



Happy Mother's Day



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Filling the GAPS, while building bridges!



Atlanta's Community Based Organizations Executive Directors

Hello Friends,
You are looking at the soldiers on the battlefield in the Atlanta Metropolitan Area. Along with their staff and volunteers, they are at the forefront of providing HIV/AIDS & STD education, prevention, and treatment. We must encourage them to continue their tireless efforts to tackle a virus that is destroying so many lives.

For the overwhelming positive response from our last Executive Directors dinner, that was held in March, S1C has put together another one. "Filling the GAPS, while building bridges". This dinner will again help build better relationships between agencies and start a dialogue to address important issues that are facing Atlanta's HIV/AIDS community. Please if you can not make it; send a representative from your agency. Thank you again for supporting our mission in equipping our consumers and the Atlanta Metropolitan community with the proper HIV/AIDS & STD education, prevention and treatment methods.

Ronnie E. Bass
Editor / Executive Director

Happy Labor Day



S1C May Calendar

May 5, 12, 19, 26 – Evening Chat (MSM PLWA support group) - Mondays at 6:30pm

May - Club, street, park outreach done on weekends

May – Daily HIV testing 9am – 6pm

May 1 – HIV Testing at Atlanta City Department of Corrections

May 7 – HIV Testing at Atlanta City Department of Correction

May 8 – Dinner

May 9 – Meeting with Nurse Connections 11:30am

May 10 – HIV Testing at Greenbriar Mall 2008 Expo Complete 10-3

May 12 – Georgia Community Planning Group Augusta, GA

May 14 – Hopewell Missionary Baptist Church 9am – 2pm

May 14 – Executive Directors Dinner / Taurus Restaurant 6pm

May 15 – Lunch & Learn at the Atlanta City Department of Corrections 12 noon

May 15 – Hep C screening at Atlanta Harm Reduction Coalition 3pm – 6pm

May 17 – Ronnie Bass Birthday

May 21 – State Syphilis Elimination Effort meeting at Timber Ridge 9am

May 27 – Educational Dinner / Taurus Restaurant / Dr. Brian Pearlman – Hepatitis

May – PLWA workshop Jerusalem House 6pm

May – PLWA workshop Edgewood House 1pm

May – PLWA Workshop Common Ground 11am

May – PLWA workshops Travelers Aid 11am

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

NEWS from DHR

B. J. Walker, Commis

Department of Human Resources • Office of Communications • Dena J. Smith, Press Secretary
Two Peachtree Street, NW • Suite 29.426 • Atlanta, Georgia 30303-3142
Phone: 404-656-4937 • Fax: 404-651-6815

FOR IMMEDIATE RELEASE

April 4, 2008

For information, contact:
Dena J. Smith; (404) 656-4937

STATE PUBLIC HEALTH OFFICER, DR. STUART BROWN, TO RETIRE

ATLANTA (GA) – Having served as a major player in Georgia's public health community for more than 31 years, three of which were spent as Director of the Division of Public Health, Dr. Stuart T. Brown announced today his plans to retire from the Georgia Department of Human Resources. Brown will continue serving in his current capacity until April 30th.

"It has been an extreme honor to have had the opportunity to impact and empower every Georgia resident," said Brown. "Since joining DHR, we have made great strides through our many partnerships to influence behaviors by developing and adopting strategies that resulted in positive change and put us on target to achieving what we all want – a healthier Georgia."

Dr. Brown spent 12 years serving as the Medical Director, and later the Acting Director, of the DeKalb County Board of Health before accepting the responsibility as the State's Director of the Division of Public Health in 2005. Prior to his lead health post, Dr. Brown served with the Centers for Disease Control and Prevention (CDC) working on assignments for the World Health Organization (WHO), Seattle-King County Health Department and Fulton County Department of Health and Wellness. While at the CDC, he worked on STD control nationally and internationally, protection from Chemical Warfare Agent Disposal and led the development of Injury Control and Epidemiology.

Under Dr. Brown's leadership, the Division of Public Health worked to adopt strategies and policies that help improve the health of Georgians.

Notably, Public Health played a major role in the implementation of one of Georgia's most important health endeavors - the passage of the Georgia Smokefree Air Act of 2005.

The Smokefree Air Act prohibits smoking inside most public places and outlines specific guidelines for allowing smoking in and around establishments that serve the public. The act played a key role in reducing the average rate of Georgia's adult smokers by 10 percent in 2006.

