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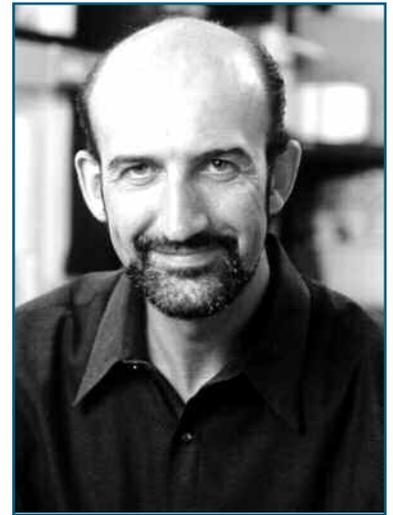


amfAR meets the BBB Wise Giving Alliance Standards for Charity Accountability

The Future of AIDS Research

An Interview with Dr. Mario Stevenson

Mario Stevenson, Ph.D., is the newly appointed chairman of amfAR's Research and Scientific Advisory Committees. A native Scot, Dr. Stevenson received his Ph.D. from the University of Strathclyde, Glasgow. In 1984, he moved to the United States to pursue his scientific interest in viruses and has since become a leader in AIDS research. Now director of the Center for AIDS Research and professor of molecular medicine at the University of Massachusetts Medical School, Dr. Stevenson's primary area of research involves studying how viruses such as HIV cause disease. In his challenging new volunteer role at amfAR, Dr. Stevenson will help shape the Foundation's research priorities in the years to come. amfAR's Dr. Rowena Johnston, director of research, spoke with him about what those priorities are most likely to be.



(continued on page 10)

Kenneth Cole Launches Awareness Campaign Anti-Stigma Message Reaches Millions



On World AIDS Day, amfAR Chairman Kenneth Cole and New York City Mayor Michael R. Bloomberg helped unveil the "We All Have AIDS" anti-stigma campaign at Bryant Park in Manhattan. (Photo: New York City Mayor's Office)

In a call to end AIDS stigma, amfAR Chairman Kenneth Cole and a group of activists, researchers, and celebrities launched an unprecedented multi-media AIDS awareness campaign on World AIDS Day 2005, which features the bold statement: "We All Have AIDS...If One of Us Does."

The campaign centerpiece, an arresting black and white photograph featuring prominent celebrities, scientists, and some of the world's most outspoken advocates for people living with HIV/AIDS, is a powerful display of the unity and solidarity we all share with the 40 million men, women, and children living with HIV/AIDS around the world.

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Twenty-Five Years of AIDS

World Marks Grim Milestone

It was 1981 and doctors were mystified by what they saw: young, previously healthy homosexual men suffering from a rare and often fatal form of pneumonia. When the U.S. Centers for Disease Control reported the first mysterious cluster of cases of *Pneumocystis carinii* pneumonia in the June 5, 1981, issue of the *Morbidity and Mortality Weekly Report*, two of the young men had died.

These were the first reported fatalities in an AIDS epidemic that would sweep across countries and continents, infiltrate all segments of society, and claim the lives of 25 million men, women, and children over the next quarter century. With each passing day, the toll of AIDS deaths grows by more than 8,000.

HIV was initially considered by many to be a disease of gay men and intravenous drug users, and it would be several years before the U.S. government took significant steps to prevent new infections. It was not until 1985 that President Ronald Reagan made any reference to AIDS, by which time some 10,000 Americans had died of the disease. In an environment of hysteria, ignorance, and stigma, the virus thrived and spread.

AIDS has surpassed even the direst of epidemiological predictions. Today, no region on earth remains untouched by the virus, which continues to stay one step ahead of the best minds in biomedical research.

- Worldwide, approximately 40 million people are living with HIV/AIDS.
- Women today comprise half of all infections worldwide. For a variety of biological and socioeconomic reasons, women—especially young women—are at increased risk of infection.

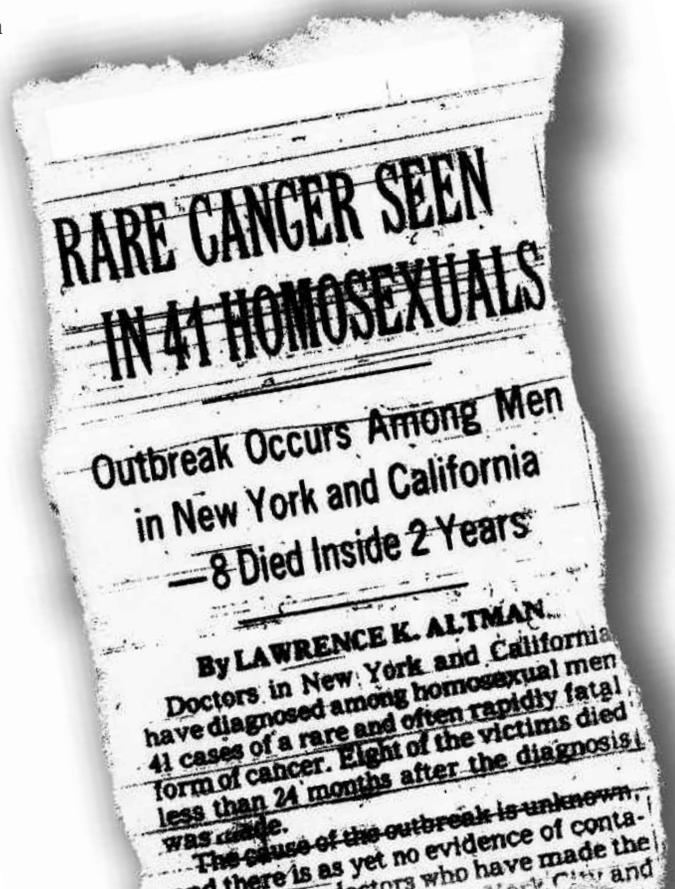
The New York Times chronicled the first cases of the disease that would become known as AIDS. (Copyright 1981 by The New York Times Co. Reprinted with permission.)

- An estimated 15 million children have lost one or both parents to AIDS.
- With half of all new infections occurring in people under 25, a whole new generation is now in the crosshairs of the pandemic.
- Sub-Saharan Africa has been decimated by AIDS. Without adequate treatment and prevention efforts, Eastern Europe and Asia will be the next epicenters of the epidemic.
- Most people with HIV/AIDS live in the developing world, where a majority do not have access to effective antiretroviral treatment.

The story of AIDS is still being written. Today powerful drugs make it possible to live with HIV for many years, but there is still no cure and no vaccine, and though how to prevent new infections is widely known, 40,000 are recorded each year in the U.S. alone.

