

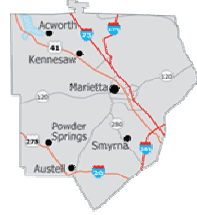


Happy 4th of July!



In This Month's Issue

- National HIV Testing Day Event a great success!!
- Atlanta Harm Reduction Center
- HIV/AIDS cases among adults ages 50
- HIV/AIDS diagnoses rise among young Black MSM
- Some churches are changing
- Latino leaders rally against AIDS
- Trusting sexual partners a barrier against STD prevention
- Global News
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- Special events for the month
- Remembering our Troops in Iraq



C.C.C.R.C.

Cobb County Community Resource Coalition

“Assisting in making a healthy lifestyle change in all communities.”



Cobb County Community Resource Coalition (CCCRC) wants to thank the Atlanta community for your support on National HIV Testing Day. CCCRC tested 73 participants with 1 positive result. The day was full of food, fun and work. Special thanks to Jay Phifer / GlaxoSmithKline and Pam Pitts / OraSure Technologies, Inc. for being sponsors of the event. A big hug and kiss goes out to the volunteers, Cobb/Douglas Public Health Department, Aniz, Inc., Someone Cares, Inc. and Cumberland Community Church for the utilization of their facility. Its partnerships like these that can make an event successful and provide the community with much valued service!

Happy 4th of July!



S1C July's Calendar

July 7,14,21,28 – Evening Chat (MSM PLWA support group) - Mondays at 6:30pm

July - Club, street, park outreach done on weekends

July – Daily HIV testing 10am – 6pm

July 3 – HIV Testing at Atlanta City Department of Correction

July 4 – Street Outreach for PRIDE

July 5 – Street Outreach for PRIDE

July 8 – Ronnie Bass giving overview and Outcome on Morehouse School of Medicine Health Disparity Grant at MSM 3pm

July 10 – Syphilis Elimination Effort Meeting at DeKalb Board of Health 10am-12pm

July 14 – Roche Dinner 6:30pm

July 15 – Roche Lunch & Learn at Someone Cares, Inc. of Atlanta at 12pm

July 17 – S1C (Hosting) Roche Lunch & Learn Atlanta Harm Reduction 12pm

July 19 – Collaboration with MUST Ministries to provide HIV Testing at Health Fair at Hickory Lakes Apt. 10am-6pm

July 21 – (S1C Hosting) Lunch & Learn at Atlanta Department of Corrections 12pm

July 23 – DHR Capacity Building Workshop 9:30am-1:30pm

July 23 – Roche Dinner 6:30pm

July 24 – Metro-Atlanta HIV/AIDS Leadership Coalition held at No Mas Cantina 6pm

July 26 – Dr. Marvin Ghourm Birthday Bash!

July 31 – PLWA workshop Jerusalem House 6pm

July 29 – PLWA workshop Edgewood House 1pm

Why we need to support Atlanta Harm Reduction Center...



July 2, 2008

Moving the Needle on Syringe Exchange

by James Wortman

The decision to lift the ban on federally funded syringe-exchange programs is gaining bipartisan momentum on Capitol Hill. This July, a new bill recommending lifting the ban is scheduled to hit Congress. Has the time finally arrived for evidence-based science to prevail over moral debates around the issue of providing clean syringes for safer injecting?

Since the days when Bill Clinton was president, overwhelming evidence indicates that providing injection-drug users with clean syringes has a significant impact on reducing the spread of life-threatening illnesses like AIDS and hepatitis C among intravenous-drug users and their sexual partners. Studies conducted in the United States have repeatedly shown that syringe-exchange programs are powerful tools in preventing the spread of these blood-borne illnesses. In addition, it has been well established that when people access syringe-exchange programs, they are often likely to simultaneously access critical health care, information and support. They are more likely to get into care and on treatment, and find the support they need to continue both. And yet, since even before the Clinton era, federal funding restrictions, first implemented in 1988, have prevented our government from supporting needle-exchange programs. As a result, local state officials and syringe-exchange and harm-reduction organizations must scramble for resources to implement the lifesaving programs.

