



HIV Update

San Francisco

A publication for KPSF members from Health Education

June 2007

The COLOR OF HIV In the SF Bay Area

SF Department of Public Health



Oscar Macias, SFPDH



San Francisco is one of the most densely populated cities in California with approximately 744,041 residents living in an area of

46.4 squared miles¹. The city is well known for its diversity and multicultural population. Over half of the city's residents are people of color, more than one third of its residents are immigrants, and there is a large LGBTQ community.

Compared to California and the United States as a whole, AIDS cases in San Francisco are more likely to be male, white, and to occur among MSM, including MSM-IDU. The City's rate of HIV/AIDS by gender is 95% male, 4% female, and 1% transgender. By race/ethnicity the rate is 72% white, 13% African American, 11% Latino, 3% Asian/Pacific Islander, and 1% Native American. Finally, the rate by exposure category is 75% MSM, 15% MSM IDU, 8% IDU, 1% heterosexual, 1% transfusion/hemophilia, and 1% other/unidentified (SFPDH, 2005).

1. Population Finder: San Francisco County, 2006. U.S. Census Bureau. Accessed May 7, 2007.

The Latino Community

WHAT IS UNIQUE ABOUT THE EXPERIENCE OF LATINOS LIVING WITH HIV/AIDS?

While some Latinos are born in the U.S., others continue to arrive from many different countries, bringing their cultural differences with them. Despite this diversity, Latinos are affected by some common experiences that may increase their vulnerability to HIV, including cultural factors, immigration and acculturation, language barriers, attitudes toward condom use, discrimination, poverty, lack of access to health-related information, and substance use. Among Latinos, drug use and sexuality feed the stigma associated with HIV/AIDS and challenge the Latino community to confront issues that for generations have been deemed unmentionable. Effective culturally appropriate HIV prevention efforts must focus on breaking this stigma and on increasing the political voices of Latinos, to open the eyes of governmental agencies, foundations, media, and elected, religious and civic leaders in an effort to avoid further infections and increase the quality of life among Latinos living with HIV/AIDS.

Lack of health insurance is the major barrier many Latino immigrants face accessing health care services. Accessing quality health care, for the most part, requires

Latinos to jump many hurdles in order to obtain even the most basic services. Due to welfare and immigration reforms, many low-income Latinos do not qualify to receive public health insurance programs such as Medicaid, and if they do, they may only receive limited assistance to cover emergency services. Without access to primary care, Latinos are less likely to receive HIV prevention counseling or to be screened for communicable diseases like tuberculosis and sexually transmitted diseases including HIV. Therefore, many Latinos delay access or go without needed health services because they cannot afford to pay for health care out-of-pocket. Because many Latinos, especially immigrant, monolingual Spanish speakers, lack information about free services and medication available to them, they miss critical opportunities to receive HIV prevention counseling, early HIV testing and care services.

CHALLENGES FACING THE LATINO CULTURE

Latinos represent a variety of cultural, socioeconomic and ethnic backgrounds. Latinos in the U.S. are at increased risk for HIV infection due, in part, to discrimination,

As one might expect, diversity of our patient population at San Francisco Medical Center is different than the national HIV epidemic.

GENDER	SF	NATIONALLY
Male	97%	74%
Female	3%	26%

RACE	SF	NATIONALLY
White, non-Hispanic	71%	31%
African American	11%	49%
Hispanic	12%	18%
Asians	>5%	1%
Native Americans	<1%	<1%

Regardless of the numbers, Kaiser Permanente strives to treat each and every individual with culturally competent care and with the respect and dignity each expect and deserve.

Source: Division of Research, Kaiser Permanente 3/23/07 and www.cdc.gov

traditional gender roles, gender identity, and a culture of silence that surrounds sexual issues. These factors can lead to power differentials between sexual partners, sexual coercion, embarrassment, lack of sexual knowledge, and lack of communication about sex. For many Latinos, deeply imbued cultural influences and traditions hinder their ability to develop the skills and knowledge they need to lessen their risk for HIV.