Until a cure or a preventive vaccine are found, everything possible must be done to

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Newest amfAR Grant Recipients to Examine Early HIV Infection

What happens after HIV enters the body? Under which circumstances does HIV transmission lead to infection? What chain of events occurs at the beginning of infection? In March, amfAR announced nearly \$1 million in new grants and fellowships for scientists seeking answers to these questions—answers many scientists believe will lead to improved methods of preventing infection.

“Not enough is known about the earliest moments of HIV’s interaction with the human body,” said Dr. Rowena Johnston, amfAR’s director of research. “The more we know, the better equipped we will be to develop a broader range of interventions—drug treatments used before or shortly after exposure to the virus, a microbicide or even a vaccine—to break the link in the chain of events leading from HIV transmission to established infection.”

One of amfAR’s new grantees is Dr. Benjamin Chen, of the Mount Sinai School of Medicine in New York. Dr. Chen will study HIV-1 infection of mucosal lymphocytes and tissue in the intestines, one of the first places where the virus invariably wipes out immune cells.

“There is great mystery surrounding the viral predilection for depleting immune cells in the gut,” Dr. Chen said. “If we can work out why the virus homes in on these cells, we may be able to develop targeted strategies to obstruct this process.” Chen’s study is one of ten projects designed to better understand, mitigate, and prevent HIV transmission and infection. Some involve the investigation of gene therapy and possible vaccine and microbicide candidates.

Newly announced amfAR fellow Dr. Hoshang Unwalla of the City of Hope National Medical Center in Duarte, California, will design a novel gene therapy as a potential barrier to infection. This technique is intended to prevent HIV from infecting cells in part by taking advantage of a series of events inside the cell that is set off by the virus itself.



amfAR fellow Dr. Hoshang Unwalla plans to develop a gene therapy technique designed to prevent HIV from infecting cells.

“Gene therapy has the potential to improve treatment for a wide range of diseases, including HIV,” said Dr. John Rossi, who will serve as a mentor for Dr. Unwalla’s study. “By supporting Dr. Unwalla, amfAR is backing the development of a truly innovative technique that might one day not only broaden HIV patients’ treatment options but could eventually have even more far-reaching implications for the treatment of other viral infections and some cancers.”

With a grantmaking philosophy that values novel approaches to the unanswered questions surrounding HIV, amfAR consistently deploys its resources at the forefront of AIDS research. Finding new ways to prevent HIV infection is one of the goals of amfAR’s research program, and the Foundation’s prior funding cycles have targeted vaccine and microbicides research and mucosal HIV transmission. ■

facilitate access to HIV/AIDS treatment and to support the research that will ultimately bring an end to the scourge of AIDS.

On June 19, TimesTalks, *The New York Times* Speaker Series, will present a panel discussion marking the 25th anniversary of the newspaper’s first report on the disease by journalist Lawrence K. Altman. His story appeared on July 3, 1981. The panel discussion will feature Allan Clear, executive director of the Harm Reduction Coalition; Dr. Anthony Fauci, director of the

National Institute of Allergy and Infectious Diseases; Larry Kramer, founder of Gay Men’s Health Crisis and ACT UP; and Dr. Mathilde Krim, founding chairman of amfAR. Brent Staples, of *The New York Times* editorial board, will serve as moderator. ■

For a timeline detailing the 25-year history of the HIV/AIDS epidemic, go to www.amfar.org.

HIV's Alarming Impact on Women of Color

amfAR-Sponsored Congressional Briefing Educates Lawmakers, Urges Action

By Sandra Murillo

In 1989, Karina Danvers received a shocking diagnosis: HIV. “I never thought for a second I was at risk,” said Danvers, director of the Connecticut AIDS Education and Training Center at the Yale School of Nursing. “I used to say that by a certain year we’d all know someone with HIV. I never thought I’d be one of them.”

Danvers represents the changing face of the epidemic. HIV was once considered almost exclusively a white, gay man’s disease in the United States. Today women account for one in four new AIDS cases, more than three times the proportion they made up in 1986. And it is women of color who are disproportionately affected.

African American, Latina, Native American, and Asian and Pacific Islander women represent only 29 percent of the U.S. female population, but account for 84 percent of female AIDS cases. Black women today are 23 times more likely to have AIDS than white women, and Hispanic women are five times more likely.

On January 10, amfAR, the Society for Women’s Health Research, and Women’s Policy, Inc., held a Congressional briefing—attended by over 200 people—to address the underlying factors that make minority women vulnerable to HIV and to educate legislators about HIV’s devastating impact on women of color.

Dr. Judith Auerbach, amfAR’s vice president of public policy and program development, moderated the panel.

A Changing Epidemic

“The AIDS epidemic in the United States has changed color and it has changed race,” said Dr. Lynn Paxton of the U.S. Centers for Disease Control and Prevention. Most women are becoming infected through heterosexual sex, she said.

“Is it really possible that women do not know that they’re at risk for getting HIV?” asked Dr. Cynthia Gomez, former co-director of the Center for AIDS Prevention Studies at the University of California at San Francisco. “Well, I assure you that all uninfected women in this room probably do know that they could get HIV. But I’m also certain that 90 percent of you would state that you don’t think you’re at risk for getting it. And this is typical around the country.”

According to the government’s data, today’s HIV/AIDS epidemic has major geographic disparities as well. Only about 29 percent of U.S. women live in the South, but 76 percent of women newly infected with HIV are from that region.

“Part of this is probably related to...socioeconomic challenges,” Paxton said. The South “is the area that has the highest

poverty rates in the United States, the most uninsured, and the fewest high school graduates.”

The “Perfect Storm”

Infected by her husband when she was still a teenager, Karina Danvers did not think she would still be alive today. She has enjoyed good health care and access to life-saving medications, but she knows that many women of color are not as fortunate. When a teenager asked her many years ago how she could have AIDS and look so healthy, she did not have a good answer. Today she knows why.

“Because I’m not poor,” Danvers said. “Because I have not only a good high school education but a graduate degree. Because I have good private medical insurance. Because I’m middle class. And although I’m a minority—I’m a Latina—I’m bilingual, not monolingual.”

Danvers’s and Paxton’s remarks underscore what is becoming increasingly clear about this



From top: Dr. Adaora Adimora, Dr. Cynthia Gomez, Karina Walters, and Karina Danvers.

country's HIV epidemic: it thrives in communities already ravaged by poverty, disease, crime, violence, and drug addiction. Women's biological vulnerability to HIV and other sexually transmitted diseases is only exacerbated in places where lack of education, economic instability, domestic abuse, and lack of control in sexual relationships are day-to-day realities.