Despite 20 years of debate and experience with syringe exchange in the United States through nearly 200 programs, the, well, needle, has barely moved on this issue. That is, until recently. On June 18, 2008, a letter signed by 55 members of Congress (including four Republicans) was sent to House of Representatives Speaker Nancy Pelosi and Minority Leader John Boehner urging that litigation be passed to remove the ban and allow for federally funded syringe-exchange programs.

"We believe it is now time to take a fresh look at the epidemic here at home, bolster efforts to reduce HIV infections and allow states to design programs with proven results," says the letter. "As supporters of effective and evidence-based HIV prevention, we are writing to urge you to remove the restrictions on use of federal funds for syringe-exchange programs (SEPs) in the Department of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act."

Last Saturday I was driving down Paines Avenue, in one of the worse parts of town known to Atlanta. This area is better known as the "Bluff". I had promised a client that I would meet him there to assess his needs. When I turned the corner off Simpson onto Paines Ave., I ran into a crowd of people walking around like zombies. They were gathered around a white van that was strategically parked with the back doors open and a small table that stood waist high with something that I could not recognize from a distance placed on top of it. I immediately slammed on brakes, locked all doors and grabbed my pearls. Yes, I was frightened! I drove slowly through the crowd to my destination and found out from my client that the white van with the zombies around it was Atlanta Harm Reduction Needle Exchange Program in process. He said "didn't you see Mona down there? There she is standing in front of the van!" Immediately I realized the power of caring and compassion. It took someone with strong convictions to place themselves in harms way to reach a community that is in desperate need of help.

The Atlanta Harm Reduction Center (AHRC) has reached hundreds if not thousands in its needle exchange program. This program is an important tool in reducing the spread of HIV and hepatitis. It is in no way the answer to drug rehab, but a vital step in the process.

AHRC needs our support to attain adequate funding and resources to continue to provide a much needed service. Please take time to write your senator or congressman and let them know the importance of the program. I applaud Janice Shomo (Executive Director), Mona Bennett and the rest of the team at Atlanta Harm Reduction Center for being the gatekeepers to a world that you could not even begin to imagine. May God bless you with continued safety as you go beyond the walls?.

Ronnie E. Bass

July – PLWA Workshop Common Ground 11am

July – PLWA workshops Travelers Aid 11am

Please call office for monthly updates – 678-921-2706



For your Holiday Meals

Volunteers Needed

S1C welcome all volunteers. We encourage you to volunteer with S1c which will give you an insight into how we serve the community here in Metro Atlanta. Your in-kind service help us keep the doors open.

Our Mission

Our mission is to empower the African American and Latino MSM community, through HIV education and prevention methods, assisting them to take control of their lives in making sound sexual decisions. To broaden people living with AIDS knowledge base to help them make conscientious choices about available health care options, and enhance their skills to live a healthy and fulfilling life.

HIV/AIDS Cases Among Adults Ages 50, Older in Georgia Increasing, Health Department Says



[Jul 01, 2008]

New HIV/AIDS diagnoses among adults ages 50 and older in Georgia has nearly doubled in the last 10 years, according to recent data from the state Department of Human Resources' Division of Public Health, the Atlanta Journal-Constitution reports. Georgia recorded 341 new cases of HIV/AIDS in 2007 among people ages 50 and older, compared with 189 cases reported in 1998, according to the Journal-Constitution.

David Rimland -- chief of infectious diseases at the Atlanta VA Medical Center and professor of medicine at Emory University -- said, "What accounts for these numbers is a mixture of patients infected previously who are presenting late in the course of the disease as well as patients with high-risk activities who are getting infected later in life." Rimland said that over the last few years at the Atlanta VA center, which serves a predominantly male population, people ages 50 and older accounted for about two-thirds of new HIV/AIDS cases.