Sexual Silence

Traditionally in Latino cultures, sex and sexuality are not discussed. Open discussion of topics like condom use, sexually transmitted diseases, and sexual behaviors, for many Latinos, simply doesn't happen. This sexual silence dictates that they should not know about or talk about sex. For Latino women, asking a sexual partner to use a condom could be perceived as a breach of trust implying doubts about the partner's fidelity, character, and integrity. Therefore their ability, comfort and success in insisting on condom use with male partners may be limited and contribute to low self-esteem and shame.

Religion

Latino cultures practice Roman Catholicism, a religion that opposes the use of any form of birth control and condemns the use of condoms and other contraceptives; even though correct and consistent condom use is a highly effective HIV prevention method for sexually active individuals. This disapproval discourages Latinos from protecting themselves during sexual activity. Catholicism also idealizes female submissiveness to men in relationships and in sexual activities as well as condemning sex between people of the same sex. Such religious imperatives directly conflict with prevention strategies that attempt to increase assertiveness, negotiate safer sex, and make each person responsible for his or her own sexual health.

Machismo

The term machismo refers to the idea that everything related to the masculine is superior, and everything associated with the feminine is inferior. Machismo may lead men to view sex as a way to prove their masculinity. Within machismo, Latino men often insist on making the sexual and contraceptive decisions in the relationship, while expecting women to take a secondary role. Also, machismo applies to same-sex relations among men, in which the top assumes the masculine role, while the bottom assumes the feminine role. In the Latino culture, a man who never gets penetrated may be perceived as heterosexual in his community, regardless of the fact that he engages in sex with other men. This can mean that in Latino culture, the frequency and type of sex are most often determined by men, which increases fear of rejection, abandonment, and intimate-partner violence if their partners resist their sexual advances.

This unbalanced power dynamic contributes to Latinos compromising their sexual and reproductive health, a situation that often prevents them from early discovery of their HIV status or seeking care early in the course of the disease.

Sexual Identity

Social discrimination has also been linked to HIV risk behavior among Latinos, especially among gay men. Socially oppressive forces, such as homophobia and racial discrimination, affect Latino gay and bisexual men. Their highly social situations produce social discrimination based on sexual orientation. As a result, symptoms of psychological distress are prominent and strongly correlated with both social alienation and low self-esteem. These aspects increase negative self-perceptions, such as self-hatred, internalized homophobia, and inadequacy. One or more of the above mentioned factors may cause many Latino gay men to feel isolated and alienated, in addition to feeling detached from and guarded in their own community; when combined, social discrimination and social distress may lead Latino gay men to engage in high-risk sexual behaviors.

Language

In the U.S., language barriers may pose difficulties for monolingual Spanish-speaking Latinos who need to discuss their HIV risks with a health professional. Providing culturally competent and linguistically appropriate services is an important component of HIV prevention. Interpretation, not translation, is the core factor in assuring the appropriate delivering and complete understanding of prevention messages. Translated HIV educational materials are often limited in their effectiveness because the more than 100 different Spanish dialects have distinctive definitions

and meanings among each other. The complexities of HIV transmission and methods of risk reduction sometimes get lost in the translation.

Familismo

Latinos often feel a strong, mutual responsibility to support and care for one another. Families may be a significant source of guidance and social support. Family traditions emphasize cooperation and collective needs over individual needs. The cultural importance of social connections and family ties among Latinos also means that family members often play an important role in influencing the health of the community. When Latinos discuss their personal beliefs and values regarding sexuality with their families, these talks can directly impact increasing protective sexual practices by encouraging them to have a more satisfying sex life, especially among youth. However, Given that family and culture frequently loom large in the lives of young Latinos, the role of parents and other family members can be significant in providing positive guidance and emotional support. In the Latino cultures, familismo has the potential of reducing social isolation and increasing self-esteem among its members, thus develop-

ing resiliency in an effort to combat the risk factors that make them prone to HIV infection.

HIV/AIDS continues to have a devastating impact on Latinos, their families, and communities. Latinos continue to face numerous barriers in accessing health care and HIV prevention services, and they experience considerable discrimination that affects not only the quality of services they receive, but their pride, dignity, and self-esteem. Investments must be made to combat HIV/AIDS that directly address the cultural, gender, familial, and socioeconomic circumstances faced by Latinos and the numerous barriers they encounter. Development and implementation of culturally sensitive- HIV education- and empowerment-focused programs that dispel misconceptions and help Latinos develop HIV-prevention skills and strategies are necessary.