The Division also worked alongside school systems across the state to implement the 100% Tobacco Free School Policy which prohibits tobacco use in school buildings and on their grounds and vehicles used to transport students. A total of 18 school systems in Georgia have adopted the policy.

During Dr. Brown's tenure, Georgia continued to rank among the nation's top five states for immunizing children against vaccine preventable diseases according to the National Immunization Survey. In 2006, Georgia's immunization rate was above the national average of 77 percent, placing the state fifth on the ranking list. Of the children surveyed, 81.4 percent received the recommended 6-vaccine series of immunizations.

The Division also became the first agency in the nation to receive approval from the Office of Pharmacy Affairs, a component of the HRSA, to utilize a pilot project for dispensing AIDS Drug Assistance Program (ADAP) medication to Georgia HIV/AIDS patients. Under the Alternative Methods Demonstration Project (AMDP), patients can pick up their HIV/AIDS medication from pharmacies in their local area or participating pharmacies across the state.

"Dr. Brown has been a pivotal piece of the puzzle as we worked to identify where Georgia's health issues lie, defining the division's priorities and setting goals for addressing health issues in Georgia," said B.J. Walker, Commissioner of the Department of Human Resources. "He has helped create the needed groundwork that will ultimately improve the health status of every individual in this state."

Beginning May 1st, Dr. Sandra Elizabeth Ford will serve as the interim Director of the Division of Public Health. Dr. Ford has served as the District health Director of the DeKalb County Board of Health since February 2005. Ford is a board-certified pediatrician and has an MBA from Howard University Graduate School of Business. She previously served as deputy State Health Officer of Children's Medical Services for the Florida Department of Health.

For more information about the Division of Public Health's accomplishments and general DHR information, please visit: <http://dhr.state.ga.us>.

Someone Cares, Inc. of Atlanta has a new office



Hey Guys! Just want you to know we have moved into our new office in Marietta, GA. God is good! The new office will allow us to conduct busy on a more professional level for our staff and maintain privacy for our guest, clientele and consumers. I will forward pictures of my office once the interior decorators are through. Hahahahahahahaahhahahahaa I can see the federal government throwing my butt out the first month. Please pray for us as we continue our efforts to serve Cobb County and the Atlanta metro area. You are welcome to stop by anytime.

New address below:

Someone Cares, Inc. of Atlanta
1950 Spectrum Circle
Suite 400
Marietta, GA 30067
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.

Cobb County Community Resource Coalition



Cobb County Community Resource Coalition seeks to awaken the sleeping giant in Cobb / Douglas Counties. Cobb County is reported as the 3rd district with the highest HIV reported case in the Metropolitan Atlanta community, but only has two HIV/AIDS specific organizations that are addressing this issue. (Cobb/Douglas Public Health Department and Someone Cares, Inc. of Atlanta) We have found that a large percentage of consumers travel to Fulton County for their services. We are in need of funding and proper resources to ensure adequate services to those that are infected and affected by the virus. S1C has spearheaded a coalition in Cobb County, (Cobb County Community Resource Coalition) to build a coalition of different service organizations that can assist in delivering quality services.



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

On April 18th, The Georgia Department of Community Health held a press conference to release the 2008 Georgia Health Disparities Report. The report revealed that African Americans still lead in many of the life threatening health disparities in the State of Georgia. The overview was delivered by George Rust, M.D., M.P.H., Director for The National Center for Primary Care, Morehouse School of Medicine. The event was well attended and infused a sense of urgency in addressing Georgia's Health Disparities. James Peoples and staff did an excellent job in hosting the event.



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



April Donor Corner
\$1000-\$5000 Level

Boehringer Ingelheim



LATINO COMMISSION ON AIDS... meeting health challenges in the Latino Community

Dear Colleagues:

As you know, the HIV/AIDS epidemic is a serious threat to the Latino communities and HIV testing is one of the most effective strategies we have in the fight against HIV/AIDS. It is estimated that a majority of new infections are likely transmitted by individuals who are completely unaware that they are infected. Studies show that once people learn they are HIV-positive; most take steps to protect their partners. Testing is the essential first step in linking people with HIV to medical care, helping them maintain safe behaviors, and reducing the transmission of the disease.