To reduce the spread of HIV among the age group, CDC guidelines recommend HIV screening in individuals up to age 64. The guidelines recommend "opt-out" HIV screening, which means health care providers do not need separate written consent to test for HIV. In Georgia, people must sign a written consent form before they undergo HIV testing, with the exception of pregnant women. According to the Journal-Constitution, seniors are the least likely of all age groups to get tested for HIV.

Teresa Kochinsky-Bell, health program representative for the Fulton County, Ga., Health Department's Communicable Disease Prevention Branch, said that people ages 50 and older might not realize that "unless they ask specifically for the HIV test, they won't get the test done nor will they know their HIV status." Gillian Sanders -- associate professor of medicine at Duke University and author of a recent study that found HIV testing might be cost-effective for people up to age 75 -- said that HIV screening among older people should be increased to reduce stigma and allow HIV-positive individuals to modify their behavior. She added, "Age alone should not be a contraindication for HIV screening" (Lee, Atlanta Journal-Constitution, 6/29).

June 27, 2008

HIV/AIDS Diagnoses Rise Among Young Black MSM

According to a report by the U.S. Centers for Disease Control and Prevention, HIV and AIDS diagnoses rose significantly in young men who have sex with men (MSM) between 2001 and 2006, particularly African-American men, *The New York Times* reports (nytimes.com 6/27).

The report showed that new HIV/AIDS diagnoses among MSM had an annual increase of 12.4 percent, compared to a 1.5-percent annual increase for men overall. Among African-American MSMs, the annual increase was around 15 percent.

The report also found that diagnoses among injection drug users declined by 9.5 percent over that time period, and new HIV infections attributed to high-risk heterosexual contact fell by 4.4 percent.

"It's a grim report," said Dr. Ronald Stall, an epidemiologist and professor of public health at the University of Pittsburgh. "It means roughly speaking that about half of the American AIDS epidemic is occurring among a few percent of the adult population. And the terrible trends we're seeing among white gay men are even amplified further among minority men."



Please Donate

S1C is able to carry out our vital mission through your generous financial contributions. We are a 501(c) 3 agency. Your donations are tax deductible. Please give to help us, help others that are in need. Go to our website and make a donation through PayPal. Thank you.
www.someonecaresatl.org



May Donor Corner
\$1000-\$5000 Level



Some Churches are changing

In 2008 we still have struggles in some churches about educating their parishioners on HIV/AIDS. Some, but not all say, "It's a curse on Gay men". "It's a plague on sinners". Some even go as far as to drive HIV positive people from their congregation. Whatever their ideology for the virus is, it's often justified by one or two scriptures from the bible. The last I heard, the church is a refuge for compassion, love and healing, not a place to go get judged and ostracized. I say all of that to say, "Some churches are changing".

Cobb County Community Resource Coalition was invited to Cumberland Community Church last Sunday to test ministers of the church, in front of the congregation. Pastor Rob Irvine felt this was a proactive step to promote National HIV Testing Day, by showing how easy it is to test and the reasons behind testing. Though it was not the first time this had been done, it shows an on going effort of many churches to reach out and embrace the fact that HIV is alive and present in their own church.

I applaud Pastor Irvine for his effort to educate and step forward as a leader from the pulpit. It was an experience that I will never forget and we urge other pastors to do the same.

Ronnie E. Bass
CCCRC Coordinator



June 26, 2008

Latino Leaders Rally Against AIDS

In press conferences in major U.S. cities on June 24, Latino leaders and health officials called for improved federal policies aimed at HIV/AIDS prevention and early treatment for the Latino community, NorthJersey.com reports (northjersey.com, 6/24). Latinos constitute 15 percent of the U.S. population, yet they account for 25 percent of HIV diagnoses and 19 percent of people living with AIDS.