These are just some of the factors that converge to create "the perfect storm" for HIV transmission, said Gomez.

In her research on heterosexual transmission of HIV among African-Americans in the rural South, Dr. Adaora Adimora, associate professor of medicine at the University of North Carolina at Chapel Hill, studied whether socioeconomic environment increased the likelihood of engaging in high-risk behavior and, in turn, becoming infected.

Black men and women in a study group reported extensive economic depression and racial discrimination that restricted educational and employment opportunities. Women noted how incarceration, drug addiction, and violence had greatly reduced the number of available black men, profoundly affecting the partners women chose and the type of behavior they would tolerate from their men.

The rate of concurrent partnerships—sexual relationships that overlap over time and spread HIV and other sexually transmitted diseases much more quickly than sequential partnerships—is affected by incarceration, low marriage rates, and economic instability in the black community.

"We concluded that contextual features including racism, discrimination, limited employment opportunity, and resultant economic and social inequity may promote sexual patterns that transmit HIV," Adimora said.

Native American Communities

The socioeconomic challenges faced by black communities are not unlike those faced by the Native American population, said Karina Walters, an associate professor at the University of Washington School of Social Work who has studied HIV's effect on Native American women as well as the social and historical context in which high-risk behaviors occur. As in

other communities disproportionately affected by HIV, poverty, violence, racism, and drug use all play a major role in driving infection rates.

In proportion to their population, Native Americans are the third most affected ethnic group. In fact, the number of AIDS cases has grown more rapidly than any other ethnic group, increasing almost 800 percent between 1990 and 1999, Walters said.

Addressing the Underlying Issues

The panelists made numerous recommendations for confronting HIV/AIDS in communities of color. They urged enhanced STD and HIV testing and treatment efforts, greater access to treatment, and greater social service support for people living with HIV/AIDS. Comprehensive sex education for young people is key to preventing new infections, panelists said.

"Record numbers of black and Latino youth are getting HIV, giving it to others, and many of these people are going to go on to die from it," Adimora said. "Youth need to be given the full armamentarium of information to protect themselves."

They all urged that community and political leaders begin the most difficult work: addressing the underlying issues that make women of color so vulnerable to HIV.

"The usual response to this suggestion is to sort of shrug and say, 'Well, we can't do anything. We can't change poverty and racism,'" Adimora said. "As long as we continue to accept the status quo, we need

to acknowledge that we're actually just accepting racial disparities and disease rates. Racial disparity and HIV rates in the United States is a major civil rights issue, and it is, in fact, a major human rights issue." ■



Left to right: Karina Danvers, Dr. Cynthia Gomez, Dr. Adaora Adimora, moderator Dr. Judith Auerbach, Dr. Lynn Paxton, and Karina Walters discussed HIV's disproportionate impact on women of color.

This Congressional briefing was an element of amfAR's Women's Initiative on Sexual Health and HIV (WISHH), an effort to raise awareness about the HIV/AIDS epidemic among women and girls in the U.S. and internationally, and to promote research, education, and policy activities to address it.

Budgeting for an AIDS-Free Nation

amfAR Co-Sponsors Congressional Briefing Examining Federal AIDS Prevention Funding

What level of commitment and funding will it take to significantly reduce the number of new HIV infections in the United States? That was the question posed at a Congressional briefing examining the federal HIV/AIDS prevention budget, co-sponsored by amfAR in Washington, DC, March 1.

Despite advances in the treatment of HIV disease, the best defense against the virus is still prevention, speakers agreed. But every year, 40,000 Americans are newly infected with HIV, a figure that has remained constant since the early 1990s in spite of a pledge by the U.S. Centers for Disease Control and Prevention to cut it in half by 2005.

“We didn’t even come close,” said moderator Jesse Milan, Jr., who co-chairs the CDC/HRSA Advisory Committee on HIV and STD Prevention and Treatment.

In fact, last summer the CDC revised upward by 20 percent its estimate of the number of people living with HIV in the U.S.—it is now between 1 and 1.2 million. And of those, about 25 percent do not even know they are infected, Milan said.

Today, somewhere between 25 and 50 percent of people in the U.S. are misinformed about HIV, according to Dr. David Holtgrave, chair of the Department of Health, Behavior, and Society at the Bloomberg School of Public Health at Johns Hopkins University. About half of the population thinks there’s a cure for HIV/AIDS, and now increasingly large percentages of people are incorrectly answering some very basic questions about how HIV is transmitted, he said.



Moderator Jesse Milan (left) listens as David Holtgrave, of the Bloomberg School of Public Health at Johns Hopkins University, talks about how misinformed many Americans continue to be about HIV.

“There clearly is much work left to be done to get down to 20,000 or even fewer infections a year,” Holtgrave said. “We have a pretty good idea of what would work, but we need to scale it up and intensify it at the level that’s necessary to make that difference. Maybe over the years we’ve become too complacent and allowed certain things to be an option. Forty thousand infections a year shouldn’t be an option.”

The federal HIV/AIDS budget has increased significantly over time, but funding for HIV prevention has increased at a slower rate than the other categories of the budget, said Jennifer Kates, vice president and director of HIV Policy at the Kaiser Family Foundation. For the first time in several years, the new budget request does, however, propose a prevention increase, she said.

Deborah Cohen, senior scientist at the Rand Corporation, outlined several cost-effective prevention measures, including partner notification, community mobilization targeted at vulnerable groups, syringe exchange, and condom distribution programs. If funded appropriately and brought to scale, these programs could prevent about 20,000 new infections a year, she said.

Community mobilization aimed at men who have sex with men and syringe exchange programs in cities with medium and high HIV prevalence rates alone could prevent close to 12,000 new cases, Cohen explained.

“We should be focusing our prevention dollars on the most cost-effective prevention programs, and we should make sure those interventions are scaled up sufficiently to reach enough people,” said Cohen.

Certain barriers exist, including the sensitivities of politicians unwilling to support syringe exchange and the reluctance of certain organizations to see their programs cut, but they can be overcome, Cohen explained.

“Change is hard,” Cohen said. “It’s always going to be hard, but there’s a great opportunity. If we do shift how we spend the money, we could save as many as 20,000 lives per year. This would reduce the cost of AIDS treatment, and it would establish a model for using our tax dollars rationally and wisely.”

This event was the second in a series of prevention briefings planned by the HIV Prevention Action Committee of the Federal AIDS Policy Partnership to help focus the nation’s policy makers on HIV. The AIDS Institute and the National Alliance of State and Territorial AIDS Directors also co-sponsored the event. ■

Call or write your elected representatives and urge them to support full funding for federal HIV/AIDS research and prevention programs.

