WORLD AIDS DAY: TUESDAY, DECEMBER 1

Lighting the Fight Against HIV/AIDS

From New York and Amsterdam to Beijing and Johannesburg, World AIDS Day—Tuesday, December 1—will be marked this year with a series of simple ceremonies honoring the memory of more than 25 million people who have died from HIV/AIDS—and shining a light on the human rights of the 33 million living with the virus today.

An international campaign to spotlight World AIDS Day has been organized by a partnership among amfAR, UNAIDS, the World AIDS Campaign, and Broadway Cares/Equity Fights AIDS. The Light for Rights campaign, as it is called, urges all of us to “keep the light on HIV and human rights,” and involves the dimming of public lights, followed by their return to full brightness.

In New York, the Light for Rights event will take place in the early evening of December 1 at South Street Seaport, where dignitaries such as UN Secretary-General Ban Ki-moon and amfAR Chairman Kenneth Cole will speak about the epidemic and watch as the lights of the Brooklyn Bridge are extinguished and then restored—a symbol of memory and recurrent hope.

Similar ceremonies will be staged in cities around the globe, including London, Vienna, and Cape Town. amfAR and its partner organizations have created a special World AIDS Day website (www.lightforrights.org) that provides facts about HIV/AIDS, descriptions of how the Light for Rights activities can be organized in other locations, offers social networking ideas for local activists, and provides templates for op-eds and letters to the editor.

Since HIV/AIDS was first reported almost three decades ago, the virus has decimated populations around the globe and results in approximately 2 million deaths each year.

In 2007, the last year for which figures are available, 2.7 million people were newly infected with HIV, almost half of whom were young people between the ages of 15 and 24. The number of new infections continues to outpace the number of people receiving treatment.

Turning the Tide Against AIDS in India

A CONVERSATION WITH RICHARD GERE

amfAR: What inspired you to get involved with the struggle against HIV/AIDS in India?

Richard Gere: At the time I got involved with AIDS in India, the disease had so much stigma attached to it that I don’t think anyone knew how to approach it. Outside of the nongovernmental organizations [NGOs], many members of Indian society were essentially turning an almost blind eye to the issue. Based on the scale of devastation we were witnessing in many countries in Africa compounded

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“Light For Rights” is a fitting call to action for World AIDS Day. HIV/AIDS has always been a human rights issue as it disproportionately affects the disenfranchised: injection drug users, commercial sex workers, gay men and other men who have sex with men, women, migrant workers, and ethnic minorities. We can never hope to reduce their vulnerability to HIV infection if discrimination and fear force these populations to remain beyond the reach of prevention, treatment, and care.

We’re proud to be partnering in the Light for Rights campaign with the World AIDS Campaign, Broadway Cares/Equity Fights AIDS, and UNAIDS. I had the privilege recently of spending some time with Michel Sidibé, the new executive director of UNAIDS. He was an honored guest at a dinner for amfAR trustees hosted by our chairman, Kenneth Cole. Mr. Sidibé brings a contagious energy to his role that will help inspire a new generation of AIDS advocates and activists around the world.

That positive energy mirrors my own renewed optimism on AIDS. It’s an optimism I can trace back to a conversation with Senator Edward Kennedy, who passed away in August (see below). I was fortunate to spend some time with the Senator at his office on Capitol Hill last year. Having agreed to do a short interview for us, he walked in with his two Portuguese water dogs in tow and proceeded to chat about his involvement with amfAR, his friendship with our founding chairman Dr. Mathilde Krim, and the various bills we’d collaborated on.

As a final question, I asked the Senator what he thought amfAR stood for. Without missing a beat, he said, “amfAR is going to stand for victory one day.” Since then, I’ve come to believe that if we make the right investments now, we really can bring this epidemic to an end in our lifetime. That’s why it’s so important that you stay with us. No act that you undertake has greater potential for ending the HIV/AIDS epidemic than your support of AIDS research.

We have a long, hard road ahead of us, but by standing together now, we will soon stand together for victory.