"[Latinos] access medical care only when needed, when they're very sick, in the late stages," said Catherine Correa, director of the Ryan White Grants Division of the Paterson, New Jersey, Department of Human Services. "They also believe that there's no real treatment for HIV, so they think 'Why get tested?'"

Leaders attribute high infection rates among Latinos to language barriers—particularly for new immigrants—and cultural stigma surrounding HIV that discourages testing.

June 27, 2008

Trusting Sexual Partners Is a Barrier to STD Prevention

Many people feel that they are at a low risk of contracting sexually transmitted infections (STIs) because they trust their current sexual partners, according to a new survey reported by Reuters (reuters.com 6/25).

Researchers at the University of British Columbia surveyed 317 men and women at an STI clinic. All were visiting the clinic for the first time and had not yet been diagnosed with any STIs.

Researchers found that people often mistook subjective qualities as indicators that their partners would put them at low risk. For example, more than 70 percent of patients said they would probably consider a partner "safe" if he or she were generally trustworthy.

"Developing interventions that target assumptions of safety and dispel incorrect beliefs about the selection of safe partners is needed to promote safer sexual behavior," the researchers conclude.

Global News

Through unprecedented global attention and intervention efforts, the rate of new HIV infections has slowed and prevalence rates have leveled off globally and in many regions. Despite the progress seen in some countries and regions, the total number of people living with HIV continues to rise.

- In 2007, globally, about 2 million people died of AIDS, 33 million were living with HIV and 2.5 million people were newly infected with the virus.¹
- HIV infections and AIDS deaths are unevenly distributed geographically and the nature of the epidemics vary by region. Epidemics are abating in some countries and burgeoning in others. More than 90 percent of people with HIV are living in the developing world.³
- There is growing recognition that the virus does not discriminate by age, race, gender, ethnicity, sexual orientation, or socioeconomic status – everyone is susceptible. However, certain groups are at particular risk of HIV, including men who have sex with men (MSM), injecting drug users (IDUs), and commercial sex workers (CSWs).
- The impact of HIV/AIDS on women and girls has been particularly devastating. Women and girls now comprise 50 percent of those aged 15 and older living with HIV.¹
- The impact of HIV/AIDS on children and young people is a severe and growing problem. In 2007, 420,000 children under age 15 were infected with HIV and 290,000 died of AIDS.^{1, 4} In addition to the estimated 2.1 million children living with HIV/AIDS, about 15 million children have lost one or both parents due to the disease.^{1, 4}
- There are effective prevention and treatment interventions, as well as research efforts to develop new approaches, medications and vaccines.
- The sixth Millennium Development Goal (MDG) focuses on stopping and reversing the spread of HIV/AIDS by 2015.
- Global funding is increasing, but global need is growing even faster – widening the funding gap. Services and funding are disproportionately available in developed countries.

FREE HIV TEST



FREE HIV testing to all African American MSM. Please call the office to make an appointment.

678-921-2706

S1C now has a Partner of Positive Support Group (PPSG). It is designed to meet the growing need to educate HIV negative partners on the difficult challenges faced in maintaining a healthy lifestyle and relationship.

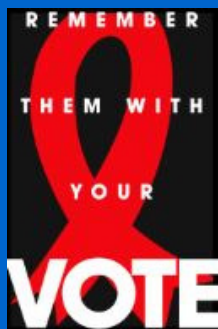
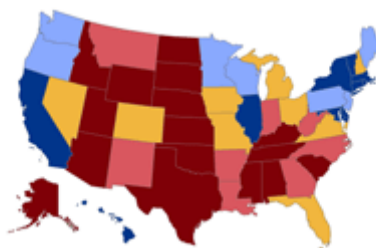
ELECTIONS '08

Whose ahead in the polls?

The Presumptive Nominees



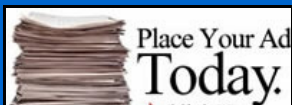
Barack Obama **48%** | **42%** John McCain



HEPATITIS C Screening



S1C is now partnering with ROCHE Laboratories to conduct Hepatitis C screening to High-at-Risk populations.



