

Oregon Begins Name-based HIV Reporting

On October 1, 2001, the state of Oregon implemented its long-awaited HIV reporting system. Beyond AIDS has been represented through Vice-President Ron Hattis, on the advisory group that has followed the development of the plan and will continue to monitor it in its first year. In the Oregon system, names are reported by both physicians and laboratories. The Oregon Health Division (OHD) will retain the names for three months and then convert them to codes. During the three month window, physicians will be encouraged to request partner notification and prevention case management services from public health. If the patient is meanwhile linked to health department services, a permanent chart will be started.

According to Hattis, OHD has done a thorough job of educating physicians about the reporting system and the services available. Communities at high risk are being reassured that anonymous testing will still be available at all public testing sites, but at each of these sites patients may alternatively give their names and obtain confidential testing. Dr. Mark Loveless, the epidemiologist in charge of HIV, STD, and TB surveillance, is in charge of the system, with the support and oversight of Grant Higginson, the state Health Officer. ▲

Cancelled September Meetings Rescheduled

Beyond AIDS, Inc. will hold its Annual Meeting (originally scheduled for September, but were postponed due to the tragic events of September 11) amidst a weekend of special activities and continuing medical and nursing education, in Ventura, California, November 30—December 2, 2001. In recognition of the terrorist attacks and the recent anthrax exposures, the program will include a presentation on bioterrorism by President Cary Savitch, MD. ▲



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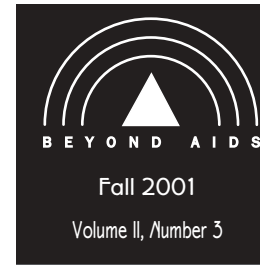
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BEYOND AIDS Lifeline

The Quarterly Newsletter of Beyond AIDS: Reversing the HIV Epidemic Through Sound Public Health Policy

Coming Up...

World AIDS Day
...December 1, 2001

Events nationwide, see www.worldaidsday.org

Beyond AIDS Board and General Meetings*
...December 1-2, 2001

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

Beyond AIDS Nettie Awards Presentations Luncheon*
...December 1, 2001
Ventura, CA

Intern Training*
...December 1 2001
Ventura, CA

*rescheduled due to the atrocities of September 11. See page 8.

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This issue is dedicated to the victims and their families of the Pentagon and World Trade Center terrorist attacks. Their supreme sacrifice was made for us, and our eternal debt is to defend the freedom they so valiantly embodied.

Report from "Ground Zero"

Ronald P. Hattis, MD, MPH, Vice-President

In September and October, I had the privilege of working at the ruins of the World Trade Center. As a volunteer member of a Disaster Medical Assistance Team (DMAT) sponsored by the U.S. Public Health Service and the County of San Bernardino, California, I joined with other physicians, nurses, paramedics, and technicians in delivering health care to the fire fighters, police, rescuers, contractors, and volunteers at the site. Our team was not in the first group that arrived, but we provided the first relief rotation.

The site was hellish, with pillars leaning at grotesque angles, fires still smoldering underground even now, and toxic fumes and falling glass from broken windows when the winds increase. These hazards required the wearing of respirators, goggles, and hard hats. Whenever we thought about all the lives lost in the rubble and the thousands of orphans and widows, tears came to our eyes. But the experience was emotionally rewarding. The spirit of the New Yorkers, who



Dr. Hattis at Ground Zero.

welcomed us warmly and in many cases provided free or discounted food and services to the

See DMAT, page 7

Bioterrorists could use new weapons: Anthrax, smallpox, says Savitch

By John Scheibe, staff writer, Ventura County Star

Like some evil genie, bioterrorists could one day unleash Armageddon from a bottle, killing millions of people in a single attack. While a bioterrorist assault need not arrive with a spectacular explosion, the number of people killed in such an attack could number in the millions, easily dwarfing the 6,000 or more killed during last week's terrorist attacks in New York City and at the Pentagon. All it would take to carry out such

an attack, says a Ventura physician, is for someone to release a bottleful of dried anthrax into the wind from atop some hill or building, or from a boat anchored off the coast.

