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## 2007—A Look Back Over 20 Years

BY MARK KATZ, MD

AIDS turned 26 this past year. More than a quarter of a century old. And, despite numerous treatments and overall promising news of the past years in developed nations, the epidemic continues its ravages worldwide.

For many years, I wrote for this *Newsletter* an annual wrap-up of each year's Top 10 HIV/AIDS Stories. Each year the number one loomed out over the landscape: For example, in 1993 it was The Concorde Study, which cast a doubt as to whether or not early treatment with AZT would be beneficial. Then, in 1996, we all smiled over the ascent of HAART therapy and the promise (albeit ahead of its time) of eradication.

The Top 10 stories have been absent from this *Newsletter* for the past several years, and when asked to write one for 2007, two thoughts immediately came to mind:

First, it would be next to impossible to come up with ten groundbreaking stories from the single year just ended.

But, my mind, which tends to "see" chronologies even when I am not trying to, reminded me that I have long stated that 1987 and 1997 were two of the seminal years in HIV/AIDS history. So, I asked myself, what about a review of *all three* years of this epidemic which have ended in "lucky 7"?

### 1987—Some Legacy Still Here... Some Legacy Gone

Several important events in HIV/AIDS history happened in this sixth (or seventh, depending on how you deal with numbers) year of its history.

For the first time, there was a treatment for the underlying HIV infection, as Burroughs-Wellcome's drug AZT was FDA-approved on March 20 of that year. Originally developed as a cancer

agent but allegedly shelved due to toxic side effects, it made its way off the shelf in the mid 1980s, and gave the AIDS epidemic its first ray of hope.

Although it was dosed originally at two pills every four hours around the clock—necessitating users to awaken during the night (remember those alarmed pill boxes?)—the initial trials in people with CD4 T-cell counts less than 200, or prior *Pneumocystis pneumonia*, clearly demonstrated that its use prolonged life.

(AZT remained the only approved anti-HIV medication on the market until ddI's release four years later, in 1991.)

Although there have been two dozen additional medications approved by the FDA since that time to combat HIV, the fact that AZT remains a standard ingredient of many regimens (usually via the co-formulated Combivir) and that it is still considered a first-line treatment for AIDS dementia and for pregnant HIV+ women, looms as a testimony to its place in HIV history.

Most of the other developments of this year which I will discuss were along the sociopolitical scene.

In June, the 3rd International AIDS Conference was held in Washington DC; it was the first one I ever attended. Most of the attendees were clinicians and researchers, white men who wore suits and ties. Most were, as I recall, heterosexual—which figures into the story of the next paragraphs. ACT-UP was not yet around (but would be later this year...).

It was considered quite a coup that Vice President George H.W. Bush agreed to address the assemblage—and I tell this as a bit of anecdotal (but true!) AIDS history: He came out onto the stage in the Grand Ballroom of the Washington

Hilton and as he stated his first words, many in the room, including myself, stood up and booed him. (The lack of response of the Reagan administration to the AIDS epidemic was no secret to anyone at an international AIDS meeting.)

He turned away from the podium, and presumably not realizing his microphone was still on, “whispered”—but we all heard it broadcast loudly throughout the room—“Damn.... Must be a gay group.”

Amazingly, three important developments on the national scene occurred in a single month of that year, in October.

During that month, Senator Jesse Helms is said to have marched one day into President Reagan’s office, showing him a brochure which New York City’s Gay Men’s Health Crisis (GMHC) had been distributing. Called *After the Gym*, it told in comic strip style, the story of Julio and Ed, two gay men who became “acquainted,” indicating in one caption, “After the gym, the real workout starts.”

Helms used this as ammunition to add an amendment to a spending bill on Congress’ table, and it was designed to prevent the government from paying for any AIDS education programs or brochures which would, “promote or encourage, directly or indirectly, homosexual sexual activities.” The bill passed The Senate 94–2, and then sailed through The House 358–47, on October 20.

As a result, many brochures and educational materials became obsolete, including most all which had pictures of genitals, or the anus. The CDC began strictly reviewing all educational materials which were attached to federal funding, and long before the Christian right’s ascendance of the past 15 years, abstinence began to be promoted as an effective tool for stopping the epidemic.

In that same month, ACT-UP LA was formed. Earlier in 1987, in March, playwright Larry Kramer had founded the original New York Chapter. In his inspiring and now famous call to action, he reminded the hundreds in the room (mostly gay men living with AIDS) that two-thirds of them could be dead within five years.

Sadly, I imagine this prophecy came true, despite the advocacy and “spunk” for which ACT-UP became famous.

And also in October, on the 11th, the first 1,920 panels of The Names Project Quilt were displayed on The Mall in Washington. I was one of the half a million who visited that weekend, along with my friends Cliff Arnold (who died in

1993), and Victor Brown (who still lives and prospers, despite having sported a CD4 T-cell count of 87 that very year).

On a local and personal level, October 1987 was also the very first PLUS (Positive Living for Us) seminar. PLUS was founded by three LA Shanti volunteers—Kim Hartstein, Jerry Wolfe, and Fred Wilkey—who sought to give people living with HIV tools (medical information, psychological support, nutritional, legal, emotional) to help improve the quality—and hopefully the length—of their lives.

The idea of having a weekend experience for people living with HIV was entirely novel, as most of the HIV/AIDS landscape until 1987 was about dealing with illness, and death, for people with HIV. (I had the honor and privilege of being one of the presenters of medical information at most of the PLUS seminars through the late 1990s. If you know the “shredded wheat” story, then likely we have met....

(PLUS became a part of LA Shanti in 1990 and remained a vibrant part of that organization’s programs until it closed in 2006. [The Life Group LA has revived the PLUS concept as POZ Life Weekend Seminar. —Ed.]

Also, in late 1987, Being Alive Executive Director and visionary Dave Johnson said that as AIDS knowledge increased, one of the services this organization could provide would be a regular Medical Update. He approached me in November of that year, and a few months later, in early 1988, the first of 108 nearly consecutive *Being Alive Monthly Updates* would be held.

Handouts were xeroxed, slides were minimal-to-absent, but the spirit was strong—and the *Updates* prospered. (Being Alive maintains a library of the *Update* handouts and many of the presentations, which were on local and national cable television, are available at the office for viewing!)

### 1997—AIDS: Is It Over...or Isn’t It?

I took the above subhead directly from the number one story which I wrote for the Top 10 HIV/AIDS Stories of 1997. Following in italics are the actual words written then to summarize this next important year in history:

*Most readers of this column agree with me—it’s not!—but this year saw the release (and promulgation by the mass media) of reports of marked reductions in new AIDS cases as well as deaths. The missing piece in so many of the reports was a simple one: If fewer people are dying from AIDS...then more people are living with HIV/AIDS.*

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### OFFICES

621 North San Vicente Boulevard  
West Hollywood, California 90069  
310.289.2551 (VOICE)  
310.289.9866 (FAX)  
Monday–Friday, 10 am to 6 pm  
Saturday, 10 am to 4 pm  
info@beingalivela.org (E-MAIL)  
www.beingalivela.org (WEB SITE)

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### NEWSLETTER

*In memory of Fred Clark, Gilbert Cornilliet, Eric Estrada, Mark Allen-Smith, Brian Stott, and Cary Alexander*

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EDITORS Dan Chan, Kevin Kurth

CONTRIBUTORS AND STAFF Jacques Chambers, Stuart Katsh, Mark Katz, Al McKittrick, Keiy Murofushi, Sam Page, Craig Taylor

Direct all Newsletter correspondence to Kevin Kurth at [Kevin@BeingAliveLA.org](mailto:Kevin@BeingAliveLA.org).

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*Alleged evidence of an increasing incidence of unsafe sex—particularly in the gay male community—fueled a major debate sparked by writers and spokespeople such as Kramer, Rotello and Signorile.*

*Although the epidemic remains very much with us in its 17th year, in-patient hospitalizations plummeted in 1997. Opportunistic infections once commonplace are now rarities; when was the last time you saw a case of cryptococcal meningitis or cryptosporidial diarrhea? This summer, when I asked a Los Angeles primary care provider with hundreds of HIV patients in his practice, “When was the last time an AIDS patient you were following died?” he told me, “I can’t remember.”*

The CDC announced on February 27, 1997, the first annual decline of AIDS deaths in the history of the epidemic, clearly the outcome of HAART. In New York City, the 1996 deaths were 30% less than they had been in 1995, and closer to home, in Los Angeles, the AIDS deaths for the first half of 1996 were 958, a 20% decline from 1,206 (first half of 1995). The county’s AIDS units, which had numbered eight at their peak in the first half of the 1990s, began to close down, one by one.

During this year, California noted its 100,000th case of AIDS, and President Clinton announced that a vaccine would be ready within ten years.

In a landmark *New England Journal of Medicine* article published on April 10, Drs. Mitchell Katz and Julie Gerberding revolutionized an area of HIV research and practice by suggesting that since AZT was used for post-exposure prophylaxis for health care workers with accidental potential exposures, could the same principle be applied to people with sexual exposure?

The treatment landscape had changed significantly even from 1996 to 1997—and in March the FDA approved the tenth antiretroviral, and the fourth protease inhibitor: nelfinavir (Viracept). It rose quickly to the top of the protease pack, and through much of 1997, the most prevalent regimen in the US was AZT plus 3TC plus nel-

finavir. This added up to a total of 17 pills daily, given over three different dosings.

(And if someone had said to me ten years ago that in a decade, we would have one pill, once daily, as a complete, well-tolerated and potent regimen, I would have said, “I wish that would come true, but I think it’s a bit far-fetched....”)

At the February 1997 *Being Alive Medical Update*, I presented a review of treatment as it stood at that time. Increasingly, in the community, there were major trends and questions:

a. Is treatment appropriate for “long term non-progressors” with low viral loads and good CD4 counts (>500)?

b. What is the best regimen to start with? Initiation with two nucleoside analogs which has been mostly AZT/3TC from 1993–1996 may be shifting.

c. When is the best time to change? Standard has been for failure of viral load to suppress >0.5 log, now more likely to call a regimen failing if it doesn’t suppress to aviremia (undetectable).

d. What to change to in a regimen already employing two reverse transcriptase inhibitors in which a patient “fails”? Tendency is increasingly to change one or both of the RT inhibitors and add a protease inhibitor.

e. Increasing tendency to use protease inhibitors in combination and even quadruple antiviral therapy.

Lastly, the information world had changed significantly from 1987 to 1997. Although most of us did not yet have e-mail, June 1997 saw the first issue of a document entitled *Report of the NIH Panel to Define Principles of HIV Infection* and a companion document, *Guidelines for the Use of Antiretroviral Agents in HIV-infected Adults and Adolescents*. The latter, released by the US Department of Health and Human Services, was significant for several reasons:

• It demonstrated an attempt towards a national standardization of HIV care.