Many Latinos are already aware of the importance of HIV testing. A 2006 national survey found that 54% of Latinos report having been tested at least once. Unfortunately, however, many are getting tested too late. In 2004, about 43% of Latinos who were HIV-positive received an AIDS diagnosis within one year of testing positive for HIV. If they had gotten tested early, they could have started treatment to stay healthy. They also would have known sooner to prevent spreading the infection to others. Early testing makes a big difference.

Please help us spread the word about the importance of HIV testing among Latino communities. On our website <http://latinoaids.org/promotehivtesting.htm>, we have made available fact sheets about the importance of HIV testing for Latinos. The Latino Commission on AIDS is distributing this fact sheet in partnership with the U.S. Department of Health and Human Services' Office on HIV/AIDS Policy (OHAP). OHAP's National HIV Testing Mobilization Campaign encourages all sexually active Americans, ages 13-64, to get tested for HIV as part of their routine health care. To learn more about the Campaign, please visit www.aids.gov/takecontrol.

I encourage you to post these fact sheets on your website and to print and disseminate them throughout your networks. You may reproduce the fact sheets freely and customize them to promote your organization and its testing services. You can also obtain printed copies through the Campaign website noted above.

Together, we can raise awareness of the need for all sexually active Hispanics to get tested for HIV and put an end to this preventable disease.

Unidos Podemos,

Dennis DeLeon
President

S1C conducts HIV testing in Correctional Facilities



Someone Cares, Inc. of Atlanta has extended its outreach service to the Atlanta City Department of Corrections. S1C has a working Memorandum of Agreement to provide HIV testing weekly; to inform inmates of their HIV status while incarcerated. This is done on a voluntary base and with signed consent. This testing effort will assist in getting inmates proper education & treatment while incarcerated and in knowing their status will assist in the reduction of HIV positive women and partners post release. We are excited about our new partnership and look forward to accomplishing great things.

FREE HIV TEST



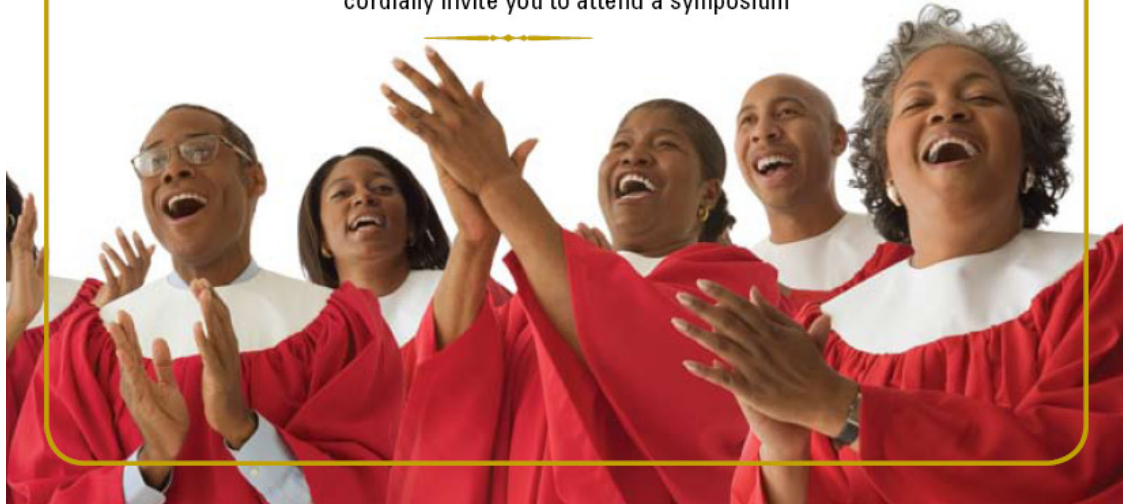
FREE HIV testing to all African American MSM. Please call the office to make an appointment.

770-226-0075

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.