"There's a good chance terrorists may already have these weapons," said Dr. Cary Savitch, an infectious-disease specialist who ran for Congress

See Bioterrorism, page 6



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



Publisher
Kardon Pover, Inc.

President
Cary Savitch, MD

Vice President
Ron Hattis, MD

Treasurer
Yvonne Pover

Communications Mgr.
Dede Raver

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

Internet
Ron Voith, Webmaster

E-mail:
BeyondAID/inc@aol.com
www.beyondaids.org

Published four times per year as a membership service of Beyond AIDS, Inc., a nonprofit, section 501(c)(4) organization founded in 1998, and Beyond AIDS Foundation, a nonprofit, section 501(c)(3) organization founded in 2001. Cost of associate membership is \$20-\$50 annually. The views expressed in Lifeline are not necessarily those of Beyond AIDS, Inc. © Beyond AIDS/ 2001. All Rights Reserved.

President's Message

HIV Infection From Heterosexual Sex Soaring Among US Teen Girls

Friends and colleagues,

The report below from the *Journal American Medical Association of Women* is another example of the consequences of Public Health being trashed by the AIDS Activists. CDC comes out with these statistics, yet fails to acknowledge their own failures to support the public health measures needed to contain the transmission of HIV.



need public health officials to work directly with those who are already HIV-infected. The philosophy that partner notification is taboo (straight from the mouths of public health officials in San Francisco) is counterproductive to saving lives. We need to practice the principles of public health that are applied to all communicable diseases. AIDS Exceptionalism has

fueled this epidemic and has only created horrible suffering around the globe.

Reading this report, it is fair to hold CDC officials and California State Health officials guilty of "child neglect and endangerment". What is painful is that these are good people, afraid to do what is right.

Chins up,

Cary

Cary Savitch, MD

President, Beyond AIDS

At this moment CDC funds are being used in California to set up a system of HIV reporting (using cryptic codes to hide the virus) that could land California physicians in jail for simply reporting HIV by name to public health officials. Contact tracing and partner notification are in shambles. Any increase in HIV rates should be no surprise to CDC or anyone else. And, if the prevalence rates of HIV should ever go down, it is because people died—no one is cured.

AIDS pamphlets and processed AIDS education will NOT change this situation. We

HIV Infection From Heterosexual Sex Soaring Among US Teen Girls

NEW YORK (Reuters Health) Jul 23, 2001

Teenage girls' rate of HIV infection from heterosexual sex rose by nearly 117% between 1994 and 1998, US researchers report. Data from 25 US states show that females aged 15 to 19 years also experienced a 90% increase in the rate of HIV infection due to injection drug use during the same period.

"This signals the need for intensive, focused, culturally appropriate HIV prevention efforts among adolescent women before they initiate risk behavior," co-investigator Dr. Lisa M. Lee told Reuters Health.

Among older women, HIV infection rates due

to heterosexual contact and injection drug use remained stable or declined, Dr. Lee and her colleague Dr. Patricia L. Fleming report in the summer issue of the *Journal of the American Medical Women's Association*. Both researchers are from the Centers for Disease Control and Prevention in Atlanta, Georgia. Overall, the annual rate of HIV infection among women of reproductive age declined 12% from 1995 to 1998. HIV-infected women were more likely to be black, under 35 years of age and to have been exposed through heterosexual contact.

Journal American Medical Women's Association 2001;56:94-99.

Hattis/DMAT NYC Story

continued from page 1

volunteers and rescue workers, was amazing. So were the terrific volunteers from all over the US, and some from Canada. We have the utmost respect for the fire fighters and police officers, many of whom had narrowly escaped death themselves and had lost co-workers when the twin towers collapsed.

We operated five clinic sites, in tents and in damaged buildings. Among the conditions we treated were eye and respiratory irritation from the gases, and particles in the air, and burns and foot blisters from walking over the tons of hot metal remains. We also gave out fresh socks, blankets, and over-the-counter health supplies, and treated dehydration and exhaustion in workers who refused for long periods to rest, eat, or drink. Some of these were desperate to find the remains of colleagues and friends. We were disappointed that no survivors were found after about the first 24 hours. I do not consider that we are heroes, but we got to take care of a lot of heroes.