• It was released not through publication in a journal or letter, but on the World Wide Web.

• The expert panel which formulated the guidelines included HIV-infected people sitting alongside well-known HIV physicians such as Drs. Anthony Fauci and John Bartlett.

(Today, these guidelines are accessible to virtually all Americans who live with HIV; sometimes patients read and study them more than do their providers. The most recent version is accessible at [aidsinfo.nih.gov/guidelines](http://aidsinfo.nih.gov/guidelines))

## 2007—Another Very Good Year?

Early this past year, the 15-year-old dictum that HIV+ women should not breastfeed was overturned due to research in developing nations.

The research indicated that the babies of African women who did not have access to healthfully purified milk (to use in place of their own breast milk) were more likely to develop diarrheal illness due to the impure milk. In developing nations, such infectious illness could be fatal. However, the death rate of the children who had processed milk was actually higher (albeit from other infections, not from HIV) than those who were breastfed.

So, beginning in 2007, breastfeeding is now actually recommended unless the mother has consistent access to purified milk which is free of any potential pathogen (infectious agent).

The biggest news this year in the US is once again in the realm of treatment: The once daily pill Atripla (co-formulated tenofovir plus emtricitabine plus efavirenz) accounts for a majority of all new treatment regimens.

In the latter half of the year came eagerly awaited additions to the armamentarium of antiretroviral medications—maraviroc (Selzentry, FDA approved on August 6) and raltegravir (Isentress, FDA-approved on October 12).

Each medication represents a novel class of anti-HIV activity: Maraviroc is a CCR5 entry

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**Being  
Alive**

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# Viral Decay Acceleration: Fast Track to HIV Eradication?

BY AL MCKITTRICK

When you've been living with HIV for a while like I have, you have witnessed an incredible development in treatment medications and methods: monotherapy, SMART, not so smart, HAART and pharmaceutical inhibitors that now cover every juncture between your CD4 cells and the virus. Entry inhibitors, protease inhibitors, reverse transcriptase inhibitors, integrase inhibitors, maturation inhibitors and a host of others in the pipeline. The emphasis has been on inhibiting the virus for so long that it seemed we had lost sight of eradication. This was due in a large part to the ever mutating, pesky virus itself. It is the reason we still do not have an effective vaccine. We learned in the 1990s that HIV has an incredible ability to mutate around our immune systems efforts as well as around every medication we threw at it. So we keep it in check with combinations of medications that we will have to take for the rest of our lives. Certainly, this is a far better option than many of our friends had who died earlier in the epidemic, but it is not what Martin Delaney of Project Inform and many others have been calling for since the beginning of the epidemic; an eradication of the virus. Now there looms a bright hope of promise in a new compound that is currently in Phase 2a proof of concept trials, KP-1461. It is a mutagen, or a drug that causes viral mutations and has been developed by a clever group of folks at a small Biotech company in Redmond, Washington called Koronis Pharmaceuticals.

To understand the science behind this development we need to remember a few things. The more HIV mutates, the weaker and less effective it becomes. The natural evolution of HIV is to mutate enough to withstand the immune systems' efforts and the drugs we use against it but not mutate so much that the viability of the viral population is completely crippled. It is amazing that the virus can do so much harm to us when you consider that only 1-3% of the total virus in our body is viable or effective. The rest of it is either dead or mutated so much that it is unable to enter the CD4 cells and reproduce itself. So the virus is always teetering on the brink of being mutated out of existence. The concept behind KP-1461 is to accelerate that level of mutation

and push HIV to error catastrophe and population collapse. Don't you love how that sounds? Error catastrophe and population collapse for the virus. No mercy. This process is called Viral Decay Acceleration or VDA.

KP-1461 goes about this task by disguising itself as just another building block that the virus uses during reverse transcriptase (when the virus goes from RNA to a DNA copy inside your CD4 cell). Now when the virus invades the nucleus of the cell to duplicate itself, it is making hundreds of copies of the KP-1461 model of the DNA strand, a model that mutates even more than an unaltered HIV DNA strand. And when these new viral progeny exit the cell they will carry those increased mutations with them. Repeat that process a few generations and you have impotent virus. KP-1461 has done just that in vitro (in cell cultures). The drug irreversibly extinguished the virus from those cell cultures and left all cultures alive and free from infection.

We have spent a long time thinking of mutations as bad and worrying that we could become resistant to every HIV medication available, so one might wonder if KP-1461 is going to create a supervirus that will destroy mankind, but the science of viral mutation goes against that concern. In talking with Dr. Stephen Becker, Chief Medical Officer for Koronis, I learned that of every 100 mutations, 49 of them are non-coding or duds. They don't affect the virus. Fifty of the mutations will impair viral fitness and only one percent are believed to increase viral fitness, so the chance of a super virus being created looks slimmer than the chance of the Miami Dolphins (who lost all but one game) winning this year's Super Bowl. (I came up with the football metaphor, not Dr. Becker.) In fact, in none of the experiments performed with HIV or other RNA viruses were mutations that increased viral fitness found.

One might also be concerned that something that causes mutation in viral DNA might affect our DNA in a negative way. According to Dr. Becker, Koronis and the FDA have looked at this possibility and human DNA works much better than the virus's. The very little that might be incorporated by host DNA has shown in tests to be quickly proofread and removed. So is it safe

for humanoids? So far, yes. In the Phase IB study, 37 HIV+ folks with a lot of triple regimen experience took the drug for 14 days and for them it seemed to be safe and quite well tolerated.

Now comes the Phase IIA proof of concept trial to see if the same results that Koronis saw in vitro can be duplicated *in vivo* (i.e. in us). The trial has been open since July 2007, and currently 16 folks have enrolled and started taking the drug. Dr. Becker reminded me that safety and tolerability were still the first priority of the trial and proof of concept is secondary. So far, people are doing well and Dr. Becker reports slightly fewer side effects have been noted than in the IB trial. Results of the trial will not be available until the other 16 individuals have been enrolled and completed the four month protocol. It is an open label trial, so everyone gets to try the medication and no one is getting just placebo. The other good thing about this trial is that if KP-1461 proves to be effective, Koronis has pledged to provide the drug to participants once long term animal studies are completed.

Trial enrollment is still ongoing and there are locations in LA where you can participate. Inclusion criteria are as follows. You have to have been off therapy for at least 16 weeks. You need to have a CD4 count of more than 250. They are looking for folks who are so treatment experienced that either they have a virus that is highly resistant to most PI and non-nuke-based regimens, or they have been unable to get a regimen that is fully suppressive, or they just cannot tolerate the side effects of HAART at all. If you are interested in participating, you may contact Jeff Parkins at Koronis at 425.825.0240, or visit [www.clinicaltrials.gov](http://www.clinicaltrials.gov). If everything goes well, KP-1461 will be available for Phase III expanded access sometime in 2010 and may be approved by 2012. Be assured that if that comes to pass, there is going to be a major paradigm shift in how we think of HIV treatment and maybe, just maybe the fat lady will finally get to sing. 🎤

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*Al McKittrick is the former Executive Director of the PWA Coalition Colorado. His articles have been published in Resolute!, Out Front Colorado!, and at thebody.com. He currently resides in Torrance with his wife, Shelley, and his four-year-old daughter, Grace.*

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# Your Mama's So Fat....

BY STUART KATSH, MS RD, AND KEIY MUROFUSHI, BS

Fat! The word alone conjures horrific images from a Stephen King novel. Jabba the Hutt. Blubber. But while many people may boast body fat below 10%, an average healthy male has approximately 14–20% body fat and an average healthy adult female has 17–25%. Fat is not a villain the way the media and many weight loss plans make it out to be. You need to have fat in and on your body. If you were able to eliminate all fat from your *eating plan* (I've always hated *diet*; after all, the word die is in it), you would suffer very serious health issues such as your hair falling out, your skin becoming very dry and flakey and brain related problems such as impaired thinking and psychological issues.

In this article I am going to discuss two very different but very related concepts: dietary fat—the food or nutrient, and the fat that functions in your body. To understand fat, let's review some basic nutrition.

There are six essential nutrients you must have in your eating plan. The first is water, numbers two and three are vitamins and minerals (and some other compounds similar to these), and the last three are proteins, carbohydrates and fats. Of these six, only the last three have calories (simply a measurement of energy). Food provides these calories (energy or fuel) for your body to use even at rest or during sleep. Too much energy from food and not enough energy spent by your body means weight gain, the opposite leads to weight loss, and if everything balances out, your weight will stay the same. Fat has the most calories by weight—more than twice as much as proteins or carbohydrates. Perhaps this is one of the reasons why people believe fats are bad.

Notice how I said *fats*—there are many different kinds. And they can be classified into good and bad. Focus on the type of fat in your eating plan as opposed to how much.

## Kinds of Fat

Government guidelines for Americans call for no more than 10% from saturated fat. During the late 1980s and early 1990s the message was to eat less fat. So why did we become fatter as a nation? People replaced the fat in their diet with extra food, typically with refined carbohydrates (white, starchy foods).

Fat has very negative associations for many people, but your body needs this *essential* nutrient. A moderate amount of the correct type of dietary fat is essential for good health. Fats are needed to maintain healthy skin, regulate cholesterol and create certain hormone-like substances known as prostaglandins. Prostaglandins control many of the body's processes such as the reactions to inflammation related to both injury and infection. (HIV is an inflammatory disease.) It is also needed for nerves to function and blood vessels to contract and to allow your body to use the fat-soluble vitamins A, D, E and K.

Fat is a concentrated source of energy. Energy is measured by calories. (Again, a calorie is...? Correct! Energy.) The body uses whatever fat is needed by burning calories, and the rest is stored in various fat tissues. Some fat is found in blood and other cells in the body, but the largest amount are stored in the body's fat cells. These cells act as storage for energy but also insulate the body and support and cushion organs.

*Dietary fat is not directly connected with body fat.* I am going to repeat this because many people think that it is. Dietary fat is not directly connected with body fat. Some of the people who eat the least amount of fat are the most overweight.

Body fats are known as lipids, fatty substances found in blood. Cholesterol and triglycerides are lipids. They are transported in the blood as part of large molecules called lipoproteins. Abnormalities in certain lipids can contribute to heart disease. At least one of these lipids can protect the heart (cardiovascular protective).

## Kinds of Cholesterol

**High-density lipoprotein (HDL) cholesterol.** Often called “good” cholesterol because a high level of it seems to protect against heart attacks and other cardiovascular conditions. It helps keep the arteries clear by picking up fatty fragments and taking them to the liver to be broken down. People with low HDL levels have a higher risk of heart disease. A low HDL level is less than 40 milligrams HDL per deciliter of blood (more simply 40 mg/dL) in men and less than 50 mg/dL in women. A low level of HDL cholesterol also may raise stroke risk. Think of the H in the HDL for high. You want this number high. People with HIV tend to have lower HDLs than other people.