Science and HIV Prevention Held Hostage to Politics

Lecture Examines How Ideology Increasingly Determines U.S. Health Policy

Tried-and-true methods of HIV prevention are under attack by U.S. government policies that place ideology ahead of scientific consensus, said Dr. Judith Auerbach, amfAR's vice president of public policy and program development, during a guest lecture at the University of Washington, March 1.

The University of Washington's Allen Edward Psychology Lecture Series brings together faculty from the University's psychology department and international experts to share research on a variety of today's most pressing health topics. Dr. Jane Simoni, associate professor at the University of Washington, joined Dr. Auerbach to discuss the ways in which politics is increasingly undermining evidence-based HIV prevention policy.



Dr. Judith Auerbach, amfAR's vice president for public policy and program development.

Dr. Simoni described her experience as a co-principal investigator of an NIH-funded study that was subject to congressional vote for de-funding. Among its goals, the study of gay, lesbian, bisexual, transgender, and two-spirit Native Americans in six urban centers in the United States aimed to develop culturally appropriate measures to address this group's disproportionate risk of contracting HIV/AIDS.

Deciding on appropriate HIV prevention interventions depends on a variety of factors, none more important than whether there is solid evidence that the intervention is, in fact, effective, said Dr. Auerbach. Unfortunately, in recent years, evidence-based approaches have been replaced by policies that reflect the ideological and political agendas of the U.S. government and its allies in Congress, Dr. Auerbach said.

Two clear examples of this are:

- The promotion of abstinence-only-until-marriage programs for HIV prevention, in spite of a lack of evidence that this approach is effective. On the contrary, systematic reviews have found that comprehensive sex education programs—those that include an abstinence message and provide information about contraception and sexual risk reduction, including condom use—are actually more effective in delaying sexual initiation and increasing condom use once sex begins.
- The disavowal of evidence demonstrating that, when used correctly and consistently, male latex condoms are the most effective HIV prevention technology available. U.S. government policy requires that references to condoms in its HIV prevention information emphasize their failure rates, even though condoms are between 80 and 95 percent effective in preventing the sexual transmission of HIV.

“The promotion of non-evidence-based abstinence-only-until marriage programs and the suppression and distortion of information about the effectiveness of condoms represents the triumph of social ideology—specifically the belief that no

one should have sex outside of heterosexual marriage—over public health science,” said Dr. Auerbach. “This has deleterious effects, particularly for young people, who, as the data indicate, might end up engaging in higher HIV-risk behavior.”

Another way to undermine the integrity of science in policy-making is to ignore the advice of scientific experts. One of the best-known examples of this is the issue of harm reduction, specifically syringe exchange programs, for preventing HIV infection among drug users, she said.

The sharing of contaminated needles accounts for about a quarter of all AIDS cases diagnosed in the United States. Scientific evidence repeatedly has shown that improving access to sterile syringes reduces the risk of HIV transmission and other blood-borne diseases among drug users, their partners, and their families without increasing drug use. But the U.S. Congress and several Administrations have ignored this scientific advice and continue to ban federal funding of syringe exchange programs.

“The argument is that, regardless of their disease prevention potential, making condoms and sterile syringes available will encourage wrong behaviors, and therefore it is better to withhold them from people,” said Dr. Auerbach.

This erosion of evidence-based public policy will have a chilling effect on public health policy, public trust, and scientific research, she said.

Safeguarding fundamental scientific principles is not only crucial to assuring continued advances, it is also “central to preserving two core principles on which America was founded: representative democracy and separation of church and state,” Dr. Auerbach said. “Both of these are intended to ensure governance for the greater good and freedom from tyranny.” ■

Dutch Grant Gives Green Light to Drug Resistance Initiative

TREAT Asia, along with the PharmAccess Foundation, will receive €10.2 million (approximately US\$12.5 million) from the Stichting AIDS Fonds to help build capacity for HIV drug resistance surveillance and monitoring in developing countries in Asia and Africa. The award, a grant from the Dutch Government, is the largest ever for amfAR and will fund a significant expansion of the TREAT Asia network's efforts over the next five years.

"As nations begin to scale up treatment," said Kevin Frost, TREAT Asia director and amfAR's vice president of global initiatives, "understanding patterns of HIV drug resistance, and hence the success or failure of treatment regimens, will be critical in helping countries choose the best treatment regimens for people with HIV/AIDS."

The grant will involve a unique collaboration between the three organizations in Asia, Africa, and Europe. PharmAccess Foundation will build on the success of the TREAT Asia network model in establishing a resistance monitoring and surveillance network across 15 countries in Africa.

Said Dr. Tobias Rinke de Wit, PharmAccess's director of advocacy and research: "Being able to work cooperatively with an organization such as TREAT Asia will allow PharmAccess to support its African health-care network, to put AIDS drug resistance on the agenda, and to pave the way for effective interventions."

What is TREAT Asia?

Anticipating the potential for an AIDS crisis in Asia, amfAR launched its TREAT Asia initiative in 2001. Through a network of clinics, hospitals, and research institutions, TREAT Asia—Therapeutics Research, Education, and AIDS Training in Asia—is bringing health-care workers, researchers, community groups, and policy makers together to raise treatment standards, build treatment capacity, and conduct research that is specific to the needs of patients in the region.

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), some 8.3 million Asians were living with HIV in 2005, including 1.1 million people who became infected in the past year. UNAIDS reports that the number of people on treatment in Asia increased from 70,000 in 2003 to 180,000 in 2005.

HIV drug resistance is perhaps the single greatest factor influencing the long-term success of efforts to expand treatment in Asia and Africa. Experience in the West has shown that understanding patterns of resistance is an important prerequisite for identifying and introducing effective second-line treatments, but few countries in Asia or Africa have either the technical

expertise or the financial resources to undertake the necessary surveillance and monitoring. ■

Combating the Spread of HIV Among Men Who Have Sex With Men

TREAT Asia has signed a contract with Family Health International's Asia Regional Program (FHI/ARP) to serve as the Regional Coordination Secretariat for a new network of HIV programs for men who have sex with men (MSM) in the Greater Mekong Sub-region. The Secretariat will initially be funded by the United States Agency for International Development's Regional Development Mission/Asia (USAID RDM/A) and the US Centers for Disease Control and Prevention/Global AIDS Program (CDC/GAP).