Health care volunteers operated five clinic sites, in tents and in damaged buildings.

The tragic events of September 11 and the subsequent anthrax cases have clearly demonstrated that HIV is not the only problem for which our public health infrastructure is not fully prepared. Beyond AIDS will continue to be involved at many levels in fixing the gaps in our national safety nets. ▲

...our public health infrastructure is not fully prepared.

Membership Application/ Donor Form

Beyond AIDS, Inc.

Beyond AIDS Foundation

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

www.beyondaids.org
E-mail: BeyondAID/inc@aol.com
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- YES! I want to join Beyond AIDS or renew my membership for _____ \$20 _____ \$30 _____ \$40 _____ \$50 _____ other. (✓ one)
- I want to help improve public health laws and public policy on HIV. Please accept my additional (non-deductible) donation* of _____ to Beyond AIDS, Inc.
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_____ Communications _____ Membership _____ Secretarial

*Beyond AIDS, Inc. is a nonprofit, section 501(c)(4) organization founded in 1998, because your contribution will be used in part to achieve better laws and public policies for HIV prevention, contributions are not tax-deductible.
**Beyond AIDS Foundation is a nonprofit, section 501(c)(3) organization founded in 2001 for education and research; contributions are fully tax-deductible.

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Bioterrorism

continued from page 1

against Rep. Elton Gallegly, R-Simi Valley, last year because he believes bioterrorism is one of the most significant threats to this nation's security. Often called "the poor man's atom bomb," anthrax is a very hardy bacteria that can be carried by the wind. Those exposed to anthrax usually feel a heaviness in the chest at first, along with a headache and maybe a fever. Pneumonia, shock and death often follow.

"One report I saw said as many as 69 groups may have access to anthrax," Savitch, 52, said. Savitch became alarmed by the threat of bioterrorism after learning at a conference in San Diego two years ago that the U.S. government is ill-prepared to deal with such attacks. "A FEMA representative said at the conference that the fallout from such an attack would be such a huge problem that all his agency would be able to do is serve as a mop-up crew afterwards," Savitch said. Savitch said he was even more alarmed after hearing an official from the U.S. Centers for Disease Control and Prevention say his agency was not actively involved with the problem "because they had not yet been invited (by the government) to get engaged in this."

"I was just stunned," said Savitch, who was California's youngest physician when he graduated from the University of California, San Francisco, medical school in 1973. Bad as an anthrax attack would be, Savitch said, it pales in comparison to the number of deaths that would follow should smallpox again be unleashed on humanity. Smallpox killed more than 300 million people worldwide during the 20th century alone before the World Health Organization declared it eradicated in October 1977. "Smallpox vaccines used to be mandatory in the U.S. until about 1972," Savitch said. Despite its eradication, the United States and the Soviet Union decided to keep the virus in a laboratory. "Each was fearful that the other would use it as a biological weapon," Savitch said.

The problem is there is good evidence the virus was sold on the black market after the breakup of the Soviet Union, possibly falling into the hands of North Korea and Iraq. "Because it is extremely contagious, we would be back in the Dark Ages if smallpox were released anywhere in the world," Savitch said. "It would easily spread like wildfire across the world because of jet travel and the ease of getting around." Savitch and other health officials say smallpox, which kills about one-third of its victims, is especially bad news for those 30

Savitch became alarmed by the threat of bioterrorism after learning at a conference in San Diego two years ago that the U.S. government is ill-prepared to deal with such attacks

years of age and under. "These people have never been vaccinated for smallpox and are 100 percent at risk." While the science is unclear, those vaccinated against smallpox likely still have some immunity, even though that was 30 or more years ago, he added. Smallpox covers its victims from head to foot with blisters. Those who survive are left with scars across their bodies.