LDL and VLDL are bad cholesterol. These are the kinds that can stick to your arteries and form plaque, reducing blood flow to the heart or the formation of a clot that totally blocks off blood flow. Not good.

### **Low-density lipoprotein (LDL) cholesterol.**

LDL cholesterol is the major cholesterol in the blood. If too much LDL circulates in the blood, it can slowly build up in the walls of the arteries that lead to the heart and brain. Together with other substances it can form plaque, a thick, hard deposit that can clog those arteries. An optimal level is less than 100 mg/dL. LDL cholesterol level may be a better indicator of risk for a heart attack or stroke than total cholesterol. The lower the LDL cholesterol, the lower the risk for heart disease or stroke. Think of the L in LDL for low—you want this low as it is a bad form of cholesterol.

**Very low density lipoprotein (VLDL) cholesterol** is another bad cholesterol. Remember the VL for very low as you want this to be very low. This should be less than 40 mg/dL.

**Total Cholesterol (TC)** is the combination of these numbers. Your total cholesterol should be less 200 mg/dL. For some people such as those with heart disease, diabetes, a family history of high cholesterol and other conditions your TC should be less than 200 mg/dL.

### **“My doctor said my cholesterol was 180....”**

...That means my cholesterol is ok, right?” Not necessarily. First of all I would assume your doctor is talking about your total cholesterol. Your HDL could be low and your HDL and VLDL high. For example, your LDL might be 140, your VLDL 45 and your HDL 25, for a total of 180. Perhaps, though, your LDL is 95, your VLDL is 35 and your HDL 50. So how do you find out what your HDL, LDL and VLDL are? Your doctor would need to do a blood test called a *fasting lipid panel*. In my opinion everyone should have one of these done prior to starting HIV medications (as some medications raise them). The American Heart Association recommends that all adults age 20 or older have a fasting lipid profile (total cholesterol, LDL cholesterol, HDL cholesterol and triglyceride) done every 5 years. People at higher risk for cardiovascular disease or who are on cholesterol-lowering medication will need to have their cholesterol checked more often.

## Dietary Fats

Fats are made of substances called fatty acids linked together. Dietary fats are classified into three main groups: saturated, monounsaturated and polyunsaturated. Saturated means these chains are filled completely (no “loose links” in these chains) and this is accomplished via a process known as hydrogenation. Mono means one and poly means many, and they differ in the number of loose links in the chain. Fats with a lot of saturated fatty acids are solid at room temperature (butter, lard) and fats with less saturated fatty acids (or more unsaturated fatty acids) are liquid at room temperature (olive and canola oils). Fats in food are referred to as saturated, mono- or poly-unsaturated, but no dietary fat is made up solely of 100% of these fats. Dietary fat is called one type when that one type makes up most of the fat in it (see chart).

All animal protein (if it walks, flies, swims or comes from something that does, its animal protein) has saturated fat. Therefore, the more fat an animal product has, the more saturated fat it will have. Chicken skin is mostly saturated fat. Think of the fat in a juicy, plump hamburger or steak. As the meat cools some of the juices start to solidify. That is saturated fat.

I am sure you have heard of trans fats as many foods are labeled trans-fat free. These fats were found to be so unhealthy the government set a level for the most how much should be in your eating plan a day. The amount that is in a serving of food has been added to the nutrition facts label (which I know you all read before you buy food). But where do they come from? Trans fats are, basically, made by food producers when they saturate an unsaturated fat. (However there are a small amount of naturally occurring trans fats but you need not be concerned with these.) Do you know why they saturated these fats? *Big hint*—I mentioned it earlier. Saturated fats do not go bad as quickly so things last longer. Also solid fats are easier to handle. Labeling a food trans-fat free does not make it healthy. A good example is the ad campaign by a certain colonel’s chicken chain saying their products contain no trans fats. It’s true, but like *many* common food items such as margarine, snack food, crackers and cookies, fast food still contains a large amount of saturated fats because it contains a lot of hydrogenated oil or animal fat.

Saturated and trans fats raise total cholesterol than the other fats. Trans fats also lower the good cholesterol (HDL). This is why they were

added to the food label, and food manufacturers are legally bound not to use oils that have any significant amount of trans fats. To eliminate these from your diet, choose foods that do not have trans fats in them and are low saturated fats. Government guidelines recommend no more than 7% of your daily calories from saturated fat and 1% or less of your daily calories from trans fats. For further information check out [www.myfatstranslator.com](http://www.myfatstranslator.com).

Monounsaturated fats are liquid at room temperature but become partially solid (appearing cloudy) when refrigerated. Olive oil is mostly monounsaturated and is a good example. When natural peanut butter sits for a while the liquid that rises to the top is the monounsaturated fat. Monounsaturated fat affects blood cholesterol by lowering the LDL (bad) and raising the HDL (good) cholesterol. Almonds, cashews, avocados, olives, peanuts, olive, canola, and peanut oils are all good sources of monounsaturated fats.

Polyunsaturated oils are liquid at both room and refrigerator temperatures. They too combine easily with air to become rancid quickly.

Polyunsaturated fats lower the LDL (bad) cholesterol but do not affect the HDL (good) cholesterol. English walnuts and oils such as corn, safflower, soybean and the products that are made out of these such as certain mayonnaises and salad dressings are higher in polyunsaturated fats. Americans tend to get too much of some polyunsaturated oils and not enough monounsaturated fats.

Omega-3 fatty acids are a special type of polyunsaturated fats found mainly in fish and to a lesser extent in flaxseeds, walnuts and soy and canola oils. Omega-3 fatty acids (also called fish oils) may reduce the risk of stroke, heart disease and certain cancers. Omega-3 fatty acids lower bad cholesterol and triglycerides. Excellent sources of omega-3 fatty acids are the fattier fishes such as salmon, albacore tuna, trout, herring and sardines.

## How Much?

One serving of fat contains 45 calories and 4 grams of fat. What does that mean? Well for one thing, although certain types of fat are good for you, most people need to limit their fat intake of even the good fats. The percent of fat in the average people’s diet should not be more than 30%. A standard calorie intake of 2,000 a day means that no more than 600 calories should come from fat, which is roughly 65 grams.

This is total fat and includes the saturated fats and unsaturated fats. Most Americans get more fat calories than what is typically recommended due to added fats and oils in food preparation.

Here are some definitions and recipe tips.

**Hypertriglyceridemia.** High levels of triglycerides in the blood. A high triglyceride level combined with low HDL cholesterol or high LDL cholesterol seems to speed up atherosclerosis (fatty buildups of plaque in the arteries). A normal triglyceride level is less than 150 mg/dL.

**Saturated Fats.** Types of fat found in all foods from animals (i.e., butter, cheese, whole milk, ice cream, cream and fatty meats) and from some plants (i.e., coconut, palm and palm kernel oils). They are the biggest dietary cause of high LDL (bad) cholesterol levels. Limit any foods that are high (for example, over 20%) in saturated fat. Limit saturated fat intake to 7% or less of total calories each day.

**Cholesterol Classifications.** Total blood cholesterol is the most common measurement of blood cholesterol. Cholesterol is measured in milligrams per deciliter (mg/dL) of blood. Total cholesterol is composed of high-density lipoprotein (HDL or “good”) cholesterol, low-density lipoprotein (LDL or “bad”) cholesterol and very-low density lipoprotein (VLDL), which carries triglycerides. Triglycerides, a common type of blood fat, can also affect cardiac risk. Blood cholesterol and triglycerides are classified by levels that relate to the risk for heart disease. The numbers are interpreted based on all risk factors including age, family history, smoking status, blood pressure, physical activity level, weight, and diabetes status.

**Monounsaturated Fats.** A type of fat found in many oils (mostly canola, olive and peanut), nuts and avocados. These fats may help to lower blood cholesterol if used in place of saturated fats. However, mono-unsaturated fats have a lot of calories, so intake should be limited.

**Polyunsaturated Fats.** A type of fat found mainly in vegetable oils such as corn, safflower, sunflower and soybean oils. They’re usually liquid at room temperature. They may help lower blood cholesterol level when used in place of saturated fats.

## Now What?

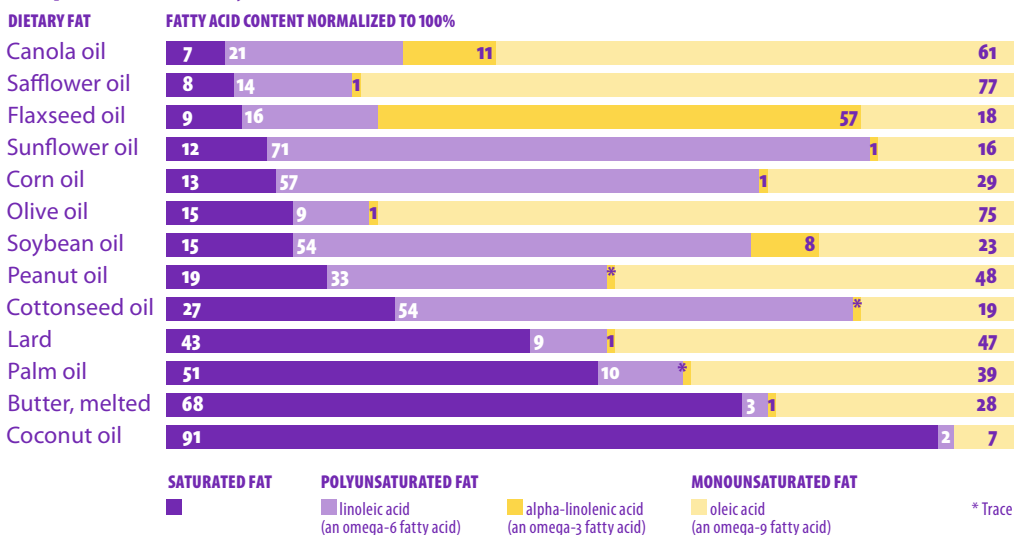
With this knowledge you should have a much better understanding of fats’ functions in the body, have the tools to improve your eating plan and to understand some of your lab results. Now go to it! 🍷🥗

## Recipe Alternates

Some recipes can be changed to be healthier either by using a better fat or oil than the one currently called for or choosing a lower fat option. Following are some suggestions for substitutions for fat and oils.