THE HIV PREVENTION SECTION OF THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH — AIDS OFFICE

The mission of our organization is to reduce HIV infections through promoting health and enabling individuals and communities to

increase control over conditions affecting their health. In 2004, we implemented some challenging, but (we think) achievable goals. By the end of 2008 our goals are to:

- Reduce new HIV infections among gay men and other men who have sex with men (MSM) and male-to-female transgendered persons by 50%
- Reduce new HIV infections among injection drug users by 50%
- Eliminate new infections among women, and men who have sex exclusively with women
- Eliminate perinatal HIV infections completely

Oscar Macias is a Health Worker for the San Francisco Department of Public Health, AIDS Office. For the last 10 years, Oscar has been involved in HIV prevention as an outreach worker, health educator, as well as an HIV and drug and alcohol counselor. He currently coordinates the Materials Review process and works closely with the Health Education and Planning Unit providing information and education, increasing condom availability within the local Unified School District, and supporting the implementation of the Prevention Section's HIV disclosure services.

The African American Community

BARRIERS TO HIV PREVENTION IN THE AFRICAN AMERICAN COMMUNITY

By Vincent Fuqua, Health Educator

African Americans face unique challenges when it comes to the prevention of HIV in their community. Predominant themes impacting HIV risk include deep-seated historical discrimination, cultural homophobia within the community, and current socio-economic barriers.

The effect of discrimination on African Americans is far-reaching and impacts both individuals and the community. It has affects on access to health care, education and employment opportunities, and the presence of violence, substance use and environmental hazards in the community. Discrimination has also resulted in profound disparities in health

status, so that African Americans have more health issues and suffer greater consequences from them than most other groups. HIV is one such health issue.

One example of how discrimination has impacted African Americans regarding health is the use of highly-active anti-retroviral therapy (HAART) among those living with HIV in San Francisco.

HAART has improved survival rates for many groups, but African Americans have lower usage rates of HAART than other groups and their survival rates are lower compared to other races and ethnic groups. Why is this? One possible explanation is fear of seeing a doctor. Many African Americans, because of historical events such as the Tuskegee syphilis experiments, (in which, from 1932 to 1972, African American men in one of Alabama's poorest counties were told they were being treated for "bad blood," but, in fact had tertiary syphilis for which they were not being treated at all) do not trust the health-care system. Another contributing factor is the stigma regarding HIV in the African American community, which leads to denial and avoidance of seeking HIV testing and care. Further, there are fewer healthcare facilities in convenient locations for African American San Franciscans, and poverty and the resulting lack of insurance make accessing services difficult. All these factors are products of long-standing discrimination and racism. The consequences of this are profound. Not only does lower frequency of HAART use result in lower survival rates, but HIV-positive people not using HAART are generally more infectious, leading to greater numbers of new infections, particularly within the sexual networks of African Americans.

Lack of access to HIV testing is another critical factor. African Americans are less likely to seek testing than most other groups, resulting in their presenting for care at later stages of infection and generally higher transmission rates to others. Further, having African Americans not reflected in the counseling and testing data as a high-risk group, it becomes more challenging to obtain funding, thus perpetuating the cycle of poorer care and greater infection rates than among other groups. In

the words of one Bayview community member, "If you aren't counted, you don't count."

High rates of drug addiction and risk behaviors such as sharing needles, having sex while using drugs, and exchanging sex for money or drugs are other important factors that are results of high rates of unemployment and poverty in African American communities. High rates of incarceration among African American men also put them, as well as their male or female sex partners, at risk for HIV.

The combination of homophobia and racism also impacts HIV risk among African Americans. Bayview/Hunter's Point community leaders participating in interviews in one study identified the lack of acknowledgment of and lack of discussion about men in San Francisco's African American community having sex with men as a barrier to effective HIV prevention. Such barriers exist at the community level as well as at the individual level (i.e., internalized homophobia). Further, African American MSM often feel marginalized within the larger gay community, and power dynamics in sexual relationships between African American men and men of other races, affect sexual decision-making, and thus HIV risk. Many African American MSM do not identify as gay or bisexual — and HIV seropositivity is strongly associated with unprotected anal sex with men among heterosexually identified African American MSM. This population of non-gay-identified MSM is of concern because it is often ignored by HIV-prevention messages: such men are likely to be at high risk for acquiring HIV, and transmitting HIV to their female partners.