The CDC only has an estimated 7 million to 14 million [doses] on hand, said Luciana Borio, a physician who specializes in infectious diseases at Johns Hopkins University. "The hope is that we'll be able to produce another 40 million [doses] by 2004," Borio said. Even once the vaccine is available, Borio said it could be hard convincing people to get vaccinated. For starters, about one in every 300,000 of those who get vaccinated suffer a very serious reaction, including encephalitis. And an estimated one in a million die. "The current standards are much different today than they were 30 years ago and it could be very hard to convince people to get the vaccine," Borio said, adding introduction of the vaccine could be delayed since it will require the approval of the Food and Drug Administration.

But Savitch said these risks are very small given the severity of smallpox. "Right now, we've got an incredibly susceptible population," he said. "And we have no better drug to fight smallpox today than we did when the vaccine was developed in 1796. "Vaccines are the only solution." There's also a vaccine for anthrax, though scientists are unsure how effective it is. Use of the vaccine, which is required for all U.S. military personnel, has been controversial. Some service members, including those in the Air Force and Marine Corps, have refused to get the vaccine, despite the threat of court martial. They fear its side effects could be worse than contracting anthrax.

Despite the unknowns, Savitch said he would take the anthrax vaccine. CDC officials could not be reached this week about when and if the anthrax vaccine will be available to the public. Sen. Edward M. Kennedy, D-Mass., met with other senators following last week's attacks in a bid to devote \$1 billion of the \$40 billion approved by Congress to cope with the tragedy to defending against bioweapons. Exactly how the \$1 billion would be spent is still unclear. Savitch said, "We've got to respond now since many of these agents already have been sold on the world market." ▲

—John Scheibe's e-mail address is jscheibe@insidevc.com. September 21, 2001; Copyright 2001, Ventura County Star. All Rights Reserved.

Meet Our Interns

Beyond AIDS Intern Program Participants



Holly Leahy

Holly Vioria is our first intern and a founding member of Beyond AIDS. She graduated from UC Santa Barbara in 2000 with a degree in psych and east Asian religious studies. A full-time student in the M/N/Family Nurse Practitioner program at UCSF and the student health educator on campus, she is the newly elected secretary of Beyond AIDS.



Ariel Stevenson

Ariel Stevenson is a sixteen year old high school junior at St. Bonaventure High School in Ventura county. While maintaining a 4.0 GPA, she manages to volunteer at the Boys and Girls Club and tutor children at Project Understanding. She is also a competitive horseback rider, an active member of 4-H and Youth and Government. She is excited about the Beyond AIDS opportunity to help her community and her world.



Pavana Beerelli

Pavana Beerelli, 3.8 GPA sophomore at The George Washington University majoring in psychology and minoring in public health and biology. She plans to go to medical school to pursue oncology. She is secretary for our local pre-medical chapter of the American Medical Students Association, active with GWU's AIDS Awareness Committee, AIDS Walk, and GW's Center for Family Research. She brings motivation and compassion to Beyond AIDS.



Tina Kao

Tina Kao is from Irvine, California. A second year Physiological Science major at UCLA, she aspires to be a transplant/implant surgeon, and enjoys participating in various health-related programs and research. In her free time, she loves to watch movies, eat, read, snowboard, and swim.



Wes Bettger

Wes, from Atascadero, CA, had almost no first hand exposure to HIV/AIDS related issues, but has always had a strong interest. He attended the University of California at Santa Barbara from 1997-2001, majoring in biopsychology and minoring in professional writing. He will serve as the writing/research intern for the Beyond AIDS Foundation, taking part in writing and fundraising and perhaps political research.



Jacob Haik

Jacob Haik is a premed student at the University of California, Santa Barbara. President of the Residence Halls Association, he is an enthusiastic, hard working student with a passion for helping people. He wants to help provide a better quality of life for not only Americans, but for the world as a whole. Everyone has the right to life.



Tasneem Husain

Tasneem Husain graduated from The George Washington University's Master of Public Health program with a concentration in Epidemiology-Biostatistics. She has experience in international health and health policy, with a primary focus on HIV/AIDS. Previously she worked at the National Academy of Social Insurance, a health policy think-tank in Washington DC, on a project entitled: Medicare and HIV/AIDS in California.