IF THE RECIPE CALLS FOR	SUBSTITUTE
Butter	Canola based vegetable oil spread (margarine) that is low in saturated fats and has no trans and hydrogenated fats Smart Balance brand margarine
Whole milk	Skim, 1% or evaporated non-fat milk Plant-based milks i.e. rice, almond and soy can be substituted too
Eggs	Two egg whites for every whole egg, or a fortified egg white-only product
Sour cream	Low- or non-fat sour cream
Whole milk yogurt	Non- or low-fat yogurt
Oil for sautéing	Water, broth, vegetable juices
Ground beef	Lean or extra lean ground turkey, 95% lean ground beef, lean ground beef Cook, drain the fat off by placing it in a colander and then run hot water over it—great to add to meat sauces, etc. Use half as much ground meat or poultry and add cooked lentils, split peas, or other beans for the remaining half of the meat
Cream cheese	Reduced-fat cream cheese (limit use)
Chocolate chips	Raisins or other dried fruit for half or all of the chips
Oil in salad dressing	Use a good oil (see above) and replace up to half of it with fruit juice or just use less oil
Oil in marinades	Replace up to half of the oil with a fruit juice concentrate, broth or vegetable puree
Peanut butter	Never use reduced fat peanut butter. Remember peanuts have a healthy fat and the reduced fat alternative is much less healthy. Also there is a minimal calorie difference between the two.
Salad dressings	Most pre-made salad dressings have a lot of chemicals and calories in them. They usually are highly processed and may not use the best ingredients. Choose one that is minimally processed (contains ingredients that you can read and understand what they are) and has the healthy oils in it. Trader Joe's, Whole Foods, and other markets have these items.

## Comparison of Dietary Fats (SOURCE: POS PILOT PLANT CORPORATION)




A LOOK BACK OVER 20 YEARS, CONTINUED FROM PAGE 3

inhibitor, while raltegravir is the first approved integrase inhibitor. Clinical trials showed significant improvement in people given these respective drugs along with a so-called “optimized background regimen.” They are also remarkably well-tolerated.

A group of patients who had used and perhaps become resistant to most or all other anti-HIV medications may get another chance at a potent regimen by using one or both of these drugs. (Maraviroc cannot be used by all people with HIV; a person’s virus must be so-called CCR5-tropic.)

Also, currently in expanded access is the second generation non-nucleoside reverse transcriptase inhibitor (NNRTI) etravirine, also known as TMC-125.

With this ever-expanding “lexicon” of options for treatment, clinicians should be able to effectively salvage many patients who had run through all available treatment options. 

# The UCLA Moms' TRACK PROGRAM

(TEACHING RAISING AND COMMUNICATING WITH KIDS)

## Is Recruiting!

Are you a Mom with HIV? Do you have any kids between 6 and 12 years old? If yes, you may be eligible to participate in a research study looking at communication between moms and their kids.

If you qualify, you and your child will be asked to participate in 4 interviews. You may also be asked to participate in 3 intervention sessions.

Payment is \$45 for each completed appointment and \$25 for your child’s completed appointment. For more information on this study, please contact Diana Payne of the UCLA Mom’s TRACK Program at 310.794.8127.

UCLA IRB#:G07-05-104-1

# Benefits of Glutamine and Creatine

BY SAM PAGE, CFT

**I've heard that taking the amino acid glutamine and creatine can have positive effects in people who are HIV+. But there doesn't seem to be much information about these sports supplements and any potential interactions with HAART therapy. Can you shed some light on this? —John, Los Angeles, CA**


You're right. Studies on the role of micronutrient supplementation in people with HIV are ripe for further research, according to Dr. Alice Tang, associate professor at Tufts University School of Medicine, and an expert in the area of supplementation and HIV. A few of these studies have examined glutamine, primarily for its muscle-building effects. To my knowledge, there are no published studies on creatine in people with HIV.

When it comes to sports supplements and their potential interactions with HIV meds, the answer is inconclusive. While no *adverse* effects have been reported using glutamine, other supplements such as St. John's Wort, have illus-

trated the complexity of adding "natural" substances to a HAART regimen. Kathleen Squires, MD, says it's best to avoid products that have documented interactions and communicate with your doctor about all the supplements you're using. That way, he/she can take them into account if you develop any side effects or your viral load response is not appropriate.

Med interactions aside, the larger question is: "What potential benefits does supplementation with glutamine and creatine have for the people with HIV?" Wasting (the loss of lean body mass) is a concern for all HIV+ people. Since even a 5% or 10% loss of lean body mass is associated with early mortality and susceptibility to opportunistic infections, products such as Juven (which contains glutamine, taurine and HMB) are useful weapons in your pro-lean body mass arsenal. Every study I've encountered boldly demonstrates that glutamine will build and preserve muscle mass. In one double-blind study,

participants who took two doses of Juven twice daily for eight weeks gained almost six pounds, compared to a loss of almost two pounds by the participants receiving placebo. Glutamine doses of at least 20g/day has also been shown to improve the absorption of nutrients in the lower intestine.

My personal take is: "an ounce of prevention is worth a pound of cure" and supplementing with glutamine is a smart way to keep your lean body mass up. Creatine may also have a place in the mix, but your doctor should be able to help you balance the benefits of these sports supplements with your overall treatment regimen. 

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*Sam Page, CFT, is fitness coach behind ABC's Extreme Makeover: Home Edition and the Hollywood Production Centers, and has been positive since 2003. His blog is updated daily at [www.Peace-LoveLunges.com](http://www.Peace-LoveLunges.com). E-mail him at [sam@sampagefitness.com](mailto:sam@sampagefitness.com) or online [www.SamPageFitness.com](http://www.SamPageFitness.com).*

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# Health Insurance and Alternative/Complementary Medical Treatment

BY JACQUES CHAMBERS, CLU

Many people dealing with HIV have found they benefit from using "non-Western" complementary treatments in conjunction with their other medical care. One small survey of about 1,000 people with HIV, found that approximately 40% of them use or have used some form of complementary medicine.

Paying for such treatments can be a hardship since most health insurance plans, including Medicare and Medicaid do not provide much coverage, if any, for these types of treatment.

Alternative/complementary treatments may include:

- Chiropractic treatment
- Acupuncture
- Herbal medicines (such as milk thistle)
- Massage Therapy

- Mind/Body medicine
- Naturopathy
- Hypnotherapy
- Meditation
- Yoga
- T'ai Chi
- Nutrition Therapy
- Art Therapy/Music Therapy
- Medical protocols from other cultures, such as Native American or Chinese medicine
- And almost any other therapy that is not administered by or under the supervision of a licensed medical doctor.

Health insurance plans have historically resisted providing coverage for these treatments for a variety of reasons. Insurance companies maintain that in the absence of strict oversight

and regulation, they are unable to distinguish legitimate treatments from "quackery," as well as determine which providers should be covered and which should not. Of course, there is also the fact that health insurance was created, and is still overseen, by practitioners of Western style medicine who have resisted the inclusion of many of these treatments in their medical protocols.

In recent years, some progress has been made. Many health insurance plans provide varying degrees of coverage for chiropractic treatment and acupuncture.

## Chiropractic

Some states mandate limited coverage for chiropractic treatment in all health insurance plans.

However, most health plans that do provide chiropractic coverage will put limitations on the number of treatments they will cover and the amount of coverage they will provide.

For example, they may limit coverage to only ten or twenty visits per year, and limit the payment to \$25, or other limited amount per treatment. Also, many health insurance plans will limit covered treatment by a chiropractor to spinal manipulation only in an effort to avoid paying for ancillary treatments such as massage or ultrasound treatments.

Some larger employers and some health insurance companies provide broader chiropractic coverage but require that all treatment be provided through a network of contracting chiropractors. While such plans limit the choice of provider, they will often provide broader coverage, such as twenty to fifty visits per year, and require only a minimal co-pay such as \$5 or \$10 per visit.

To determine your policy's coverage, it is important to read the Summary Plan Description to see what chiropractic benefits, if any, are provided.

Medicare will cover only manual manipulation for subluxation of the spine. A chiropractor is defined in the Social Security Act as a physician for only one service, manual manipulation or treatment of subluxation of the spine. This coverage comes under Part B of Medicare, which provides 80% of the Medicare Allowable Amount after a \$135 (in 2008) annual deductible.

Chiropractic coverage is an optional coverage under the federal Medicaid mandate, so each state determines whether or not to provide coverage under its program. In those states that provide coverage, it is usually limited in a manner similar to Medicare's restrictions. Medi-Cal currently covers chiropractic, but their reimbursement rate is low.

## Acupuncture

There also has been some movement to provide coverage for acupuncture treatments under health insurance. Again, plans will limit their coverage in several ways. Some plans require that the treatments be provided by a licensed physician, MD or DO. In those states that license acupuncturists, some insurance companies will cover them, but require that the treatment be recommended or referred by a licensed medical physician.

More and more physicians and hospitals are incorporating acupuncture into their regimen of treatments. Acupuncture treatments in such medical settings are more likely to be covered by health insurance unless there is a specific exclusion listed in the plan document. The coverage, when provided, is similar to the coverage provided for other treatments by the same provider, under the hospital or doctor benefit of the plan.

Medicare specifically excludes treatment by acupuncture. Those states that provide coverage under their Medicaid program limit the benefits or require that coverage be provided only for treatments in a hospital or doctor's office.

Unfortunately, acupressure and other related treatments have not enjoyed the expansion of acceptance that acupuncture has. Most are treated as a form of massage and rarely covered.

## Other Treatments

Insurance rarely covers the other types of alternative or complementary therapies.

There will be some exceptions when the treatments are provided by a licensed medical professional. Health insurance plans typically state that they will cover services provided by a "legally licensed physician performing within the scope of their license." This phrase allows the insurance company to refuse to cover treatments that they believe are too far removed from "Western" style medicine.

Herbal medications, homeopathic treatments, nutritional supplements, and other treatments that require ingestion of substances are rarely, if ever, covered by health insurance. This is because insurance plans limit coverage for "medications" to those that are only available by prescription. This excludes coverage for virtually anything that can be sold over-the-counter. Also, insurance plans rely exclusively on medications that are approved by the Federal Drug Administration.


The primary exception to medications are when the prescriber is a licensed medical provider and he/she directly provides the medication as part of an office visit, and the cost is included in the office visit fee. In those cases, it may be possible that the insurance company will pay the charge; as an office visit, however, not as a medication.

Massage therapy and similar therapies are normally only covered if they are part of a physical therapy regimen, supervised by a physician and administered by a physical therapist.

Some employers offer Medical Savings Accounts that allow tax sheltered-dollars to pay for medical treatment and supplies that are not covered by insurance. A new type of tax-sheltered account, the Health Savings Account, was just created by the recent Medicare Reform Act. It, too, will allow individuals to set aside money in a tax shelter and pay medical bills from it with untaxed dollars.