There's hope in our soul

In observance of HIV Vaccine Awareness Day
The Hope Clinic, SisterLove, Inc., NAESM, and Hopewell Baptist Church
cordially invite you to attend a symposium



WHO SHOULD ATTEND:

- Those who have seen the effects of HIV/AIDS on the African American community—and want to do something about it
- Those who would like to initiate or increase involvement in HIV/AIDS prevention initiatives in the African American community
- Those who would like to learn more about the variety of ways that they can address HIV, and bring HIV vaccines and other prevention methods into the dialogue
- Those who would like to learn more about HIV/AIDS and the development of new prevention approaches
- Those who believe that awareness and education of HIV prevention methods are the paths to a better life
- Those who believe the church should care for the whole person—spiritual, emotional, social, and physical

THIS PROGRAM WILL:

- Dispel common myths about HIV/AIDS, HIV vaccines and clinical trials
- Look at the impact of HIV/AIDS in the Black community
- Increase awareness of the urgent need for an HIV vaccine and share information about ongoing HIV vaccine research
- Talk about HIV prevention and the importance of participation in the dialogue regarding new prevention methods
- Build community willingness to listen, learn, and ask questions about HIV vaccines
- Increase the community's knowledge and understanding of the scientific and social issues relating to HIV vaccines and HIV vaccine research



LISTEN TO
ALTERNATIVE
PERSPECTIVES
THE VOICE OF THE
GLBTQ COMMUNITY
AND OUR ALLIES
ON
WRFG 89.3FM
TUESDAY 7PM TO 8PM

HEPATITIS C Screening



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



770-226-0075

The role of the Black Church in combating HIV/AIDS in the African American community: Focusing on HIV vaccines

with Bishop William L. Sheals

Wednesday, May 14, 2008

9:00am-2:00pm

Hopewell Baptist Church

182 Hunter Street

Norcross, Georgia 30071



Make your reservation by May 9

877-424-HOPE (4273) or vaccine@emory.edu

Inmate Testing: Optional or Mandatory?

HIV testing in state prisons should be offered but not forced, say two medical experts in an editorial in North Carolina's *The News & Observer* (newsobserver.com, 4/23).

David A. Wohl, MD, associate professor of medicine at the University of North Carolina Division of Infectious Diseases and codirector of HIV Services for the state Department of Correction, and David Rosen, PhD, of the UNC School of Medicine, say that the dual epidemics of imprisonment and HIV in the country contribute to higher rates of HIV among prisoners than the general population.

"In response, some advocate for mandatory HIV testing of prisoners," write Wohl and Rosen. "However, the solution to the HIV epidemic is not mandatory HIV testing of inmates."

They say forcing individuals to be tested "deprives that person of a basic autonomy that should not be lost with incarceration." Also, the experts say that forced testing could be dangerously stigmatizing in prison settings.

Wohl and Rosen say that, instead, the Centers for Disease Control and Prevention's general HIV testing guidelines should be offered in prisons, with testing offered to everyone who participates in medical care.

"The CDC testing strategy respects the magnitude of the threat of undiagnosed HIV infection but also the right of an individual to make an informed decision regarding whether to be tested," they write. "The soundness of these recommendations does not stop at the prison gate, and they should be adopted for all [people in the state of North Carolina], incarcerated and free."

ELECTIONS '08



Clinton and Obama discuss HIV/ AIDS

April 14, 2008

Senators Clinton and Obama Discuss HIV/AIDS

In a forum called the "Compassion Forum," intended to explore the issues of faith and compassion and how a "president's faith can affect us all" and hosted by Messiah College in Grantham, Pennsylvania, Democratic presidential candidates Hillary Clinton and Barack Obama both called for increased attention to the global HIV/AIDS epidemic, the *Hartford Courant* reports (courant.com, 4/14). CNN broadcast the forum on April 13 and published a transcript of the event online at cnn.com.

When asked about federal policies for providing lifesaving antiretroviral medications to people living with HIV in developing countries, Senator Clinton replied, "I believe that our government must do so much more to get generic drugs and low-cost drugs to people suffering." She later added, "I commend President Bush for his PEPFAR [President's Emergency Plan for AIDS Relief] initiative. It was a very bold and important commitment, but it didn't go far enough in opening up the door to generics and getting the costs down. And as president, I will do that."

Senator Obama also commended PEPFAR, and claimed that abstinence education should play a role in HIV prevention. However, he also argued for more comprehensive programs in recipient countries.

"My view is...that we should use whatever the best approaches are, the scientifically sound approaches are, to reduce this devastating disease around the world," Obama said. "And part of that, I think, should be a strong education component, and I think abstinence education is important... I also think that treatment is important... I also think that we have to do more to make antiviral drugs available to people who are in extreme poverty."

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.