The network consists of more than 80 governmental and non-governmental organizations working to prevent and treat HIV among MSM in six countries: Cambodia, China (Yunnan and Guangxi provinces), Lao People's Democratic Republic, Myanmar, Thailand and, Vietnam. ■

Educating UK Lawmakers

On November 9, 2005, Kevin Frost addressed a special Parliamentary briefing in London on the Asian AIDS epidemic. Speaking in the House of Commons before members of the All Party Parliamentary Group on AIDS and representatives of domestic and international NGOs, Frost detailed the spread of HIV/AIDS in Asia and presented an overview of TREAT Asia's initiatives in the region.

The Parliamentary briefing was part of an ongoing effort to build relationships in the United Kingdom, where the Department of International Development has begun to ramp up its support for global AIDS projects. ■

Network Welcomes New Sites

The robust growth of the TREAT Asia network since its establishment in 2001 was demonstrated at the 5th Annual TREAT Asia Network meeting in Bangkok, Thailand, October 14–15, 2005. About 100 participants from 19 countries attended, representing TREAT Asia sites and international organizations such as Family Health International, GlaxoSmithKline, the Rockefeller Foundation, UNAIDS, the U.S. National Institutes of Health, USAID, and the World Health Organization.

The meeting served to welcome new network sites in Papua New Guinea and South Korea. Incoming principal investigators

(continued to page 12)



Awareness Campaign *(continued from page 1)*

“We All Have AIDS” came about as a way to unite the community of HIV/AIDS organizations to create a collective message against HIV/AIDS stigma, said Mr. Cole, who brought the participants together and funded the campaign.

“After two decades, stigma still challenges efforts to prevent, treat, and to ultimately cure HIV/AIDS,” Mr. Cole said. “This coalition represents many of the world’s most accomplished, devoted, and inspiring AIDS activists. With help from these

extraordinary role models, we hope to foster solidarity so that the world can focus on improving HIV prevention and treatment programs, and support necessary AIDS research.”

The campaign is a strategic partnership with KNOW HIV/AIDS, a joint public education initiative of Viacom, Inc., and the Kaiser Family Foundation, and renowned photographer Mark



Actress Natasha Richardson and amfAR Trustee Harry Belafonte helped launch the “We All Have AIDS” campaign.

Seliger. Thanks to generous donations of advertising space and airtime, the “We All Have AIDS” message appeared in *The New York Times*, *The Boston Globe*, and *Chicago Tribune*, and on 178

radio stations and 2,000 billboards throughout the United States. Since its unveiling last December, the “We All Have AIDS” print ad has been reproduced in 46 domestic and 75 international publications for a total circulation to date of 50 million. That amounts to a staggering 261 million impressions.

“After two decades, stigma still challenges efforts to prevent, treat, and ultimately cure HIV/AIDS.”

The “We All Have AIDS” campaign photograph depicts amfAR Founding Chairman Dr. Mathilde Krim, amfAR Chairman Kenneth Cole, amfAR International Chairman Dame Elizabeth Taylor, Chairman of amfAR’s Campaign for AIDS Research Sharon Stone, amfAR board member Harry Belafonte, and individuals representing a variety of organizations, such as South African AIDS activist Zachie Achmat, Nobel prize-winning scientist Dr. David Baltimore, Leigh Blake and India Sebastian, Richard Gere, Whoopi Goldberg, Tom Hanks, Sir Elton John and David Furnish, Ashley Judd, Alicia Keys, Larry Kramer, Greg Louganis, President Nelson Mandela, Eric McCormack, Rosie O’Donnell, Natasha Richardson, Will Smith, Dr. Suniti Solomon, and Archbishop Desmond Tutu.

A special installation in New York City’s Bryant Park featured a life-size, physical representation of the campaign photograph along with the cement-cast footprints of long-time allies in the fight against AIDS. amfAR board members Dr. Allan Rosenfield, Dr. Mervyn Silverman, and Peter Staley took part in this component of the campaign. ■

Mario Stevenson *(continued from page 1)*

amfAR: One of your first tasks as chairman of amfAR's Research Committee was to convene a think tank. What was its purpose?

Dr. Mario Stevenson: The think tanks are designed to bring together a group of individuals to come up with a strategy to support a particular problem in the field. The problem that we're facing right now is, why do the available drugs not cure AIDS? Now it's a simple question, but the answer is anything but simple. We have antiretroviral agents that are incredibly effective at suppressing HIV. Unfortunately, the drugs are failing in many individuals because they're toxic, and the virus becomes resistant to the drugs in some individuals, meaning that they are no longer effective. So about 25 percent of patients who are on these drugs eventually fail therapy. The drugs are a stopgap measure. They're not a long-term solution.

So if the drugs are so capable of suppressing the virus, why don't they eradicate it completely? One possibility is that the virus has either found a niche—a compartment—in the body where it's protected from the drug, or that the virus has somehow become dormant so that the drugs don't do anything. When the drugs are removed, the virus comes back again.

Despite all the research that's been done in the past, we still don't know the answer to those questions. The think tank participants identified the ways this question could be addressed by amfAR's research program, and then those discussions became the basis for our latest research request for proposals.

amfAR: The request for proposals (RFP) is called "Exploring the Potential for HIV Eradication." Do you think this reflects a new optimism that eradication may be possible?

Stevenson: I think the issue of eradication has been played with by a number of individuals, and people feel very strongly one way or the other. What a burgeoning body of literature is supporting is that perhaps the reason HIV is resisting therapy is because it's actually found a niche, it's found a way to protect itself. But there is no really definitive evidence for that. So the first thing you have to do, if you want to eradicate the virus, is identify how it's able to survive in the face of comprehensive therapy. Once you know the answer to that question, then you can come up with better strategies to achieve eradication.

This will lay the groundwork for more ambitious studies that may lead to therapeutic strategies that actually do achieve eradication. Now if you want to believe in eradication, you have to be a little bit of an optimist. Obviously, I'm one of the optimists.

amfAR: What other areas of research do you think are important or hold a lot of promise right now?

Stevenson: I think one of the subjects of a recent amfAR RFP was particularly important: the area of cellular defenses.

Humans, it turns out, are a very hostile environment for viruses like HIV. Our cells have proteins that carry out natural functions in the cell. Some of these proteins have a very toxic effect on HIV.

So if our bodies carry these natural defenses that protect us against HIV, why do we get infected? The virus has evolved a strategy to protect itself. So if we can find a way to foil the virus's defense mechanisms, then we would render it sensitive to the human body's natural defenses and hopefully make us resistant to HIV. If we can mobilize our natural defenses, I think we'd have a very powerful protection against HIV. And if I were betting

the mortgage, I'd put my money on the natural cellular defenses rather than a vaccine strategy.

amfAR: Do you see that in the form of a therapeutic strategy?