Furthermore, misperceptions about HIV and AIDS contribute to high-risk behavior among some African Americans. For example, in a Tenderloin-based study, 50% of participating African American MSM

did not know that receptive anal sex is riskier for acquiring HIV than is insertive anal sex. In a recent assessment in the Bayview, 60% of men and women surveyed incorrectly believed there is a cure for AIDS.

HIV messages, services and programs for African Americans often need to take different approaches than those used for other communities in which the high-risk populations are more aware of their risk. According to some Bayview community members, HIV prevention for African Americans needs to reach the whole community to reach the "invisible" high-risk populations, such as heterosexually identified MSM and women whose male partners are on the "down low." This can be done through social marketing and other types of interventions. At the same time, some HIV prevention messages need to be aimed at particular groups, such as injection drug users. Above all, HIV prevention messages and services must be culturally appropriate, relevant, and integrated with other services, such as primary care, mental health, substance use, and STD services. Social and economic factors, which contribute directly to disparities in access to health services, also need to be addressed. Community-level interventions involving collaborations with faith communities and community-based organizations are needed to address issues of social injustice, and denial about HIV and AIDS.

Vincent Fuqua is a Health Educator for the San Francisco Department of Public Health, AIDS Office. For the last 15 years, Vincent has been involved in HIV prevention as an outreach worker, HIV and substance use counselor, researcher, health educator and community organizer. He is currently focused on health education and community planning within the African American community.

Asian & Pacific Islander Community

HIV/AIDS IN ASIAN & PACIFIC ISLANDER COMMUNITIES

By Lina Sheth, MPH

HIV and AIDS should be a growing health concern for Asians & Pacific Islanders (A&PI). Recently, data from the Centers for Disease Control & Prevention reported that A&PIs show the highest estimated annual percentage increase in HIV/AIDS diagnoses of all races/ethnicities.

The good news is that HIV/AIDS is preventable and treatable. Let me share a story about a family we serve at the Asian & Pacific Islander Wellness Center. Jany is a 30 year-old woman who migrated from India two years ago and recently found out she was pregnant. Her husband, who migrated several years before her, has been working for a company with a solid job. During Jany's regular prenatal visit, she accepted a routine HIV test and found out she was HIV-positive. Her husband was also tested, and also tested HIV-positive. Luckily because Jany tested early in the pregnancy, she could be placed on HIV medication and her baby today is HIV-negative. Jany and her husband, while having to adjust to the treatments, are living fairly healthy lives.

The difficult news is that Jany and her husband have told no one that they are living with HIV. They feel ashamed and guilty of the disgrace they brought to their families' names despite living thousands of miles apart from them. They are afraid that their friends will reject them and Jany's husband fears he will be treated differently at work if anyone knows about his HIV status. They are most fearful of their immigration status being compromised, even though they have numerous assurances from their doctor that their work visa will not be revoked.

Since the silence and fear create a wall around them emotionally and mentally, Jany, her husband and their baby are not living a healthy and whole life.

For Asians & Pacific Islanders, cultural avoidance of issues such as sexual behavior, illness and death creates barriers to HIV prevention, breeds stigma, and negatively impacts the mental and emotional well-being of people living with HIV. With over 49 ethnic groups and over 100 languages, providing culturally competent care that is language-specific becomes critical, not only to support the physical well-being of Asians & Pacific Islanders at-risk or living with HIV, but also to promote their emotional well-being.

Asian & Pacific Islander Wellness Center (A&PI Wellness Center) is a community-based non-profit whose mission is to educate, support, empower, and advocate for Asian and Pacific Islander (A&PI) communities, particularly A&PIs living with, or at-risk for, HIV. Founded in 1987 as an all-volunteer, community-based response to the AIDS crisis in A&PI communities, we are based in San Francisco with satellites in Alameda and San Mateo Counties, and operate local, regional, statewide, and national programming. A&PI Wellness Center has a range of programs addressing the needs of A&PI communities, including prevention & education, HIV, STD and hepatitis screening, primary health care, and mental-health, case-management, and peer-support, training, capacity-



building, and anti-stigma initiatives. For more information, go to www.apiwellness.org or call **(415) 292-3400**.