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 (the 016 Study). The success of this study is one of the most significant HIV vaccine trials 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 73400 Street, Decatur, GA 30030. Study volunteers are compensated for time and travel expenses and will receive confidential HIV counseling and tests. See also: www.hopeclinic.emory.edu or vaccine@emory.edu

Call us: 877-424-HOPE (4673 x15) 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



"Highly Active Antiretroviral Therapy Use and HIV Transmission Risk Behaviors Among Individuals Who Are HIV Infected and Were Recently Released from Jail"

Am Journal of Public Health Vol. 98; No. 4; P. 661-666 (04..08):: Kristen Clements-Nolle, PhD, MPH; Rani Marx, PhD, MPH; Michael Pendo, MPH; Eileen Loughran, BA; Milton Estes, MD; Mitchell Katz, MD

The authors evaluated highly active antiretroviral therapy (HAART) use and risk behaviors among 177 inmates who were HIV-infected and were released and then re-incarcerated in San Francisco jails during a 12-month period. A quarter of the adults who are HIV-infected in the United States pass through correctional facilities annually.

Interviews with study participants assessed sociodemographics, incarceration history and use of supportive services the month preceding re-incarceration. They were also screened for depression, and questioned about past or present alcohol dependence and sexual and drug use behaviors. Participants were given a pill card with pictures to determine antiretroviral use during the preceding month and asked about doses missed.

In general, participants were economically disadvantaged and repeat incarceration was common. A majority were homeless the month preceding incarceration. Risk-taking behavior included sero-discordant unprotected sexual intercourse (27 percent-38 percent) and syringe sharing (17 percent). Although almost two-thirds had a history of antiretroviral use, 59 percent (n=64) of this group did not use HAART the month preceding incarceration. Among HAART users, 52 percent missed medication doses once a week or more.

The discontinuation of HAART was independently associated with homelessness, marijuana use, injection drug use, and the lack of community medical care.

According to the authors: "Suboptimal HAART use while in the community compromises the personal health of ex-offenders and may increase HIV transmission, including transmission of drug-resistant strains. This is particularly troubling given the rates of serodiscordant unprotected sexual intercourse and distributive syringe sharing we observed and others have reported."

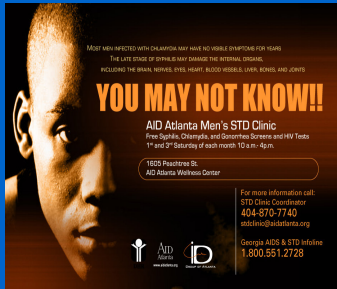
The authors concluded that the study results "highlight the need for coordinated public health interventions that begin during incarceration and continue post-release. Such interventions are critical to improving health outcomes for inmates who are HIV-infected and preventing further HIV transmission in the community."

Scientists Test Device to Track Medication Adherence in Patients with HIV/AIDS

GAINESVILLE, Fla. - May 21, 2008 -- Most of us have missed a dose of antibiotic or forgotten to take a daily vitamin. But when the stakes are higher -- as they are for people with HIV/AIDS -- a skipped pill could mean the difference between health and hazard for the entire population. Now, a breath monitoring device developed by scientists at the University of Florida and Xhale Inc. could help prevent the emergence of drug-resistant strains of HIV by monitoring medication adherence in high-risk individuals.

"For HIV, it's been shown that if you don't take a very high percentage of your medication, you may as well not take medication at all," said Dr. Richard Melker, a professor of anesthesiology at the [University of Florida] College of Medicine and chief technology officer for Xhale.

Patients who take some but not all of their medication increase the likelihood the virus will mutate into a deadlier, drug-resistant form. Experts have tried literally hundreds, if not thousands, of ways to monitor drug adherence, ranging from daily log books to blister packs that record the time each pill is dispensed. Despite the money, time, and effort devoted to these methods, Melker said only one works well: directly observed therapy, or DOT.



U.Q.H.H.C.



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Atlanta, GA 31119
Office: 404-822-9396
Email: jon51069@aol.com
Website: www.uqhhc.com
Contact: Jonathan English**

"In Hepatitis Trends, Good News and Bad"

New York Times (04.29.08):: Nicholas Bakalar

In the United States, routine vaccination against hepatitis A virus (HAV) and hepatitis B virus (HBV) is in large part responsible for declines in new infections to their lowest recorded levels, according to new CDC data. However, the agency recorded slight increases in new hepatitis C virus (HCV) infections, for which there is no vaccine.