Stevenson: Right. If we could come up with small molecules that prevent the ability of the virus to counteract these cellular defenses, then the virus would be

rendered susceptible to our body's natural defenses. We would be able to protect ourselves from HIV. I should emphasize that these cellular defenses are incredibly potent.

amfAR: They're more potent than any vaccine currently used to prevent other diseases?

Stevenson: Right. The main weakness in a vaccine strategy is that the virus is incredibly variable. Because HIV is continually changing its structure, the immune system can't get a fix on it. The virus is continually evolving to avoid recognition by the immune system.

In contrast, these natural defenses are oblivious to the variability of the virus. They attack the virus regardless of what type of HIV it is. So this sort of strategy would work against all HIV variants.

“Now if you want to believe in [HIV] eradication, you have to be a little bit of an optimist. Obviously, I’m one of the optimists.”

amfAR: Last September you agreed to chair amfAR’s Research Committee and the Scientific Advisory Committee. What made you decide you wanted to accept?

Stevenson: I’m probably one of amfAR’s biggest fans. I got my first grant through amfAR in 1987. At the time I was trying to transition to being an independent investigator. It’s a stage where you’re trying to establish your laboratory, teach, write grants, and it’s also the most difficult time in terms of finding funding for your research. So I applied to amfAR and got funded, and that really set me off on an independent career in HIV. Two years later, I was able to apply for funding from the National Institutes of Health (NIH). I owe amfAR a lot for that, and I feel that I have a commitment to help amfAR support other young investigators and to fill a void that’s been left by federal agencies in terms of supporting young investigators.

amfAR: Do you think it’s equally difficult now for young investigators to get funding? Have things changed?

Stevenson: Right now it’s incredibly difficult for young investigators to find funding. When I was establishing my career as a young investigator, the NIH had a mechanism to support young investigators. It was called a First Investigator Award. And it was specifically for those who were applying for their first NIH grant. Because of this, those investigators didn’t have to compete with established investigators.

A number of years ago, the NIH phased that program out and young investigators had to compete with established investigators. As a result, it’s not a level playing field.

At the NIH now, one in every eight grants gets funded, meaning that young investigators really have very little chance of getting funded, because the established investigators are competing hard for the little money that’s there. Rather than thinking of the science and doing the science, young investigators are spending all their time chasing up ways to raise money. And it’s not unusual for people to have to wait a year or more before they actually receive funding they’ve applied for.

amfAR: How does amfAR help fill that need now?

Stevenson: amfAR supports young investigators through its research fellowship program. Plus, amfAR has a quick turnaround

“amfAR is well placed because it’s so mobile, because it’s able to respond and grant funding quickly. It can really keep zeroing in on the most important issues as they evolve.”

time. If an investigator needs to have their research funded, they can’t wait a year, a year and a half. By then, the field has moved on and the research is out of date.

What amfAR is doing is trying to prioritize the most important issues. And that can be a tall order, because the field is changing so rapidly. What is hot today will be history in six months. amfAR is well placed because it’s so mobile, because it’s

able to respond and grant funding quickly. It can really keep zeroing in on the most important issues as they evolve.

amfAR: Are there other way in which amfAR supports young researchers?

Stevenson: Yes. It’s not enough just to give an investigator money, particularly a young investigator, because at some point in time that investigator has to be presenting results to an audience of peers. And ultimately the investigator gets a wake-up call when they find that their research is not well received, or they submit an application for a more ambitious grant and they find that the reviewers don’t like the direction they are taking.

In other words, there is no mentoring of young investigators to help them identify the most important issues in the field, and to show them how to go for more ambitious federal funding. By requesting that grantees go to meetings and participate in some of the workshops at these meetings, amfAR is helping to start them off on the right foot. You’re preparing them for a tough career as an independent scientist.

amfAR: In a recent article calling for more spending on research, someone made the point that people who suffer from various diseases are concerned mostly with “the fix.” I like to think that amfAR is also concerned largely with the fix—the solution. We understand that we need to know details in order to get there, but the fix is clearly our goal. Would you agree?

Stevenson: In theory I agree with that, but in reality you have to have research in a wider theater. We need to have the serendipity element. Scientists have to be allowed free rein to also create conditions for accidental breakthroughs. They don’t happen by design. They happen because a lot of good scientists are pursuing different ideas and those findings come together to form a new solution. ■

Treat Asia *(continued from page 8)*

Dr. Goa Tau of Port Moresby General Hospital in Papua New Guinea and Dr. Jun Yong Choi of Severance Hospital and Yonsei University College of Medicine in Seoul, South Korea, made presentations on HIV epidemiology in their respective countries and discussed their progress in treatment and prevention.

The 6th Annual TREAT Asia Network meeting will take place in Siem Reap, Cambodia, in July 2006. ■

Treatment Advocates Group Celebrates First Birthday

Marking the successful end of its first full year, TREAT Asia's Asian Community for AIDS Treatment and Advocacy (ACATA) welcomed two new members from Cambodia when it met for a day of work-



ACATA members from Vietnam (left to right), Duong Truong Thuy, Nguyen Thi Diu, and Nguyen Van Trung share a light moment.

shops and discussions immediately preceding the TREAT Asia network meeting in Bangkok. Activities were framed around ACATA's mission of bridging the gap between the scientific and HIV/AIDS communities.

In mid-February 2006, ACATA members gathered again in Vietnam for a 5-day workshop that was jointly held in

Hanoi and Ho Chi Minh City. Attended by 13 participants, the workshop culminated in a two-day policy and advocacy meeting held in conjunction with the Cambodia-based POLICY Project and the MacFarlane Burnet Institute of Melbourne, Australia. ACATA is supported in part by a Positive Action grant from GlaxoSmithKline. ■

Rx for Treatment Veterans

New Educational Series Targets Health-Care Professionals

amfAR will conduct a new series of six live 90-minute continuing medical education (CME) dinner meetings, titled Optimizing Antiretroviral Therapy in the Treatment-Experienced Patient. The goal of this educational series is to increase awareness about HIV drug resistance and advance understanding of the management of HIV disease in treatment-experienced patients.

Highly active antiretroviral therapy (HAART) has radically improved the treatment of HIV disease over the past decade. But with 21 approved antiretroviral agents in four classes of drugs currently available, deciding on an effective and tolerable regimen is no easy task. To make matters more complex, a patient's inability to adhere to a drug regimen, difficulty tolerating a medication, or long-term use of a drug can lead to the evolution of drug-resistant strains of HIV, which in turn can lead to an increase in viral load followed by disease progression. Therefore, selecting an effective and tolerable HAART regimen is very important, especially in highly treatment-experienced patients with limited options available.