HIV-related stigma and discrimination in A&PI families, communities and religious leaders act as huge barriers to people like Jany and her family. A&PI Wellness Center has launched a national campaign to increase acceptance of HIV in families and communi-

ties called the Banyan Tree Project Campaign. This year's slogan is "HIV Matters: Strengthen Your Family Tree, Get Tested for HIV."

For more information, go to www.banyantreeproject.org or call **1-866-5BANYAN**.

Asian & Pacific Islander Wellness Center Contact information

730 Polk Street, 4th Floor
San Francisco, CA 94109
(415) 292-3400 phone
(415) 292-3410 TTY

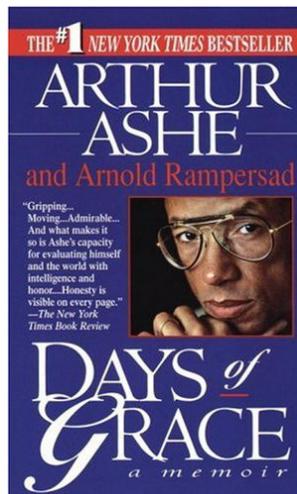
350 Frank Ogawa Plaza, Suite 603
Oakland, CA 94612
(510) 625-1578 phone

Lina Sheth, MPH, is the Director of Community Development & External Affairs for the Asian & Pacific Islander Wellness Center, and oversees research, community development, public policy and communications programs. Previous to this position, Ms. Sheth was the Executive Director of the Massachusetts Asian & Pacific Islanders for Health. She has served on numerous community boards and foundations.

Recommended Reading:

Submitted by Chris Brown, AIDS LifeCycle rider #5193

Shortly before he died, Arthur Ashe worked with Arnold Rampersad to complete a memoir of his life. Published in 1993, after his death, "Days Of Grace" became a best seller. I recently read it for the first time and was deeply moved. An intelligent, rational, thoughtful man of impressive character, Ashe did an amazing job of cutting through to the real issues that come with living with HIV. As we in the HIV community know, 1993 was a very long time and many changes in treatment and policy ago. But the core internal experiences remain the same, and reading this memoir reconnected me with some powerful memories of the early days of the HIV epidemic and my feelings about it, and helped me move through them. The title is so appropriate;



Ashe found his way to clarity, compassion, and peace, while retaining a sharp eye on reality. His comments on sports, race, education, mid-life, family, achievement, and leaving a legacy will remain guiding lights for me. I recommend

it strongly. Those interested specifically in Ashe's account of life with HIV can turn to chapters 1 and 7, but don't cheat yourself — read the whole thing.

Have you read any good books lately?

If so, please tell us about them so we can share them with *Update's* readers.

If you would like to recommend a book, please contact Bonnie Gradstein, Editor, at bonnie.gradstein@kp.org or call (415) 833-3452. We'd love you to spread the word about your favorites!

Announcements...

San Francisco Gay (LGBT) Pride Parade Sunday, June 24

The Kaiser Permanente HIV/AIDS Advisory Board welcomes your participation. For more information, please call our provider co-chair Frank Sclafani at (415) 833-8720, or our member co-chair Steve Rung at (510) 387-3407.

We hope to see you there!

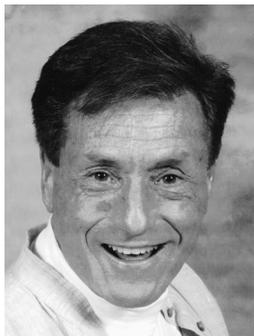


Don't forget!
AIDS Walk San Francisco
Sunday, July 15, in
Golden Gate Park



Community Resources

ol' codger
Rodger
Brooks
codger:
A Queer
fellow; a
peculiar
person.



San Francisco Bay Area residents take pride in our commitment to diversity. Yet few of us move outside our self-segregating social circles to associate with those who are not reflections of our own identities.