Kevin Robert Frost
Chief Executive Officer

IN MEMORIAM: SENATOR EDWARD M. KENNEDY

Senator Edward M. Kennedy, who passed away on August 26, 2009, blazed a legislative trail beginning in the late 1980s that has helped extend the lives and protect the rights of people living with HIV/AIDS ever since.

“Senator Kennedy’s extraordinary and steadfast advocacy in the early days of the AIDS epidemic is unrivaled in the history of the U.S. Senate,” said amfAR’s founding chairman, Dr. Mathilde Krim. He was twice honored by the Foundation for his leading role in the fight against HIV/AIDS, first in 1990 and more recently with amfAR’s Award of Courage at the Foundation’s Capitol Hill Conference on AIDS in May 2009.

Senator Kennedy’s determined leadership was instrumental in securing the passage of landmark legislation such as the HOPE Act of 1988 and the Ryan White CARE Act of 1990, as well as in ensuring that AIDS was among the conditions included in the Americans with Disabilities Act, also passed in 1990.

amfAR CEO Kevin Robert Frost praised Senator Kennedy as “an unrivaled ally in the fight against AIDS. We will remember with deep gratitude the leadership, intelligence, and compassion that he brought to the fight against AIDS.”

To read more about Senator Kennedy’s long involvement in the fight against HIV/AIDS, visit www.amfar.org.
Fighting HIV Among MSM, One Community at a Time

In a little more than two years, amfAR has funded 68 organizations in 49 countries through the MSM Initiative. Community awards made through the Initiative are supporting a wide range of HIV research, prevention, education, and advocacy projects serving men who have sex with men (MSM). In each of these communities, MSM are vulnerable not only to HIV infection, but to discrimination and hostility. amfAR’s grassroots partners are reporting back from around the globe with remarkable stories of their achievements and the day-to-day challenges they face.

“Free FORUM has been a great educator for gay men here in St. Kitts….The personal stories, the education on HIV/AIDS and STIs are very important as our government and health departments don’t recognize the need for this information, far less the relations and impact of HIV/AIDS in MSM communities.”
— Kevin Farara, former leader of the St. Kitts & Nevis AIDS group SNHAG

In Orenburg, Russia, NEW LIFE is addressing the stigma and discrimination that MSM often confront when they seek healthcare. Supported by the MSM Initiative, New Life recently organized a roundtable—“the first event of this kind in Russia,” according to the group—at which MSM activists sat down to discuss healthcare concerns with medical personnel who provide health services for MSM.

“Despite a high level of stigma and discrimination against MSM from the general population in Orenburg (and sometimes from medical specialists),” said New Life, “this meeting of experts was very productive. As a result, an agreement of cooperation between New Life and state medical institutions was signed, accepting the basic concept of a partnership to provide HIV prevention and medical services for MSM. And all participants have agreed to work jointly on the HIV/AIDS prevention program among MSM for the Orenburg region.”

“During preparations for the round table, I was fussing, trying to set up equipment, so I had no time to worry. But when I started my presentation, I became worried and shivers shook my body because I realized that everyone would know that I’m gay…such a public coming out. But when the head physicians and their assistants made presentations, I realized that they are absolutely tolerant of MSM and I should not have been afraid of them so much. When the round table was over I felt a huge satisfaction.”
— Eugeny, project manager, New Life

In Blantyre, Malawi, the CENTRE FOR THE DEVELOPMENT OF PEOPLE has been able to help push the issue of HIV among MSM onto the national stage despite tough challenges, among them the country’s harsh sodomy laws. “The main issue here is the knowledge gap,” the group reports. “Many MSM are ignorant of their risk for HIV transmission because there has been no national HIV/AIDS program targeting MSM. Policy makers and HIV programmers are also ignorant.”

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One of the greatest achievements of AIDS research has been the development of therapies that can prolong and improve the lives of people with HIV. And while the path toward a cure for AIDS is an arduous one, a number of recent amfAR research initiatives have made important progress.

Gene therapy holds much promise against HIV as well as other diseases, but setbacks have hindered its progress. However, a report in the February 2009 New England Journal of Medicine has generated renewed interest. The report concerns an HIV-positive patient in Berlin with acute leukemia who underwent a stem cell transplant from a donor who had a genetic mutation that rendered that donor—and now the patient—resistant to HIV.