This series is targeted to primary care physicians, family practitioners, general practitioners, internal medicine specialists, infectious disease physicians, nurse practitioners, physician assistants, and other clinicians who prescribe treatment and provide care for treatment-experienced HIV-infected patients.

Upon completion of this CME activity, participants will be able to:

- Identify drug resistance in treatment-experienced patients
- Assess the efficacy of antiretroviral drugs on drug-resistant virus
- Recommend and understand effective antiretroviral regimens for drug-resistant virus.

Venues

Dinner meetings will take place during June and July in Philadelphia, Detroit, Miami, Kansas City, Seattle, and Phoenix. Visit www.amfar.org/cme for dates.

Trek Africa!

Sign Up Today for This Once-in-a-Lifetime Adventure

After two successful outings in Asia, amfAR is taking its annual fund-raising expedition to Africa this year, giving participants the opportunity to trek through “the land of open spaces”—Namibia. Home to the world’s oldest desert, breathtaking landscapes, and exotic animals, Namibia is a perfect location for this 70-mile trek, scheduled for August 26–September 3, 2006.

AIDS is a significant cause of death and disease in Namibia. It is estimated that 21 percent of the population is infected with HIV, and although help in the form of treatment and care has arrived from diverse organizations and governments, much more is needed.

amfAR has a long history of supporting international AIDS initiatives, including more than \$2.5 million in grants and awards for programs in Africa. Trek participants will have a unique opportunity to learn firsthand about HIV/AIDS in this region while helping to do something about the epidemic. Every trekker agrees to contribute or raise at least \$10,000

for amfAR’s AIDS research, prevention, education, and advocacy programs. ■

For more information on Trek amfAR in Africa, go to www.trekamfar.org or contact andrew.greene@amfar.org.



An Unforgettable Experience in Vietnam

Last year, fifteen adventurers raised more than \$175,000 during a hiking and kayaking expedition in Northern Vietnam, October 28–November 6. Trekkers kayaked across magnificent Halong Bay and hiked through remote tropical forests. As part of the informational component of the trip, trekkers received an update on HIV/AIDS in the region from researchers and oth-

ers working on the front lines of the epidemic. They also had the opportunity to talk with a group of young HIV-positive Vietnamese and heard a group of women—members of an informal network of mothers living with HIV/AIDS—describe the stigma they endure because of their HIV status.

The Vietnam trek followed a successful first outing in China in 2004. Harry Kubetz, one of several trekkers who participated in both events and who was on the planning committee for the 2005 Trek, described the fund raiser as more than just an adventure. “I came back home with the recognition that this experience altered my life,” he said. “My understanding of the global epidemic of HIV/AIDS has deepened in ways I had not known were possible.”

Mr. Kubetz, along with fellow planning committee member Glenn Isaacson, will take part in this year’s trek in Namibia (see above). ■

Fifteen trekkers raised funds for amfAR and TREAT Asia with a kayaking and hiking trip to Vietnam last fall.



Dallas Community Steps Out for AIDS and Art

Once again, amfAR was the recipient of warm Southern hospitality at the Dallas home of Cindy and Howard Rachofsky, where the annual Two by Two for AIDS and Art benefit event was held on October 8, 2005.

Sponsored by JP Morgan Chase and Harry Winston, the successful annual favorite raised \$2.2 million for amfAR and the Dallas Museum of Art.

Dallas's finest turned out for the black-tie evening of cocktails, dinner, and the two main events, the live and silent auctions. The live auction, conducted by Jamie Niven, vice chairman of Sotheby's, included major works of contemporary art and photography by artists such as Tara Donovan, Jeff Leatham, and Kiki Smith. The biggest draw of the night was a piece by Cecily Brown, which fetched top dollar at \$130,000.

Guests were entertained by Barry Manilow who, to the audience's delight, performed several of his biggest hits. Among the guests was renowned actor Stanley Tucci, who introduced his friend, amfAR Chairman Kenneth Cole.

Mr. Manilow and Mr. Tucci both made generous contributions to the live auction. Mr. Manilow donated tickets and backstage access to his Las Vegas show, and Mr. Tucci offered lunch



Left: amfAR Chairman Kenneth Cole and Barry Manilow are all smiles as Jamie Niven conducts the live auction. Top (left to right): Kenneth Cole, Howard Rachofsky, Stanley Tucci, Cindy Rachofsky, and Barry Manilow. (Photos: Steve Foxall)

with the highest bidder. Together, Mr. Manilow and Tucci helped raise a total of \$115,000.

At a special luncheon the following day, hosted by Marguerite and Robert Hoffman, Cecily Brown was honored with amfAR's Award of Excellence for Artistic Contributions to the Fight Against AIDS, presented on behalf of amfAR by board member Richard Metzner. Ms. Brown has long been one of amfAR's most committed and generous supporters and has donated numerous pieces of art to the Foundation through the years. ■

Tee Off for amfAR!

Sign Up Today for "Birdies for Charity"

You don't have to play or even like golf to take part in "Birdies for Charity," an exciting opportunity to donate to your favorite cause during a world-class golf tournament this summer. Like a charity walk-a-thon in which you donate a fixed amount for every mile walked, "Birdies for Charity" allows participants to donate money for every birdie scored by golfers during the 2006 Booz Allen Classic, a PGA-circuit tournament to be held June 19-25 in Potomac, Maryland.

A birdie is a score of one better than par, the expected score on a hole of golf. For example, on a par-four hole, a good golfer will get the ball in the hole in three strokes. Typically, 1,600 birdies are scored during the Booz Allen Classic, so that a 3 cent pledge per birdie, for example, would add up to a donation of about \$50.



Participating in "Birdies for Charity" is simple. Between now and the end of the tournament, go to boozallenclassic.com, click on "Birdies for Charity," select amfAR from the list of charities, and make your pledge. Once you make a donation or pledge, you will be entered into a drawing for a variety of prizes, including \$10,000 toward the purchase of a new vehicle.

The charity portion of the tournament is managed by Washington Golf Charities in cooperation with Kemper Sports. Booz Allen Hamilton underwrites the program's administrative expenses so that your entire donation (minus the usual small credit card processing fee) can go directly to amfAR's vital HIV/AIDS programs. ■

Honoring the Best of the Bay

AIDS advocacy and philanthropy are alive and well in the Bay Area because of the efforts of individuals such as those honored at amfAR's San Francisco Fall Dinner, November 18, 2005. MeMe Pederson, Richard Goldman, and Nick Augustinos and Curt Kirschner all received amfAR's Award of Courage for their significant contributions to the fight against AIDS.