LeAnne Johnson

Originally from Huntington Beach, California, LeAnne is a recent graduate of UC Santa Barbara with a degree in Biopsychology. She has experience working in a university animal laboratory, which studies drugs of abuse, and has also been trained as a paraprofessional crisis counselor for Santa

Barbara County's Helpline. Currently living in Orange County, LeAnne is excited to work with the members of the Beyond AIDS Foundation, not only for its important cause, but also to learn about the medical field.



Betsy Kidder

Betsy's interest in public health and the HIV/AIDS virus stems both from her academic and research endeavors, and from a more tragic event that 'hit home.' In 1997, MUSHAWN WILLIAMS knowingly infected up to 13 young girls with HIV from Jamestown High School, her high school. At Boston College she researched the economics of developing an HIV/AIDS vaccine, addressing the controversy with the western pharmaceutical industry. She studied abroad in South Africa, where she saw first hand the devastation that the AIDS virus is wreaking on the continent. Her proposal did not please the South African government (Mbeki) and their disastrous AIDS policies. ▲

Joe Hong Biography and photo to appear in next issue.

Walter Reed Says Rapid HIV Test 100% Accurate, Costs Only \$10

ATLANTA, Aug. 14 /PR Newswire/—The test results of InstantScreen(R), a rapid HIV test kit, were presented at the 2001 National HIV Prevention Conference in Atlanta on Monday by representatives from Walter Reed Army Institute of Research.

BICO, Inc. (OTC Bulletin Board: BIKO) subsidiary Rapid HIV Detection Corp.'s InstantScreen showed a perfect 100% sensitivity and 100% specificity in nearly 600 tests performed at Water Reed recently. The data was presented at the conference by Dr. Nelson T. Michael, Chief-Department of Molecular Diagnostics and Pathogenesis at Walter Reed. Dr. Bernard Branson, Medical Epidemiologist for the CDC's National Center for HIV, STD and TB Prevention, spoke of InstantScreen in the session "Accuracy of Newer Rapid Tests for HIV Antibody."

During the session called "Advances in HIV Testing Technology: HIV Rapid Testing," Dr. Michael and Dr. Branson stressed the need for rapid HIV testing as the first step to combat the HIV/AIDS pandemic not only in the United States but worldwide as well. For further evaluation of the InstantScreen test, the Walter Reed Institute recently purchased an additional 14,000 kits.

The benefits of InstantScreen are numerous.

This test could prove extremely useful for early intervention purposes, especially for preventing perinatal HIV transmission.

InstantScreen is 100% accurate, provides instant results—within 30 seconds or less; is simple to use—requires no special training, extra equipment, or refrigeration, uses only a small amount of finger prick blood; affordable—approximately \$10. Rapid Corp. also markets InstantConfirm(TM), which is an 8-minute confirmation test that for the first time successfully transforms the widely used gold standard Western Blot laboratory test into a rapid format, usable immediately to confirm a positive result.

Rapid Corp. exhibited the InstantScreen test at the conference and received a very favorable response with strong requests to make the test available domestically. While InstantScreen goes through the process to obtain approval by the FDA, the test will be marketed for purchase and use in Africa, India, South America, Caribbean and Asia. BICO, Inc. recently obtained the exclusive worldwide marketing rights from the German American Institute for Applied Biological Research (GAIFAR) in Potsdam, Germany, where InstantScreen was developed. BICO, Inc. has its corporate offices in Pittsburgh and is involved in the development and manufacture of biomedical devices and environmental solutions. The Company also has offices in Washington, D.C., as does Pittsburgh-based subsidiary Rapid Detection Corp. ▲

Possible Evolution of HIV to Permit Longer Survival

By Ron Hattis, MD

I'm going to share an observation that is leading me to speculate on a possible change in the nature of our enemy, the HIV virus, in the U.S. Not only are patients on treatment living longer, but I'm also seeing more patients who are longterm survivors and have not progressed to AIDS even without treatment. I have some patients with HIV at 15-18 years who have never had AIDS. One patient is doing well and still does not even meet the new criteria for treatment, let alone for AIDS, after 16 years with HIV, and has never received medications for more than two weeks.