678-921-2706

Voter Guide for 2008 Presidential Election



GMHC recently unveiled a 94-page voter education guide summarizing the positions of all the major Democratic and Republican candidates in the 2008 race for the White House, with a primary focus on issues related to fighting HIV.

The report summarizes each candidate's views on issues such as comprehensive sex education, the Early Treatment for HIV Act, prison HIV prevention programs, syringe exchange programs and funding for the Ryan White CARE Act in addition to several other key issues.

You can download the report at AIDSVote.org or you can access a condensed, 4-page version at gmhc.org.

For more information about voter registration requirements or to learn about absentee voting, visit www.EsLaHora.com - a project of the Georgia Latino Vote campaign.



July 1, 2008

Montaner: Treat HIV to Help Curb Infection Spread

Not only can antiretroviral therapy provide significant disease-free survival benefits to people living with HIV, it can also greatly curb the spread of the virus and reduce new cases of the infection where treatment is made widely available. But according to a commentary published in the July 1 issue of the *Canadian Medical Association Journal*, authored by Julio Montaner, MD, and his colleagues at the University of British Columbia, the use of HIV treatment as a prevention strategy has been largely overlooked by public health officials.

The use of treatment as a prevention strategy has long been a major component of public health, including efforts to prevent the ongoing transmission of infections like tuberculosis, syphilis and genital herpes. "However," Dr. Montaner and his fellow experts write, "public health policymakers and program managers have been reluctant to accept this strategy as viable for preventing the growth of the HIV/AIDS epidemic."

According to the authors, access to effective antiretroviral therapy has been linked to substantial reductions in new HIV cases in various populations. Research in Taiwan, for example, found a 53 percent reduction in new HIV diagnoses after the introduction of access to combination HIV treatment.

"Treatment as an aid to prevention should be explored in diverse settings, including in developed and developing countries," the authors write. "Evidence derived from these research efforts will decrease AIDS-related morbidity and mortality and inform policymakers about the role of treatment as an aid to prevention."

June 27, 2008

Deep Vein Clotting Risk Higher in HIV

People living with HIV face an increased risk of deep vein thrombosis (DVT)—potentially dangerous blood clots in major blood vessels—according to a Johns Hopkins University School of Medicine study published in the July 1 issue of the *Journal of Acquired Immune Deficiency Syndromes*.

Left undiagnosed and untreated, DVT can cause pain, swelling and numbness—usually in the legs—and can also travel to the pulmonary artery in the chest and cause a life-threatening blockage (pulmonary embolism). Studies suggest that 1 to 2 percent of HIV-positive people develop DVT at some point in their lives, which is a rate 10 times higher than expected among people without HIV.

To confirm these results, Aima Ahonkhai, MD, and her colleagues investigated the incidence of DVT among patients in the Johns Hopkins University AIDS Service cohort. They found the risk of DVT among HIV-positive patients to be approximately 0.54 percent per patient per year—comparable to what has been reported by other research teams. Compared with patients in the cohort who hadn't developed DVT, those who did were more likely to have slightly lower CD4 counts, higher viral loads and low hemoglobin levels preceding their DVT diagnosis. The use of antiretroviral therapy was not associated with DVT.

The authors suggest further studies elucidating why DVT risk is higher in people living with HIV are important. They write, "...the mortality from [pulmonary embolism] is high, and the morbidity from DVT is great. With the tremendous recent gains in life expectancy for patients with HIV/AIDS, addressing the threat of [DVT] is increasingly appropriate."

EVENTS!

Metro-Atlanta HIV/AIDS Leadership Coalition

It will be held on July 24th at 6pm at No Mas Cantina. Dr. Gloria Taylor will facilitate the next meeting, so be ready to work. Thank you for your support in addressing important issues surrounding people that are infected and affected by HIV/AIDS.

My time. Your time. It's about time.

