that work until we have HIV reporting by name in every state of the Union. Let us restore good public health designed to keep America healthy. Let us make good public health the standard and not the exception. Today we watch millions of innocent women and children die in Africa because no one reported names or held anyone accountable. We are threatened with the same result within two decades in America despite all our knowledge and wealth.

Joseph R. Poindexter (Bob), AIDS Social Researcher

## International

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of needles and syringes in African and other Third World countries.

During a trip to Japan in August, President Cary Savitch met in Tokyo with Japanese healthcare providers to explain the programs and objectives of Beyond AIDS. He reported that physicians and other providers he met with were supportive, and he hopes that Beyond AIDS will establish productive linkages with Japanese counterparts. On the way home, Dr. Savitch stopped in Seattle to meet with officials of the Bill and Melinda Gates Foundation. The Gates Foundation is expected to be an important source of funding for international programs for the control of HIV.

Dr. Savitch is also corresponding with health providers in South Africa, who share the concern of Beyond AIDS about President Mbeki's denial that HIV causes AIDS. Several million South Africans are believed to be infected already, and the expected AIDS cases could shatter the country's industrial base and its hopes of reducing

President Cary Savitch met in Tokyo with Japanese healthcare providers to explain the programs and objectives of Beyond AIDS.



poverty in the aftermath of the fall of apartheid.

During a trip to the recent U.N. General Assembly meeting on HIV/AIDS in New York City, the press reported that Jamaica's Health Minister, John Junor, was impressed with the newborn HIV testing program in New York state, which had been initiated by Beyond AIDS Board member Nettie Mayersohn. Beyond AIDS is in the process of contacting Mr. Junor, to encourage his expressed interest in developing a mandatory prenatal HIV testing program in that island nation. ▲

## Membership Application/ Donor Form

Beyond AIDS, Inc.

Beyond AIDS Foundation

611 Pennsylvania Avenue, NE #1600  
Washington, DC 20003-4303

www.beyondaids.org  
E-mail BeyondAIDS@inc@aol.com  
Fax: 703-243-6235

Name	Title
Affiliation	
Street	Apt. No.
State	Zip
Country	E-mail (preferred means of communication)
Telephone	Fax

- ☐ YES! I want to join Beyond AIDS or renew my membership for \_\_\_\_\$20\_\_\_\_\$30\_\_\_\_\$40\_\_\_\_\$50\_\_\_\_other. (✓ one)
- ☐ I want to help improve public health laws and public policy on HIV. Please accept my additional (non-deductible) donation\* of \_\_\_\_\_ to Beyond AIDS, Inc.
- ☐ I want to make a special contribution for public education and research. Please accept my tax-deductible donation\*\* of \_\_\_\_\_ to Beyond AIDS Foundation.
- ☐ Add me to your e-mail list only, as a non-voting Associate Member. I am making a voluntary contribution of \_\_\_\_\_.
- ☐ Committee interests:  
\_\_\_\_Scientific\_\_\_\_Legislative\_\_\_\_Public Affairs  
\_\_\_\_Communications\_\_\_\_Membership\_\_\_\_Secretarial

\*Beyond AIDS, Inc. is a nonprofit, section 501(c)(4) organization founded in 1998, because your contribution will be used in part to achieve better laws and public policies for HIV prevention, contributions are not tax-deductible.

\*\*Beyond AIDS Foundation is a nonprofit, section 501(c)(3) organization founded in 2001 for education and research; contributions are fully tax-deductible.

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## Meeting

*continued from page 1*

public health approaches in California, Maryland, and several other states.

In addition to the Saturday meeting, there will be events on Friday, September 14 and Sunday, September 16. The results of a pending election of officers will be announced and the new Boards of both corporations will meet in the course of the weekend.

Professional education will be a special feature of the weekend. Four hours of Category I continuing education (CME) for physicians and of continuing education units (CEUs) for nurses are expected to be cosponsored by Community Memorial Hospital of San Buenaventura and the Beyond AIDS Foundation. Topics will range from public health issues to advances in treatment (including a panel on HIV drugs) and a special program on HIV and the law. Guest speakers from Colorado and Washington state are expected. On Sunday, September 16, the Beyond AIDS Foundation will conduct additional special training for new interns and interested health professionals.

Persons interested in attending should send e-mail to "stophiv@aol.com." Those without e-mail may leave messages for President Cary Savitch at (805) 653-6540. ▲



## Use Your WILL POWER!

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will your  
grandchildren live  
in?

Please remember  
the Beyond AIDS  
Foundation in  
your will.

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