However, both of the tax-sheltered savings accounts allow payment only for those medical charges that the Internal Revenue Service considers tax deductible for income tax purposes. This includes many complementary treatments such as chiropractic, acupuncture, Christian Science readers, and medical care provided by physicians, surgeons, specialists, and "other medical practitioners."

However, the IRS specifically limits medications to those that require a prescription and insulin. No over-the-counter herbs or medicines would qualify. Through the IRS Web site at [www.irs.gov](http://www.irs.gov), you can find more information on what are deductible medical expenses.

While some progress has been made in the coverage of complementary/alternative treatments, there are still expensive treatments that are not covered by insurance and will not be for the foreseeable future. Only as they are proved efficacious through formal studies will they move into the mainstream of Western medical treatment and be covered by health insurance. Of course, the insurance companies will move a little faster if the treatments are also cost effective and can save them money as well. 

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*Jacques Chambers, CLU, is a Benefits Counselor in private practice with over 35 years experience in health, life and disability insurance and Social Security disability benefits. He can be reached by phone at 323.665.2595, by e-mail at [jacques@helpwithbenefits.com](mailto:jacques@helpwithbenefits.com), or through his Web site at [www.helpwithbenefits.com](http://www.helpwithbenefits.com). He may also be reached through APLA at 213.201.1444.*

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# HIV/AIDS SPECIALISTS

We invite all HIV/AIDS specialists to mail or e-mail your information to us. Please indicate what insurances you do and do not accept, as well as your address, phone numbers and e-mail.

## MEDICAL DOCTORS

Marcia Alcouloumre, MD  
Rebecca Kuhn, MD  
Stefan Schneider, MD  
St. Mary Medical Center  
1043 Elm Ave, Ste 300  
Long Beach, CA 90813  
562.624.4999

Accepts most insurance plans: Indemnity and PPO, Medicare and Medi-CAL, and uninsured HIV+ individuals.

Daniel H. Bowers, MD  
Michael Chambers, MD  
James Gaede, MD  
Eugene H. Rogolsky, MD  
Anthony J. Scarsella, MD  
Charles Skiba, DO  
Pacific Oaks Medical Group  
150 N Robertson Blvd, Ste 300  
Beverly Hills, CA 90211  
310.652.2562

Accepts most PPO Plans, Medicare, Medi/Medi.

Paul J. Cimoch, MD, FACP  
Center for Special Immunology  
11190 Warner Ave, Ste 411  
Fountain Valley, CA 92708  
714.751.5800  
www.CSIHealth.com  
Accepts most insurance plans: Medicare, Medi/Medi, and Medical.

Charles Gonzales, MD  
Hollywood Presbyterian Medical Center  
The Doctors Tower  
1300 N Vermont, #310  
Los Angeles, CA 90027  
323.644.4415  
Board-certified family medicine / HIV specialist.  
New office in Silver Lake. Most major insurances accepted, including PPO and HMO, as well as Medicare and Medi/Medi.

Michael S. Gottlieb, MD  
Matthew Bosse, MD  
Aaron Perlmutter, MD  
Synergy Hematology/Oncology  
5901 W Olympic Blvd, Ste 407  
Los Angeles, CA 90036  
323.525.1101, press 0

Mark H. Katz, MD  
Kaiser  
6041 Cadillac Ave  
Los Angeles, CA 90035  
323.857.2201  
HIV/AIDS specialist. Not accepting new patients currently, but will help new patients navigate the Kaiser system.

Ilya Rachman, MD  
5901 W Olympic Blvd, Ste 107  
Los Angeles, CA 90036  
323.938.0071  
323.937.5151

Jorge E. Rodriguez, MD  
Orange Coast Medical Group  
361 Hospital Rd, Ste 126  
Newport Beach, CA 92663  
949.646.1111  
Accepts most indemnity and PPO health insurance plans, as well as Medi/Medi.

Myles Spar, MD, MPH  
Venice Family Clinic / West Side Partners  
604 Rose Ave  
Venice, CA 90291  
310.664.7607; fax 310.664.7676  
Free comprehensive medical facility servicing the poor and uninsured populations of West Los Angeles.

## MENTAL HEALTH SPECIALISTS

Barry Cardiner, MA, MBA, MFT  
8430 Santa Monica Blvd, Ste 100  
West Hollywood, CA 90069  
Lic # MFT34301  
323.874.1967  
HIV+ psychotherapist. Accepts most PPO, POS insurance. Specialty areas: HIV issues, depression, abuse, addiction and recovery, relationships, grief.

Erin T. Childs, MA, LMFT  
11650 Riverside Dr, Ste 7  
Studio City, CA 91602  
818.985.4200  
etchilds@sbcglobal.net  
Accepts most insurance plans, indemnity and PPO. Individuals and couples therapy. Issues of illness/wellness, addiction and mood disorders. Solution-focused.

Payam Ghassemloo, MFT, PhD  
9056 Santa Monica Blvd, #205  
West Hollywood, CA 90069  
310.801.2927  
Gay male therapist, works with people with HIV and their significant others. Bilingual, accepts most insurance plans, no Medi/Medi.

Richard Gollance, LCSW, MSG  
12402 Ventura Blvd, 2nd Fl  
Studio City, CA 91604  
818.503.7300  
Psychotherapy. Primary focus: gay men in mid-life and beyond.

Ken Howard, LCSW  
8430 Santa Monica Blvd, Ste 100  
West Hollywood, CA 90069  
310.726.HELP (4357)  
www.gaypsychotherapy.com  
Openly gay and HIV+ counselor. Psychotherapist. Life Coach. Helping gay men achieve their goals in career and relationships. Sixteen years experience working in HIV. Free, brief initial phone consultation. Fees negotiated individually. Insurance forms provided.

Luis O. Jarquin, Jr., MA, LMFT, Lic#41743  
3350 E Birch St, Ste 100  
Brea, CA 92821  
714.528.9335

Individual, couple and family therapy; relationship difficulties; disclosure; coping with diagnosis; depression and anxiety.

Ron Rambo, LCSW, BCD (LCS20324)  
711 E Walnut St, #308  
Pasadena, CA 91101  
626.821.4063  
Solution-focused individual, couple, and family therapy. Specialties include HIV issues, gay identity, addiction/recovery, mood disorders, relationships. Accepts most insurance plans.

Matthew Silverstein, PhD, MFT  
8235 Santa Monica Blvd, Ste 309  
West Hollywood, CA 90046  
310.842.6124  
e-mail: MSilversteinMFT@aol.com  
Specialty areas include gay identity, HIV/AIDS issues, addiction recovery, dream work, spirituality. Sliding fee scale and able to accept most insurance (not Medi/Medi).

Fred Wilkey, EdD  
Clinical Psychology  
PSY8380  
9056 Santa Monica Blvd, Ste 306A  
West Hollywood, CA 90069  
310.659.4455  
Successful short-term therapy. Accepts Medicare and most insurance.

Tony Zimbardi, PsyD, MFT  
Gay Male HIV+ Psychotherapist  
323.851.1304  
Enhance your quality of life. Dating, drugs, depression, anxiety are all common issues we have as poz men. I can help.

## BENEFITS COUNSELOR

Jacques Chambers, CLU  
Benefits Consultant and Counselor  
Chambers Benefits Consulting  
2658 Griffith Park Blvd, #290  
Los Angeles, CA 90039-2520  
323.665.2595 or 888.739.2595  
www.HelpWithBenefits.com

# UPCOMING ACTIVITIES AT BEING ALIVE

Call Being Alive at 310.289.2551. We're located at The Ron Stone HIV Center at 621 San Vicente Boulevard, West Hollywood, across from Pacific Design Center.

## Being Alive Board Meetings

The Being Alive Board of Directors meetings for 2008 will be held at 7:00pm at Being Alive on the last Mondays of each month. Call for more information.

## Psychotherapy

by appointment

Saturdays • 10:00am–4:00pm

Licensed psychotherapy intern provides one-on-one and couples therapy. Call Being Alive for appointment.

## Positively New

Wednesdays • 7:30–10:00pm

For newly diagnosed or newly identified HIV+ within the past three years. Get emotional support, discuss medical issues, and topics relevant to a new diagnosis. Facilitated by Brian Risley, lead treatment educator for APLA. Call 213.201.1547.

## Silver Lake Meet-and-Greet

Support Group

Fridays • 7:00–9:00pm

All those interested in attending a Being Alive peer support group in Silver Lake please contact Bart, Peer Support Manager, at Being Alive.

## Positive Reactions West

Wednesdays • 7:00–9:00pm

At Being Alive. A small drop-in group in a safe, honest place to discuss issues and meet others dealing with HIV. Call Bart for more info.

## Daytime Group

Wednesday • 12:30–2:00pm

Broad-spectrum group. For information, contact Bart at Being Alive.

## Ceramics and Pottery

Thursdays, Saturdays • 1:00pm

Learn ceramics and wheel-throwing. Beginners to advanced are welcome.

## Yoga

Beginning Yoga

Thursdays • 3:00pm

Saturdays • 11:00am

At Being Alive in the Meditation Room. Call to make an appointment.

## Healing Touch

by appointment

Wednesdays • 4:30pm

Alternative healing by hands-on and energy-based techniques. Call Being Alive for appointment.

## Hypnotherapy

Tuesdays

By Dean L. Williams, CHT. Call 877.667.5844.

## Speaker's Bureau

Spread the word about prevention, treatment, living with HIV/AIDS. For more information, call Colin at 310.739.6504.

## Acupuncture Services

by appointment

Mondays • 9:00am–12:30pm

Saturdays • 10:30am–1:30pm

Treatment for a range of conditions including pain management, neuropathy and other side effects, addictions, stress, headaches, and allergies. Call Being Alive for appointment.

## Chiropractic Services

Fridays • 1:00am–4:00pm

Back and body adjustments.

# BEING ALIVE SUPPORT GROUPS

Our goal is to provide a safe and confidential space where everyone can express themselves in an atmosphere of mutual respect and encouragement.

## TUESDAY

**Newly Diagnosed Under-30** 7:00–9:00pm. Now forming. For under-30 diagnosed in the last two years. Call Bart for more information.

## WEDNESDAY

**Daytime Support Group** 12:30–2:00pm. Being Alive West Hollywood. A place to meet others with HIV. Exchange information about treatments and community resources, share life experiences and emotions, discuss ideas, develop friendships, and fine-tune your strategy for living well with HIV. One hundred percent non-judgemental and supportive. For more information, contact Bart at Being Alive at 310.289.2551.

**Positive Reactions WEST** 7:00–9:00pm. Being Alive West Hollywood (Being Alive Green Room or outside picnic table). Co-facilitated. A small drop-in group in a safe, honest place to discuss issues and meet others dealing with HIV. Call Bart for more information.