HAV is spread by the fecal-oral route, mostly through close personal contact. Outbreaks occurred about every 10 years until the vaccine became available in 1996. During 1995-2006, HAV incidence declined by 90 percent to just 1.2 cases per 100,000 population. Declines were noted especially among children in states where HAV vaccination is routine.

HBV is transmitted through blood or body fluids. Sometimes infection is acquired during birth or during long-term contact with an infected person. Men have higher HBV rates than women, and two groups at highest risk for the disease are injection drug users and men who have sex with men. An HBV vaccine has been available since 1981. During 1990-2006, new HBV infections dropped 81 percent to 1.6 cases per 100,000 population.

HCV is also spread through blood and body fluids. There were 3.2 million chronically HCV-infected Americans in 2006. While the number of new infections continues to be small, reports have plateaued since 2003, with a slight increase in 2006. Injection drug use is the most common risk factor for HCV.

"The trends in A and B reflect the power of vaccinations to prevent disease to the point where we can talk about eliminating them," said Dr. John W. Ward, director for viral hepatitis at CDC. However, "[HCV] is common in the U.S., and more effective interventions are needed."

The full report, "Surveillance for Acute Viral Hepatitis - United States, 2006," was a Surveillance Summary published in *Morbidity and Mortality Weekly Report* (2008;57:SS-2).

"HIV 'Hides from Drugs for Years'"

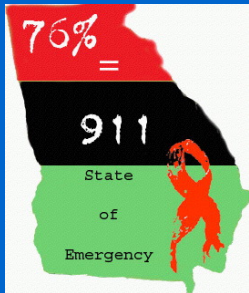
A study of 40 patients on long-term standard HIV therapy found low levels of dormant virus, confirming that patients must take HIV drugs indefinitely and suggesting that any breaks run the risk of reviving the infection.

Dr. Sarah Palmer of the US National Cancer Institute and colleagues followed the patients for seven years. While doctors do not usually record HIV levels once they drop below 50 per ml of blood, the NCI team used highly sensitive equipment to measure infection below this threshold. They found HIV was still present at low levels in 77 percent of the patients.

Although potent antiretrovirals can suppress HIV infection to nearly undetectable levels, they cannot eliminate the virus, the researchers said. And while participants' levels were low, they were high enough to prompt infection if treatment were interrupted. HIV may be harbored by CD4+ cells, which play a role in immunity, the study suggests. These cells were likely infected before therapy was started, and the amount of virus they produce is small.

"It is extremely important that new drugs are developed to eradicate HIV infection as the side effects associated with long-term HIV treatment can be severe," said Palmer. In addition, she warned, failing to take HIV medicines as prescribed raises the risk of resistance, rendering future treatment less effective.

The study, "Low-Level Viremia Persists for at Least 7 Years in Patients on Suppressive Antiretroviral Therapy," was published in the *Proceedings of the National Academy of Sciences* (2008;105(10):3879-3884).



New Client Advocacy Group

"YOU COUNT!"

Use your VOICE, It makes a difference.

Contact Us

Someone Cares, Inc. of Atlanta

P.O. Box 881

Smyrna, GA 30081-9998

Office: 770-226-0075

Fax: 770-226-0075

someonecaresatl@aol.com

www.someonecaresatl.org

EVENTS!

Invitation to Breakfast

Participate in a conversation that matters.
Grady Hospital and the Faith Community with Pete Correll, chair of
Grady's new nonprofit board of directors
Dr. Arthur Kellerman, associate dean for health policy, Emory
University School of Medicine
Dr. Lawrence L. Sanders Jr., associate dean for clinical affairs,
Morehouse School of Medicine
The Regional Council of Churches May Pastors Breakfast
Thursday, May 15, 2008, 7:30 AM
Hosted by Providence Missionary Baptist Church
2295 Benjamin E. Mays Drive SW, Atlanta 30311
This event is free for RCCA members and \$10 for nonmembers.

RSVP to ecarter@rccatl.org or 404-523-5554 ext 231

Mark Anthony Douglas receives Masters Degree



The Executive Director of My Brothaz Home, Inc. in Savannah Georgia, has received his Masters Degree in Education / Adult Education from Armstrong State University, on Saturday May 3, 2008. Congratulations Mr. Douglas!

Someone Cares, The question now is, Do you?

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