For those of us living with HIV/AIDS, AIDS, Medicine and Miracles retreats and conferences provide an opportunity for genuine connection with others from various segments of the broader community. AM&M is, in effect, an exercise in empathy, compassion and community.

Those of us, mostly Gay men, who survived the first wave of the pandemic and are now living meaningful lives — even Thriving — are role-models for younger and more recently diagnosed persons. Some of us “Lazarus” folks have confronted death; we have learned how to cope with the myriad of HIV manifestations and the often-debilitating side effects that treatment sometimes brings. We personify hope and provide inspiration. We are in a position to share a wealth of accumulated experience and knowledge. We are repositories of the history of HIV/AIDS, having lived through an era in which there were no effective treatments. We are those who were witness to the deaths of dozens, sometimes hundreds, of our friends, lovers and the valiant warriors who confronted the government, Big Pharma and often blatant discrimination.

AIDS, Medicine & Miracles ANNUAL RETREAT

Submitted by Rodger Brooks

Younger folks and others who have more recently seroconverted provide us with hope and the joy of knowing that they, in most instances, will never have to go through the hell we experienced. It is thrilling to share the insights and enthusiasm of the current generation of those most impacted by HIV/AIDS — women of color, transsexuals, IV drug users, those in recovery, whole families — who daily cope with issues of oppression and discrimination that compound the challenges faced by my peers.

Certainly we know the many ways in which we have been ostracized — abandoned by family and friends, victims of discrimination in the work place and the social milieu, including the Queer community itself, but we also must acknowledge, despite all, that we have been relatively privileged. We have, by and large, had access to first-class medical care and our financial and emotional burdens have been somewhat less than those facing the challenges of raising children while living with HIV, children who may themselves be infected.

The pandemic has impacted Black women both globally and in the U.S. at levels that are almost incomprehensible; those who for centuries have borne the burden of sustaining their families and communities are once again the most devastated by circumstances largely beyond their control. Their courage and seemingly boundless capacity to endure serves as an inspiration to all people. It is a joy to be in their presence. I believe it is the responsi-

bility of each of us to contribute to the empowerment of these women, to undermine the misogyny, victimization and sometimes outright bondage they confront. Their demonstration of sisterhood, their capacity to experience joy, even in the face of persecution, inspires.

AM&M provides a communal space in which we can all be revitalized and take away the motivation to change the character, not only of our lives, but potentially the structure of whole societies.

I met a woman at an AM&M retreat, who as a girl growing up in a traditional tribal society in Zimbabwe, was forced into marriage in exchange for some goats. Somehow she managed to escape and through sheer determination in the face of ostracism both in her native community and subsequently in an expatriate community in London, where she was stigmatized for her HIV status. Today she lives in the East Bay, where one of her daughters has a graduate degree from UC Berkley. If hers is not a profile in courage, whose is?

The miracle of AM&M lies in the collective exposure to such inspiring stories and in the willingness of participants to put aside our relatively petty differences in the face of such nobility.

AIDS, MEDICINE & MIRACLES

will hold its Annual Retreat on

August 10–12 at

UC Berkeley, Clark Kerr Campus.

For information, go to

aidsmedicineandmiracles.org

or phone **(415) 252-7111**

Get your **HIV Update** Online

EXCITING NEWS... HIV Update is going online

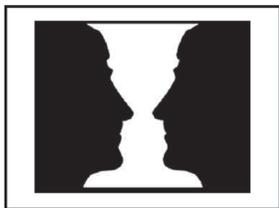
If you prefer to receive *HIV Update* via e-mail rather than snail mail, contact Bonnie at bonnie.gradstein@kp.org and let her know your e-mail address. You will be added to a confidential e-mail distribution list and receive your next issue online. *HIV Update* will also be available on kp.org. Call Bonnie if you have questions. (415) 833-3452.

Participate in a Research Project...



The RED Plus Study is a randomized trial of a counseling intervention which focuses on the thoughts, attitudes, and beliefs that HIV-positive men who have sex with men employ when they decide to have unprotected sex. We are recruiting HIV-positive men, 18 years old or older, who have had anal sex in the past six

months. The participation commitment is three visits over the course of one year and participants are reimbursed for their time in cash at each visit. For more information, please call (415) 502-8500.