**Positively New** 7:30–10:00pm. 1300 N Vermont Ave. (Doctor's Building 2nd floor Conference Room). Facilitated by Brian Risley, Lead Treatment Educator for APLA at 213.201.1547. A fairly large support group for those who are newly diagnosed or newly identify HIV+ within the past three years. Get emotional support, discuss medical issues and topics relevant to a new diagnosis. Please contact Brian for more information or Bart at Being Alive at 310.289.2551.

## FRIDAY

**Silver Lake Meet-and-Greet Support Group** 7:00–9:00pm. An emotional and social support group in Silverlake area for HIV+ men to discuss current issues and solutions to life with HIV. Contact Bart at Being Alive at 310.289.2551.

## LOCAL RESOURCES

ACLU Lesbian & Gay Rights: 213.977.9500 X237

Aid for AIDS: 323.656.1107

AIDS Healthcare Foundation: 888.AIDSCARE

AIDS/HIV Discrimination Unit, LA City Attorney's Office:  
213.978.7758

APLA: 213.201.1600

AIDS Research Alliance: 310.358.2423

AIDS Service Center: 626.441.8495

AIDS Services Foundation/Orange County: 949.809.5700

Asian/Pacific AIDS Intervention Team: 213.553.1830

Being Alive San Diego: 619.291.1400

Beth Chayim Chadashim: 323.931.7023

Bienestar Hollywood: 323.660.9680

Caring for Children and Families with AIDS: 323.931.9828

Carl Bean Home: 323.766.2326

Clean Needles Now: 323.857.5366

Common Ground, the West Side HIV Community Center:  
310.314.5480

Congregation Kol Ami: 310.248.6320

CVS Pharmacy: 310.659.9810

Deaf Women Outreach: 323.478.8000 (TTY or voice)

Department on Disability, AIDS Coordinator's Office:  
213.485.6320

East Valley Community Health Center:

West Covina: 626.919.5724;

Pomona: 909.620.8088

Foothill AIDS Project: 909.482.2066

HALSA: 213.637.1022

Hypnosis Health Services: 310.473.6659

Web site: [HypnosisHealth.org](http://HypnosisHealth.org)

Inland AIDS Project: 800.499.2437

Jeffrey Goodman Special Care Clinic (GLCSC):  
323.993.7500

Jewish Family Services HIV/AIDS Program: 323.761.8800

LA Gay and Lesbian Center: 323.993.7400

Los Angeles Free Clinic: 323.653.1990

Los Angeles Jewish AIDS Services/Project Chicken Soup:  
323.655.5330

Los Angeles Patients & Caregivers Group: 323.882.6033

Man2Man: 323.467.2626

Minority AIDS Project: 323.936.4949

Narcotics Anonymous Hotline: 800.863.2962

National AIDS Hotline: 800.227.8922;

800.344.7432 (en Español);

800.243.7889 (TTY)

The New Hope Learning Center: 213.251.8474

North East Valley Clinic: 818.988.6335

PAWS (Pets): 323.464.7297

Peer Education Program: 323.651.9888

Project Angel Food: 323.845.1800

Project Inform: 800.822.7422

Project New Hope: 213.251.8474

Rue's House: 323.295.4030

Serra Project 213.413.0306

South Bay Family Health Care Center: 310.318.2521 X236

Spanish Language AIDS Hotline: 800.400.7432  
(SIDA) toll-free Southern California only

Tarzana Treatment Center HIV-Mental Health Project:  
818.342.5897

THE Clinic: 323.295.6571

USC AIDS Clinical Trials Unit: 323.343.8288

Valley Community Clinic: 818.763.8836

Van Ness Recovery House: 323.463.4266

Voices with a Message Hotline: 800.554.4876

Wellness Works Community Health Center: 818.247.2062

West Hollywood Cares: 310.659.4840

West Hollywood Community Housing Corporation:  
323.650.8771 X2

Whittier Rio Hondo AIDS Project: 562.698.3850

Woman's Link: 310.419.8087

Women Alive Coalition: 323.965.1564

Women At Risk: 310.204.1046

Zahn Emergency Shelter: 213.438.1619

# COMMUNITY BULLETIN BOARD

Notices for this Bulletin Board and the preceding Support Group sections should be submitted to Kevin Kurth via Community Bulletin Board, *Yo Being Alive* Newsletter, 621 North San Vicente Boulevard, West Hollywood, California 90069; or send e-mail to [Kevin@BeingAliveLA.org](mailto:Kevin@BeingAliveLA.org); or send fax to 310.289.9866. Please be concise and indicate if there is a fee. Please also renew notices every six months.

## MORE SUPPORT GROUPS

### SPECTRUM / PASSPORT TO CARE

Various support groups. Yoga: Mondays 10:30am–noon, Building L. Relapse prevention workshop: Tuesdays 10:30am–noon, Building L. Heterosexual support group: Wednesdays 10:30am–noon, Building K. Food pantry: Thursdays 10am–5pm, Building L. Women's support group: Thursdays 11:30am–1pm, Building M. Soul food men's support group: Thursdays 4–5:30pm, Building N. Movie night: first and third Thursdays 6–8:30pm, Building L. Cocaine anonymous: Fridays 10:30am–noon, Building M. Grupo universal: Fridays 5–6:30pm, Building L. For more information call front desk at 323.563.4939. 11/2007

### SOUTH BAY FAMILY HEALTHCARE CENTER

Comprehensive HIV/AIDS social service support—case management, mental health, prevention education, HOPWA, short-term rental assistance. Call Joanne Silva at 310.318.2521 x1422. 11/2007

### TARZANA TREATMENT CENTER—HIV MENTAL HEALTH PROJECT

Support groups: HIV support, yoga, relapse prevention group, self-help, vocational counseling, and mental health counseling. For info, call Carol Bishop at 818.342.5897 x2195. 11/2007

### SHABBAT LUNCH AND JEWISH HIV SUPPORT GROUP AT CONGREGATION KOL AMI

Come and schmooze and eat with fellow Jewish HIVers at Congregation Kol Ami in West Hollywood. We provide a safe, nurturing Jewish environment to talk about life with HIV, Jewish life, and life in general. 1200 North La Brea Avenue, West Hollywood. Call for time and date of next meeting. Reply in confidence to Rabbi Denise Eger at [rabbid@kolami.org](mailto:rabbid@kolami.org), or 323.606.0996, x100. 12/2006

### APLA SUPPORT GROUPS

The following groups are ongoing and offered through APLA's Mental Health Services: HIV/AIDS Gay Male, HIV/AIDS Heterosexual, Substance Use and HIV, and Mono-lingual Spanish-speaking HIV/AIDS. For information in English and Spanish, call Walter Campos at 213.201.1621. 4/2006

### METH AND GAY MEN

Feeling out-of-control? Having trouble finding intimacy? Promising to quit but using anyway? Worried that you need meth to have hot sex? On-going psychotherapy group meeting weekly for men concerned about crystal meth, sex, and intimacy. Conveniently located in Hollywood, this closed therapy group explores issues and feelings in a safe, confidential setting, Monday, 7–8:30pm. For more information, contact Glen at 323.993.7655, or Andre at 323.860.5804. Sponsored by the LA Gay & Lesbian Center. 2/2006

### ACTORS FUND OF AMERICA

The HIV/AIDS Activity Group is a group where individuals in the entertainment industry can enjoy an afternoon of fun activities in a relaxed and inviting social environment. Activities will be facilitated by social workers. Past events have included miniature golf, bowling, bingo, pot lucks, and visits to local museums. Call Priscilla Levine for information: 323.933.9244. 3/2005

### L.A.F.A.N.

Los Angeles Family AIDS Network offers support groups for families impacted by HIV/AIDS. Support groups facilitated by Patricia Woody, MA. Call 323.461.6066 for more info. 9/2004

### DUAL DIAGNOSIS SUPPORT GROUP

Support group for those living with or affected by HIV/AIDS and have a history of drug and alcohol abuse. Intimate setting, dynamic speakers, informative and open participation. Come listen and share. Saturdays, 1–2:30pm. 1133 S. Lake St., Los Angeles, CA 90006. Call 213.384.5031 for more info. 5/2004

### SPIRITUAL SUPPORT DROP-IN GROUP

For people living with HIV/AIDS or cancer, or dealing with grief or imprisonment. One-on-one spiritual support, pri-

marily Catholic. Can make inter-faith referrals. For info, call 323.225.4461. 5/2004

### WHITTIER HIV+ GROUP

Whittier Rio Hondo AIDS Project (WRHAP) offers this group for all people with HIV. An open support group. Every other Saturday 10am–noon. For info, call 562.698.3850. 5/2004

### BIENESTAR

Bienestar Human Services offers a variety of services and support groups for the Latino community, HIV+ client services, and HIV– prevention programs. Call Miguel Gonzalez at 323.727.7897. 5/2004

### CHURCH OF THE VALLEY HIV+ SUPPORT GROUP

Thursdays, 6:30–8:30pm, Disciples of Christ Church, 6565 Vesper, Van Nuys. 818.786.4070. 5/2004

### COMMON GROUP

HIV/AIDS drop-in support group for women and men, Mondays, 12:30–2pm; free; lunch is served. Gestalt Therapy Group, Thursday nights, 5:30–7pm, actively recruiting members. Women's drop-in group, second and fourth Thursdays of the month, 12:30–1:30pm. Spanish-speaking drop-in group, Wednesdays, 10–11:30am. Call 310.314.5480. 5/2004

### ALTMED SUPPORT GROUP

For men and women living with HIV/AIDS. Meets Tuesdays from 2–3pm at AltaMed in Pico Rivera. For more information, call 562.949.8717. 12/2003

### POSITIVES IN SOBRIETY

Open AA meeting for people affected by HIV. Meets every Sunday, 6pm. Great Hall in Plummer Park, Vista St., between Fountain and Lexington in West Hollywood. 323.656.0829. 12/2003

### HIV BY THE BOOKS

Open AA meeting. Intimate book study for people dealing with HIV/AIDS issues. Meets every Friday, 7:15pm at Being Alive. 323.656.0829. 12/2003

### LONG BEACH POZ PEERS

Social support group for HIV+ guys who want to meet other HIV+ guys. Contact David at 562.272.8810. 7/2003

### FOUND SOBRIETY CRYSTAL METH ANONYMOUS

7pm. 11321 Camarillo St. (upstairs), North Hollywood, CA 91602. Go to [www.crystallmeth.org](http://www.crystallmeth.org) for more information. 1/2003

### SUPPORT GROUPS AT THE CENTER

GLCSC offers the following groups: HIV Info and Support, Bereavement Group, and Significant Others of HIV+. Contact the Counseling Services Department—323.993.7640. 1/2003