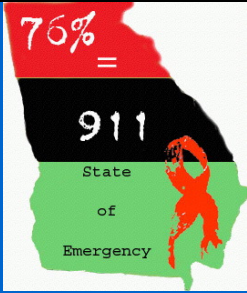
JOIN OUR HIV VACCINE STUDY

Getting HIV negative, men who have sex with men, ages 18 to 45 to participate in an HIV vaccine clinical trial this fall. The purpose of this study is to test the most optimal HIV vaccine is safe and may lower the chance of getting HIV. We hope to learn more about HIV vaccines and prevention of HIV infection. The study is being performed by Dr. Francis Priddy at the Emory Hope Clinic, 602 Clark Street, Decatur, GA 30030. Study volunteers are compensated for their time and travel expenses and will receive confidential HIV counseling and testing.

For more information, visit www.hivclinic.emory.edu or vaccine@emory.edu

Call us: 877-424-HOPE (4673 x151) **EMORY**

Key Snapshot of the U.S. HIV/AIDS Epidemic Today
40,000 new infections each year.
1,200,000 people live with HIV,
400,000 with AIDS. 25% of people infected with HIV do not know it.
(Source: HIV/AIDS Policy Fact Sheet, November 2006) If you don't like something, change it; if you can't change it, change the way you think about it.
Mary Engelbreit



New Client Advocacy Group

"YOU COUNT!"

Use your VOICE, It makes a difference.

Contact Us

Someone Cares, Inc. of Atlanta

1950 Spectrum Circle

Suite 400

Marietta, GA 30067

Office: 678-921-2706

Fax: 678-921-2715

someonecaresatl@aol.com

www.someonecaresatl.org

MUST Ministry's Community Health Fair

MUST Ministry is sponsoring a Community Health Fair on Saturday, July 19th between the hours of 10am – 6pm. The event will be held at Hickory Lake Apartments at 490 Windy Hill Rd. Smyrna, GA 30082. Someone Cares, Inc. will provide FREE HIV testing. Come on out and lend a hand at reaching populations that don't have the financial means to access health services.

Remembering our Troops in Iraq



Troops in Iraq - Total 154,734, including 145,000 from the US, 4,000 from the UK, 2,000 from Georgia, 900 from Poland, 650 from South Korea and 2,184 from all other nations

U.S. Troop Casualties - 4,116 US troops; 98% male. 90% non-officers; 80% active duty, 12% National Guard; 74% Caucasian, 10% African-American, 11% Latino. 18% killed by non-hostile causes. 51% of US casualties were under 25 years old. 70% were from the US Army Non-U.S. Troop Casualties - Total 313, with 176 from the UK

US Troops Wounded - 30,316, 20% of which are serious brain or spinal injuries (total excludes psychological injuries)
US Troops with Serious Mental Health Problems - 30% of US troops develop serious mental health problems within 3 to 4 months of returning home

US Military Helicopters Downed in Iraq - 68 total, at least 36 by enemy fire

IRAQI TROOPS, CIVILIANS & OTHERS IN IRAQ

Private Contractors in Iraq, Working in Support of US Army Troops - More than 180,000 in August 2007, per The Nation/LA Times.

Journalists killed - 129, 85 by murder and 44 by acts of war

Journalists killed by US Forces - 14

Iraqi Police and Soldiers Killed - 8,409

Iraqi Civilians Killed, Estimated - A UN issued report dated Sept 20, 2006 stating that Iraqi civilian casualties have been significantly under-reported. Casualties are reported at 50,000 to over 100,000, but may be much higher. Some informed estimates place Iraqi civilian casualties at over 600,000.

Iraqi Insurgents Killed, Roughly Estimated - 55,000

Non-Iraqi Contractors and Civilian Workers Killed - 553

Non-Iraqi Kidnapped - 306, including 57 killed, 147 released, 4 escaped, 6 rescued and 89 status unknown.

Someone Cares, The question now is, Do you?

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