A study for gay men in couple relationships where at least one person is taking HIV medication. Call the **Duo Project** @ (415) 597-9322 today to take part in an interview and earn cash!!!



The Focus Project

is an intervention using Mindfulness-Based Stress

Reduction (MBSR) to help HIV-positive people with the challenges of taking HIV medications. The study is a UCSF research project located at the Center for AIDS Prevention Studies. Compensation is provided. You must be at least 18 years old, HIV+, and taking HIV medications. Call (415) 597-9350 for more information.

New Feature



Ask Darren

Ever wonder about supplements, yoga and meditation, acupuncture and other forms of complementary medicine when it comes to HIV? More and more HIV+ people are turning to natural therapies to help stay healthy and manage cocktail side effects. HIV Update will be offering a regular column by well-known yoga teacher and author Darren Main that will address your questions about holistic healing.

Have a question you would like answered? Send it to askdarren@darrenmain.com and we may use your question in a future issue of **HIV Update**.

Darren Main is a well-known yoga and meditation instructor and author. His books include *Yoga and the Path of the Urban Mystic*, *Spiritual Journeys along the Yellow Brick Road* and *The Findhorn Book of Meditation*. In addition to his writing, he facilitates workshops and gives talks on yoga and modern spirituality throughout the United States and abroad. He currently lives in San Francisco. Visit his website at www.darrenmain.com

GET TESTED!

Join KP-SF at our annual event

Speakers, Information, Prizes!
National HIV Testing Day,

Wednesday, June 27th
12 – 2pm

2238 Geary, Lobby

Visit an HIV-Focused Website

Comprehensive News, Views & Information about HIV AIDS

Check out the following:

www.POZ.com

Website in English & Spanish
Also available in print

POZ ASO Directory
for services and organizations in your area.

www.projinf.org

www.thebody.com

www.treathiv.com

Kaiser Permanente San Francisco HIV SERVICES

Appointments & Advice Dept. of Medicine and HIV Specialty Team

English 833-2200
Spanish 833-2203
Cantonese 833-2239

Benefits, Disability, Financial Assistant

Orlando Jimenez 833-3475
Gabriel Lieuw

Complaints

833-3725

Chemical Dependency Recovery Program (CDRP)

Vickie Triplett, MFT 292-5030

Dept. of Psychiatry Mental Health Services

833-2292

Health Education

Classes & Information 833-3450

Clinical Health Educator

Fetah Nasrudin 833-4638

HIV/AIDS Advisory Board

833-8720

HIV Program Coordinators

Ed Chitty, RN, ACRN 833-4258
Phooey Nguyen, Pharm. D 833-0162

HIV Support Groups

Frank Sclafani, MFT 833-8720

HIV Update Newsletter

833-3452

Nutritionist/HIV Specialty Team

Andrea Alloway, MS, RD 833-2301

Pharmacist

Tony Phengrasamy, Pharm. D 833-8719

Research

HIV Clinical Trials 833-3480

HIV UPDATE

**Kaiser Permanente
San Francisco**

EDITORIAL BOARD:

Sylvia Britt
Rodger Brooks
Ed Chitty, RN, ACRN
Judy Kemeny, MD
Steven S. Muchnick, PhD
Steve Runng
Jeffery Sterman

EDITOR:

Bonnie Gradstein, MPH

MEDICAL EDITOR:

Stephen Follansbee, MD

You can contact us at
Health Education Services
2241 Geary Boulevard
San Francisco, CA 94115
(415) 833-3450
bonnie.gradstein@kp.org

Our mailing list is confidential. To receive this newsletter and other information on Health Education programs, call **(415) 833-3452**.

The views expressed by the individual writers are not necessarily the views of Kaiser Permanente. We welcome your comments. Letters may be published. Names can be withheld upon request.

- Visit our Health Education Center at 2241 Geary Blvd. — Open Mon – Wed, Fri, 9 am – 5 pm; Thurs, 9 am – 7 pm
- Concerns or complaints about your care? Call Member Services at **415-833-3725**.
- Visit us at **www.kp.org**

HEALTH EDUCATION SERVICES
2241 GEARY BOULEVARD
SAN FRANCISCO, CA 94115