### PASADENA AIDS SERVICE CENTER

Support groups including Living Positive, HIV Symptomatic, Newly Diagnosed Group, Teen Group, HIV+ Spanish Women, Journaling Group, and Gay Men Over 45 Group. 1030 S. Arroyo Parkway, Pasadena. Call 626.441.8495: Jody Casserly, LCSW, x144. 8/2002

### NA HIV+

Thursdays at 8:30pm. HIV+ and gay narcotics anonymous meeting. Members share their experience, strength, and hope that they and others may recover from the disease of addiction. HIV+ focused. Many new-comers at this meeting. 1919 N. Beachwood Dr., Los Angeles. For more information, call 323.850.1624. 6/2002

### COUPLES DEALING WITH HIV/AIDS

A closed, committed, long-term, and supportive group for couples, led by a licensed psychotherapist. For more information, call Diane Bernstein, LCSW at 310.398.3981. Low fee/no fee. 4/2002

### MINORITY AIDS PROJECT

Minority AIDS Project sponsors a variety of support groups for people of color. Call 323.936.4949. 9/2000

## GRUPOS Y NOTICIAS EN ESPAÑOL

### BIENESTAR

Bienestar Human Services offers a variety of services and support groups for the Latino community. HIV+ client services and HIV–negative prevention programs. Call Miguel Gonzalez at 323.727.7897. 11/2007

### AIDS HEALTHCARE FOUNDATION

888.AIDSCARE 10/2002

### PROJECT ANGEL FOOD

Project Angel Food es una organización que provee comidas para las personas que viven con VIH/SIDA. Nuestros servicios están disponibles para personas que viven en nuestras áreas de servicio y que están oficialmente diagnosticado con el SIDA o VIH sintomáticos. Para recibir servicios, llame el 323.845.1810. 8/2001

### ALTAMED GRUPOS DE APOYO EN ESPAÑOL

Todos los miércoles de 6–8pm le ofrecemos un grupo para hombres y también otro grupo para mujeres. Para mayor información: Juan—323.869.5403. 2/2001

## WOMEN'S SERVICES

### PROTOTYPES WOMENSCARE

Complete medical treatment, follow-up, and case management, education available at WomensCare Center, Queen of Angels/Hollywood Presbyterian. No fee, childcare available. 1300 N. Vermont, Ste. 401. Call Andrea Jackson 323.662.7420. East LA location: 5427 E. Whittier Blvd., Los Angeles 90022. Call Yolanda Salinas 323.869.5467. 11/2007

### WOMEN AT RISK

Multiple specialized support groups with childcare services and transportation, one-on-one peer counseling, prevention, education/community outreach, speakers bureau, hospital visitation, resource referrals and assistance. For information call 310.204.1046. [www.womenatrisk.org](http://www.womenatrisk.org). 4/2006

### ESCAJEDA WOMEN'S CLINIC

Comprehensive health services for women with HIV/AIDS regardless of ability to pay. General and specialized HIV health care includes GYN services. Social Worker. Psychiatric services. English/Spanish speaking staff. For info, call 626.744.6140. Pasadena location. 12/2003

### THE SERRA PROJECT/CASA DE LA MADONA Y EL NIÑO

A home for women and children living with AIDS and HIV. RN and MSW case management, medical transportation, bilingual—English/Spanish, family preservation and reunification. Call 323.342.0705. 9/2000

### T.H.E. CLINIC FOR WOMEN, INC.

Offers specialized services for women living with HIV. Early intervention program, HIV testing. Staff speaks ten languages. Call Nola Thomas for information or appointments: 323.295.6571 x3109. 9/2000

## LEGAL SERVICES

### HALSA

A collaborative effort of AIDS Service Center, the L.A. County Bar Barristers, AIDS Project, the L.A. Gay & Lesbian Center, and Public Counsel. HALSA provides legal assistance in a variety of areas including bankruptcy, benefits, employment, housing, wills, powers-of-attorney to low-income people living with HIV, as well as comprehensive pro bono referrals. For more info, call 213.2637.1022. 4/2006

### INSURANCE

Supplemental health and life insurance, serving our community. Contact Glenn at 818.774.1556 x33, or [Glenn\\_Zorn@us.aflac.com](mailto:Glenn_Zorn@us.aflac.com). 9/2004

### NOTARY PUBLIC

I live a few blocks from Being Alive in West Hollywood. Services are free if we can arrange a time to meet there. You

# COMMUNITY BULLETIN BOARD

can also come to my home on Palm Avenue and pay the regular \$10, or I can come to your place in West Hollywood for \$15. Call Michael at 310.659.4299. 2/2002

## MEDICAL SERVICES

### UCLA CARE CLINIC

The UCLA Care Center conducts clinical research in HIV disease management, new medications, metabolic complications, prevention and therapeutic vaccines, opportunistic infections, AIDS-related cancers and co-infections. Contact Deon Claiborne at 310.557.9062. Provides specialty HIV care to those with private insurance, Medicare, or Medicare and Medi-Cal combined. Contact Mike Marcial at 310.557.2273. 11/2007

### CHIROPRACTIC CARE

Spinal adjustments available for \$10 by appointment for HIV+ people who are uninsured and not working. Other services available. Brian Smith, DC, 8235 Santa Monica Blvd., Ste. 218, West Hollywood. 323.656.2652. 11/2007

### JEFFREY GOODMAN SPECIAL CARE CLINIC

Provides HIV and STD testing, as well as treatment, case management, complementary therapies and AIDS Drug Assistance Program for HIV+ patients. 1625 N. Schrader, Third Floor, Los Angeles 90028. www.lagaycenter.org. Call 323.993.7500 for info. 11/2007

### NORTHEAST VALLEY HEALTH CORP

Confidential comprehensive medical services for HIV/AIDS provided in English and Spanish at low or no cost in the SF Valley. 818.988.6335. Call for information about our new location in Van Nuys. 11/2007

### AIM HEALTHCARE FOUNDATION

Healthcare for adult-industry members. HIV/STD testing, referrals, counseling, GYN services. For clients diagnosed with HIV/AIDS at AIM Healthcare—free-for-life medication placement. Call 818.981.5681. Also in Woodland Hills: 19720 Venture Blvd., 818.961.0291. 11/2007

### COMPREHENSIVE AIDS RESOURCE EDUCATION PROGRAM (C.A.R.E.)

Offers the following services: Out-patient, non-emergency clinic (sliding scale)—562.624.4999 • Dental center (sliding scale)—562.624.4949 • Testing/outreach (no charge)—562.624.4900 • AIDS drug assistance program (no charge)—562.624.4944 • Mental health program and nutritional counseling (no charge)—562.624.4914 • Case management / social services (no charge)—562.624.4900 • Family services program—562.624.4918. Located at 411 E. 10th St., Suite 107, Long Beach, CA 90813 (inside St. Mary Medical Center campus). 11/2007

### ALTAMED HEALTH SERVICES

Comprehensive medical treatment for people with HIV/AIDS. In addition to medical treatment, we provide case management, support groups, and HIV testing. To make an appointment to see a physician, please call 323.869.5548. 11/2007

### LAGUNA BEACH COMMUNITY CLINIC

Treats qualified clients for a low fee. Two HIV specialists accept Medical and Medicare. 362 3rd St., Laguna Beach, CA 92651. 949.494.0761. 11/2007

### FREE RAPID HIV AND STD TESTING

At The SPOT, 745 N. San Vicente Blvd., West Hollywood, southwest corner of Santa Monica and San Vicente. Tuesday–Friday, 1–7pm, 323.993.7440. If you are experiencing STD symptoms, call 323.993.7575 between 11:30am–2:30pm to schedule an appointment. 11/2007

### VALLEY COMMUNITY CLINIC, NORTH HOLLYWOOD

Offering free, anonymous HIV counseling service and testing Mondays 4–7:30pm, Tuesdays 2–7:30pm, Thursdays 12–3:40pm, and Saturdays 11am–4:30pm. Contact Walter Abb 818.763.8836. HIV case management everyday. Medical outpatient services for people with HIV. ADAP enrollment. For interview call 818.301.6334. www.valleycommunityclinic.org. 11/2007

### AIDS HEALTHCARE FOUNDATION

AHF Clinics in Hollywood, Downtown, Sherman Oaks, the Westside, Upland, Lancaster, and West Adams provide care

to people with HIV/AIDS regardless of ability to pay. No one ever turned away. Free HIV testings at our Out-of-the-Closet thrift stores. Call 800.AHF.2101. 10/2002

### ANDREW ESCAJEDA CLINIC

Comprehensive health services for adults with HIV/AIDS, regardless of ability to pay. ADAP enrollment site and psychiatric services. Open to all HIV-infected, even if receiving medical care elsewhere. Pasadena location. Call 626.744.6140. 8/2002

### TARZANA TREATMENT CENTER

Provides residential rehabilitation and medical detoxification programs for people with HIV/AIDS. Call 818.996.1051 x40. HIV outpatient clinic, Monday, Wednesday, Friday, 10am–6pm. Call 818.342.5897. 9/2000

### USC AIDS CLINICAL TRIALS UNIT

Free clinical trials for people with HIV/AIDS. Located at 5P21, Rand Schrader Clinic, 1300 N. Mission Rd., Room 349, LA. For info, call 323.343.8288. 9/2000

### AIDS RESEARCH ALLIANCE

Clinical trials open to all HIV+ adult men and women, regardless of where they receive primary care. Call Corie Castro at 310.358.2429. 9/2000

### METHADONE TREATMENT FOR HIV+ PEOPLE

If you are HIV+ and opiate-dependent, Western Pacific Rehab offers free out-patient methadone treatment at conveniently located sites. Call 800.223.3869. 9/2000

### AIDS SERVICE CENTER, PASADENA

Free treatment education and advocacy via one-on-one counseling/assessment, monthly treatment forums, Treatment Library and more. Call 626.441.8495. 9/2000

### WELLS HOUSE HOSPICE, LONG BEACH

A home-like environment serving Long Beach and Orange County. Volunteers always welcome. Contact Ron Morgan at 562.435.9363. 9/2000

### GAMA LATINO SERVICES CENTER

A new service to advocate for the well-being of those infected and affected by HIV/AIDS. Education and Prevention, Self-Esteem workshops, Dolphin Energy support groups, Spirituality workshops, and more. All services available in English and Spanish. For more info call 323.585.8300. 9/2000

### FREE HOME HEALTH CARE SERVICES

Available through the Tarzana Treatment Center. Nurse case management, psycho-social case management, attendant care, homemaker services, assistance with medication schedules. For referrals, call Liz at 818.342.5897. 9/2000

### LA COUNTY RAND SHRADER 5P21 HIV CLINIC

Provides comprehensive HIV care; services available in English and Spanish. Call 213.343.8255. 9/2000