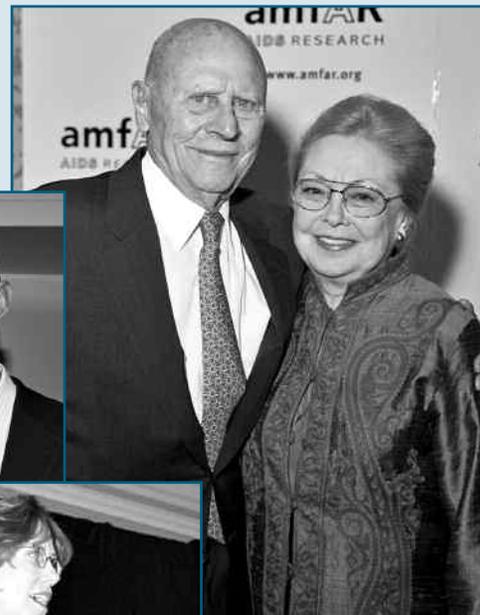
The benefit, held at the Ritz-Carlton and hosted by actor and comedian Hal Sparks, drew more than 400 guests and raised \$446,585.

Presenters at this year's event were amfAR Founding Chairman Dr. Mathilde Krim, Patrick Smith, director of special events for Macy's West, and Dr. Sandra Hernández, honorary amfAR Trustee and CEO of the San Francisco Foundation.

Ms. Pederson is president and co-owner of Taste Catering and Event Planning and has been instrumental in the development of diverse and unique food operations at some of San Francisco's most prominent cultural venues. She extends her talents and energy to a variety of nonprofit and charitable organizations for the betterment of her community.

Mr. Augustinos is responsible for networking solutions and innovations for the health-care industry at Cisco Systems. Mr. Kirschner is a partner in the law firm of O'Melveny & Myers LLP. Together, Mr. Augustinos and Mr. Kirschner are active in numerous charitable causes both in San Francisco and throughout the United States. For the past decade they have been loyal supporters of amfAR, contributing their time and money to the Foundation and educating friends about the importance of AIDS research.

Mr. Goldman, founder of the insurance brokerage firm Goldman Insurance Services, established the Richard and Rhoda Goldman Fund in 1951 to support charitable organizations



Clockwise from top left: Nick Augustinos and Curt Kirschner; Richard Goldman and amfAR Founding Chairman, Dr. Mathilde Krim; MeMe Pederson. (Photos: Thomas Gibbons)

throughout the world. In addition to Mr. Goldman's participation in numerous civic and cultural organizations, his Goldman Environmental Foundation awards hundreds of thousands of dollars every year to grassroots environmental activists for their efforts to preserve the natural environment.

"More than 20 years into this epidemic, the work of amfAR is more important than ever," Mr. Goldman said. "We must never forget that the ultimate goal is a cure, and that is what makes the work of this organization so special. I applaud amfAR for its efforts to fight this terrible disease. But I look forward to the day we gather to celebrate that we have found a cure."

amfAR extends its grateful thanks to presenting sponsor Wells Fargo and in particular to Tim Hanlon, president of the Wells Fargo Foundation. Grateful appreciation also goes to celebrity chef Ron Siegel, chef Jean-Pierre Dubray and the Ritz-Carlton, and Peter Poulos and Deanne Liu at Poulos Brothers for their help in saluting some of the Bay Area's most altruistic citizens. ■

The honorees pictured with Dr. Mathilde Krim and event host Hal Sparks. (Photo: Thomas Gibbons)





Gift for Life Events Show True Spirit of Giving

Gift for Life, a nationwide group of volunteers from the gift and home accessories industries, continued its long tradition of supporting amfAR, raising nearly \$50,000 for the Foundation at several successful events throughout the country.

Thanks to the hard work of Diana and Heidi Park and a cadre of volunteers, the holiday season Sample Sale in Seattle raised \$20,000. Organizers of the Dallas Market Sample Sale in December also helped raised \$10,000.

Dallas volunteers expanded on this generosity with a silent auction at the ARTS Awards, the premier awards program for the home decorative accessories industry honoring manufacturers, designers, retailers, and sales representatives. Artists competing for the ARTS Award submitted home décor products for judging, which were then auctioned off for nearly \$9,000 at the International Gift & Home Accessories Market at the Dallas Market Center.

Additional support for Gift for Life came from *Giftware News*, which raised nearly \$9,000 through the creation of the 2006 *Giftware News* Calendar.

Since its inception in 1992, Gift for Life has raised nearly \$4 million for amfAR programs. ■

calendar

Please note that all events are subject to change. Up-to-date event listings can be found at www.amfar.org.

March to November 2006

WALL STREET CONCERT SERIES

Some of music's brightest stars will take the stage during the Cipriani Deutsche Bank Concert Series, from March to November 2006, at Cipriani Wall Street in New York City. Gloria Estefan kicked off the series with a sell-out appearance on March 28. All net proceeds from an auction to be held at the final concert, as well as any net proceeds from the concert series, will benefit amfAR.

Wednesday, June 7

HONORING WITH PRIDE

amfAR's annual Honoring With Pride event at the Rainbow Room in New York City will feature cocktails, a gala dinner, live and silent auctions, and an awards ceremony. The benefit pays tribute to individuals who have played a significant role in the gay and lesbian community's his-

toric response to the HIV/AIDS crisis. David Bohnett, Florent Morellet, and Peter van Rooijen will receive amfAR's Award of Courage.

Saturday, July 29

TAKIN' IT TO THE BEACH

Presented by L.A. Mart and George Little Management, Takin' It to the Beach, the fifth annual Gift for Life outdoor party in Los Angeles, will bring retail buyers, interior designers, showroom owners and managers, and VIP guests together for good times, music, food, and drinks.

Monday, September 25

amfAR ROCKS

New date. New location. Same attitude and fun! Join us for amfAR Rocks, the 15th annual restaurant tasting and dance party in support of amfAR. Over 1,000 New Yorkers dance the

night away while sampling some of the city's finest cuisine. Guests can also bid on items in the exclusive silent auction and participate in a raffle of luxury goods.

Saturday, October 28

TWO BY TWO FOR AIDS AND ART

Howard and Cindy Rachofsky will once again welcome guests to their home for the eighth annual Two by Two for AIDS and Art event to benefit amfAR and the Dallas Museum of Art. Chaired by Susan Kaminski and Lizzie Routman, this Dallas event will feature a black-tie dinner and art auction followed by a luncheon and award presentation to artist Tom Friedman the next day. Two previews of the artwork will be held during the week prior to the auction. Sponsors include JP Morgan Chase, Harry Winston, Sotheby's, and Victory Park.

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