This is anecdotal information, not verified by statistics, but if it turns out to be a trend, I have a theory as to what may be occurring. Patients who have more resistance to early development of AIDS and death from the virus are being selected to

...patients on treatment are living longer

live longer, but virus strains that permit patients to live longer so they can transmit over a longer period may also have a tendency to be selected. In addition, for patients on treatment, the resistant virus strains may be more "wimpy" with regard to ability to sicken patients. The selection pressure on the circulating viruses is strictly to survive the medications, not to be more powerful at causing illness.

The implications could be significant. Longlasting HIV infection could become endemic, rather than being removed from the population by early die-off of the infected. While the patients will live longer, we obviously can't ignore the disease, because it still is weakening the immune system and is potentially fatal, but it will be even harder to eradicate as it permits its carriers more years to transmit it to others. ▲

All HIV-Exposed Babies Identified, 99.4% Receiving Medical Care

New York Baby AIDS Law Continues to Show Great Success

Rates of perinatal HIV transmission continue to drop in New York and nearly all HIV exposed babies born in the state are receiving medical care, according to new data from the New York State Department of Health AIDS Institute. One in ten HIV-positive pregnant women, however, only learned their status at the time of delivery in 2000. The children of these women would go otherwise unidentified and untreated were it not for the New York Baby AIDS law, which went into effect February 1997, requiring all newborns be routinely tested for HIV.



Nettie Mayersohn

Assemblywoman Nettie Mayersohn, the law's author, was ecstatic about the continued success of the program. "Virtually all of the babies are being identified and treated. Without this law, hundreds of women would never have learned their HIV status and countless babies would have needlessly died from this horrible disease."

Mayersohn noted that the claims of the opponents of her law have been discredited once and for all. "Women are getting tested in higher numbers, more women are receiving prenatal care, and lives are being saved. It is a disgrace that the federal Centers for Disease Control and Prevention and the AIDS lobby continue to oppose this successful, common sense public health approach to addressing HIV. How many more babies must be lost to HIV in the states without a similar safety net before the CDC and AIDS advocates put aside their political agendas that stand in the way of saving lives?" As Mayersohn noted, the percentage of pregnant women being tested for HIV is "steadily increasing" according to the New York Health Department's AIDS Institute. As of June 2001, hospital data found that 93 percent of all women giving birth knew their HIV status before delivery. The rate was 62 percent in July 1999. In



comparison, the national rate of pregnant women being tested for HIV has stagnated. In 1998, the percentage peaked at 62 percent and dropped to 56 percent in 1999.

According to New York Health Department data:

- ▶ Of the 4,022 HIV-exposed infants identified under the law since 1997, 99.4 percent have had follow-up medical care.
- ▶ The number of seropositive New York City newborns has dropped to the lowest rate ever recorded.
- ▶ In all, 830 HIV-infected women gave birth in New York state in 2000. This represents a 56 percent decrease from 1990.
- ▶ If the HIV status of a woman admitted for delivery in New York is unknown, expedited HIV testing must be offered to the mother or performed on her newborn immediately after birth and test results must be available within 48 hours.
- ▶ Rates of perinatal HIV "are decreasing as a result of testing and treatment to prevent transmission."

"Virtually all of the babies are being identified and treated. Without this law, hundreds of women would never have learned their HIV status and countless babies would have needlessly died from this horrible disease."

Studies have found that administering the AIDS drug ZDV to a woman during pregnancy and delivery, or even to a child immediately following birth, can dramatically reduce transmission from an infected mother to her child. Despite this scientific achievement, hundreds of babies are stillborn with HIV every year in the United States. Mayersohn said that she expects the success of New York's law to spur the introduction of federal legislation to require routine HIV testing of newborns in every state. ▲