### T.H.E. CLINIC, INC.

HIV/AIDS testing, treatment, counseling, family planning, other services. For more information call 323.295.6571. 9/2000

## PHARMACY SERVICES

### EDDIE'S PHARMACY

As your community pharmacy, we are committed to provide the best service possible. Getting to you know and your individual needs is an integral part of that commitment. Small enough to care; large enough to meet your needs. Call 310.358.2400. 1/2006

### ALL-IN-ONE PHARMACY

For all your pharmacy needs. Adherence tools and delivery provided free of charge. Treatment educators available for any questions you have. Most insurance accepted. Call toll-free: 866.255.6663. 11/2005

### MOMS PHARMACY

The original adherence pharmacy. Services include free delivery, pager notification, and optional MOMS Paks medication packets, the ultimate adherence tool. For

more information, visit [www.momsparmacy.com](http://www.momsparmacy.com), or call 866.993.6337. 8/2005

## PERSONAL SERVICES

### HOME DELIVERED MEALS

Jewish Family Services provides kosher meals (fresh or frozen) to the homebound. Call 323.761.8770. St. Vincent's Meals on Wheels: 213.484.7775. 11/2007

### TRUE NORTH MASSAGE

Swedish circulatory massage. Tim Maloney, Certified Massage Technician. APSB. 818.244.3029. 818.726.9480 (cell). shaktim2001@hotmail.com. 1/2006

### SPORTS MASSAGE

Deep tissue, soft touch, and Reiki therapy. Discount for HIV+. I've worked on athletes for over five years. Call Wayne at 562.235.8716 and mention this ad. 12/2005

### PROFESSIONAL BODY ENERGY WORK AND MASSAGE

Three one-hour sessions for \$100, or \$50 per session, for any HIV+ individuals. Previous volunteer for five years at Being Alive. Now in San Francisco. Contact Kevin at 415.570.1712 or send e-mail to thelightheartcenter@yahoo.com. 6/2005

### COUNSELING

Payam Ghassemlou, PhD, MFT, gay male counselor. 310.801.2927. Sandplay Therapy—a fun, creative, and healing process to connect to your psyche's self-healing powers. 9/2004

### RESIDENTIAL DRUG TREATMENT

Live-in drug treatment for people living with HIV/AIDS. For info, call Robyn at 818.985.8323. 2/2002

### MASSAGE BY JEFFREY

Therapeutic touch at a discount for people living with HIV/AIDS. Contact Jeffrey at [jjeffreys4@aol.com](mailto:jjeffreys4@aol.com), or call 310.770.7515. 10/2001

### PACIFIC CENTER FOR COUNSELING AND PSYCHOTHERAPY AT APLA

Provides free, individual, long-term counseling to people with AIDS and symptomatic HIV who are in financial need. Call Enrique: 213.201.1467. 9/2001

### PROJECT ANGEL FOOD

Project Angel Food's agency delivers nutritious meals to individuals with a formal diagnosis of AIDS or symptomatic HIV disease living in our delivery area. To start free meal delivery service, please call Client Services at 323.845.1810. 8/2001

### FREE GROCERIES

Food and personal care items are provided to PWAs. Tuesdays, Wednesdays, and Thursdays, 10am–1pm. For more information, call Imani Unidos Food Pantry, 323.754.2320. 5/2001

### LOW INCOME HOUSING FOR PWAs

1-, and 2-bedroom housing wait list. Contact West Hollywood Community Housing Corporation, 8285 Sunset Blvd., Ste. 3, West Hollywood, or call 323.650.8771, x2. 1/2001

### 50% MASSAGE DISCOUNT

Full hour Swedish massage. Legit. \$25. Designed for financially challenged HIV+ folk who are looking for a way to afford regular massage. Call Bruce at 323.660.5358. 9/2000

### VALLEY COMMUNITY CLINIC: EARLY INTERVENTION PROGRAM

Provides free/low fee counseling to people with HIV/AIDS and those affected by the disease. You don't have to be positive to receive services. For information, call Kimm Brockman at 818.763.1465 x362. 9/2000

### THE SERRA PROJECT

The Serra Project / CHOISS Program (Community Housing Options at Independent Supported Sites) is designed to assist and support the homeless, HIV-symptomatic population. A secondary diagnosis of mental illness or substance abuse is required. For information, call Elizabeth Villalobos, Program Assistant, at 213.413.6212 9/2000

# COMMUNITY BULLETIN BOARD

## MISCELLANEOUS

### APLA'S MEDICAL TRANSPORTATION

Medical taxi: call Jesus Lopez at 213.201.1323. 11/2007

### ALLEGRÍA HOUSE SHELTER

Assist families, and couples (gay or straight) living with AIDS. Sober living program. Contact Julie Lewis at 323.454.4200. 11/2007

### CHOICES RECOVERY SERVICES

Has homes in Long Beach and Los Angeles, providing clean, comfortable, structured, drug- and alcohol-free living environments for men, women, straight, gay, HIV+, and dual-diagnosed individuals. Please call us for further information at 562.930.0565. [www.choicesoflongbeach.com](http://www.choicesoflongbeach.com) 11/2007

### ZAHN EMERGENCY SHELTER

Welcomes singles and families with open arms to our sober living program. Priority is given to referrals living with HIV/AIDS. Referrals only. Please call 213.438.1619. 8/2006

### LIFERING

LifeRing specializes in secular recovery. "Yes, I want to get clean and sober. Yes, I want a support group. But where can I find an alternative to the 12-step approach?" Every Saturday, 10-11am, The Village at Ed Gould Plaza, 1125 N. McCadden Pl., Hollywood, CA 90038. [www.unhooked.com](http://www.unhooked.com). 12/2005

### HETEROSEXUAL AFRICAN AMERICAN COUPLES

UCLA / Drew University are looking for African-American heterosexual couples where one partner is HIV+ and the other is HIV-negative to participate in a free HIV health enhancement intervention. Call Daisy at 323.563.5982. 2/2005

### MCINTYRE HOUSE

A non-profit residential substance abuse recovery and sober living program for men. Low-cost medical care and food provided. Contact Ed at 323.662.0855. 12/2004

### STRENGTH IN NUMBERS (SIN)

A non-profit social network for HIV+ gay men that organizes and promotes fun and relaxed events in LA and Orange County. All HIV+ gay men are welcome. Events include pot luck, breakfasts, and bar nights. All events are low-cost, but everyone is expected to cover their own expenses. Check out our Web site for more information and updates on events: [www.strengthinnumbers.org](http://www.strengthinnumbers.org). 5/2003

### TEENS REACH TEENS

Peer Education Program of L.A. offers educators to lead discussions on HIV/AIDS prevention in schools, group homes, and youth agencies. Call Wendy at 323.651.9888. 8/2002

### WEST HOLLYWOOD PRESBYTERIAN CHURCH

A unique, spiritual community of lesbians, gays, and supportive heterosexuals. Worship service Sunday mornings at 11am. 7350 Sunset Boulevard. Children are always welcome. Call 323.874.6646 or visit [www.wehpres.org](http://www.wehpres.org). 8/2002

### HELPLINE FOR DEAF PEOPLE WITH HIV

A unique service run by HIV+ deaf people, providing referrals to other deaf and hard-of-hearing people with HIV/AIDS. Contact Emmett Haggen at 323.550.4258 (TDD) or 323.550.4255 (fax). 9/2001

### AIDS EDUCATION/SERVICES FOR THE DEAF

Provides education to schools as well as one-on-one meetings and interpreters to Ryan White-funded HIV/AIDS services and testing with no charge to the service providers. Call 323.550.4250 (TDD/voice). Fax: 323.550.4244. 9/2001

### ALTAMED, THE TOMORROW PROGRAM

This exciting new program reaches gay and bisexual Latinos between the ages of 18 and 28 living with HIV/AIDS. Contact Alex Lozano at 323.869.5458. 1/2001

### PROJECT NEW HOPE

Computer training classes for people with with HIV/AIDS. Call 213.251.8474. 1/2001

### APLA'S HOUSING HOTLINE

For info, call 888.300.4033. 4/2002

### HIV/AIDS MENTAL HEALTH PROGRAM

Common Ground offers mental health services to HIV+ residents of Los Angeles who cannot afford to pay. Call Mark Fairfield, LCSW, Director of Mental Health, at 310.314.5480. 4/2002


### CRYSTAL METH ANONYMOUS INFO LINE

12-step program offering a 24-hour information hotline at 213.488.4455. 9/2000



### AID FOR AIDS: FINANCIAL ASSISTANCE

Aid for AIDS provides financial assistance to people with HIV/AIDS. Help with pharmaceuticals, nutrition, monthly bus passes, rent, health insurance payments, utilities. For more info, call 323.656.1107. 9/2000

# Being Alive

is a nonprofit membership organization created and operated by and for people living with HIV/AIDS that engenders a sense of independence and self-determination in its members and builds a healthier and more powerful community of HIV-positive people. Being Alive accomplishes its mission through a comprehensive array of emotional support, treatment education, prevention, advocacy, wellness and social services.  Being Alive is Los Angeles' first peer-led HIV agency. Established in 1986 by three friends—John Mohr, Ron Rose, and Rick Ewing—who were living with AIDS, Being Alive was created in response to a need for services free of red tape and bureaucratic entanglement, an organization to call our own. These three visionaries saw the need for an organization made up of other people living with HIV and AIDS who would advocate for the HIV/AIDS community from the point of view of those who are infected. Today, Being Alive serves as a beacon of emotional support, treatment education, and empowerment to thousands of people living with HIV/AIDS.

## THE BEING ALIVE NEWSLETTER NEEDS YOUR SUPPORT!

- \$24 for a one-year subscription.
- \$12 for a reduced-rate subscription. I have HIV/AIDS and a low income.
- \$24 for a one-year subscription charged to my credit card:    

CREDIT CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

AUTHORIZING SIGNATURE: \_\_\_\_\_

- Free subscription. I have HIV/AIDS and cannot afford to contribute.
- Accept my donation of \$\_\_\_\_\_ to support free subscriptions and other Being Alive programs.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

The Newsletter is sent in an unmarked envelope.  
Names of subscribers are kept confidential.  
Mail this form to Being Alive  
621 N San Vicente Blvd, West Hollywood CA 90069.

### MEMBERSHIP INVITATION

**Yes, I would like to join Being Alive!**

Please check one:

- AIDS or HIV+
- Associate Member  
(Significant Others, Friends, Supporters)

I live, work, and/or own property in the city of West Hollywood  Yes  No

**Would you like to volunteer for Being Alive?**

- Newsletter Team  Office Team
- Speakers Bureau  Events Team
- Fund-raising  Peer Counseling

SIGNATURE \_\_\_\_\_

**Together, we are making a difference.**