Off all antiretroviral therapy for more than two years and off all immune suppressive medications, the Berlin patient now shows no detectable signs of HIV. “At the very least,” said amfAR’s senior scientific consultant Dr. Jeffrey Laurence, “this case represents a proof-of-principle that gene therapy approaches may one day cure HIV infection.”

For scientific researchers, the implications of this case are intriguing. By soliciting proposals relevant to the role of gene therapy in the treatment and potential eradication of HIV infection, amfAR hopes to stimulate investigation into some of the most pressing unanswered questions posed by this new development.

The new request for proposals asks researchers to address questions such as:

- Which are the best targets for gene therapy?
- How can such therapies be delivered into a patient’s body most efficiently?
- What exactly led to the apparent cure in the Berlin patient? Awards are expected to be announced in February 2010.

“Eradicating HIV represents one of the greatest challenges facing AIDS research,” said Dr. Rowena Johnston, amfAR’s vice president of research. “The field of gene therapy fits perfectly with amfAR’s dedication to pursuing cutting-edge research directions with the potential to revolutionize how we treat, and ultimately cure, HIV.”

ERADICATING HIV

amfAR-FUNDED RESEARCHERS SHED NEW LIGHT ON HIV PERSISTENCE

By Jeffrey Laurence, M.D., and Rowena Johnston, Ph.D.

One of the greatest achievements of AIDS research has been the development of therapies that can prolong and improve the lives of people with HIV. And while the path toward a cure for AIDS is an arduous one, a number of recent amfAR research initiatives have made important progress.

Research findings published in the prestigious journal Nature Medicine by amfAR fellow Dr. Nicolas Chomont, together with amfAR grantees Drs. Elias Haddad, Jean-Pierre Routy, and Rafick-Pierre Sékaly, have clarified thinking about the single greatest impediment to curing HIV, namely reservoirs of latent HIV.

Patients successfully treated with highly active antiretroviral therapy have no detectable virus in their blood, but they do have a small number of cells—approximately a million—that are infected with latent virus that persists beyond the reach of both the immune system and standard anti-HIV drugs. These cells will remain infected for decades, poised to resume virus production should treatment stop or fail. Two central questions plaguing scientists have been which cells become infected with virus that can lie latent within them, and how the infection happens. Following directly from these questions is the matter of how to rid those cells of the virus hiding within.

Chomont, Routy, Haddad, Sékaly, and colleagues, working at the University of Montreal and McGill University, first addressed the question of which cells become infected, noting that HIV persists in two types of memory T cells: the “central memory” or TCM cell, and the “transitional memory” or TT cell. A defining characteristic of all types of memory T cells is that they can persist for decades—and if they happen to be infected with HIV, they can represent a significant portion of the viral reservoir. Chomont and associates also uncovered different mechanisms whereby reservoirs of latent HIV can be established and maintained by these two types of memory T cells—foreign antigens for TCM and immune hormones such as IL-7 for TT. Based on their test-tube experiments, they were able to make concrete suggestions for new therapies that include inhibitors of IL-7. As a result, they wrote, “eradication of virus could become a more realistic endeavour.”

Dr. Laurence is amfAR’s senior scientific consultant and Dr. Johnston is vice president and director of research.
Living Out Loud with HIV

AN INTERVIEW WITH REGAN HOFMANN

Editor-in-chief of POZ magazine and poz.com, the leading publication in the U.S. for people living with and affected by HIV/AIDS, Regan Hofmann joined amfAR’s board of trustees in September 2009. Her recent memoir, I Have Something to Tell You, chronicles her experiences as a woman living with HIV.

amfAR: What prompted you to become involved with amfAR’s work by agreeing to join the board of trustees?

Regan Hofmann: After four years at POZ, I’ve developed a broader understanding of the devastating implications of this disease and I’ve realized that, despite our best efforts to treat the virus and wield effective preventive measures, we’re not going to treat or prevent our way out of this pandemic. We absolutely have to find a cure. With the courage to pursue the cure unabashedly, its incredible staff, its prowess at garnering funds and its discerning placement of that funding to support promising scientific developments, amfAR is uniquely positioned to do that.

amfAR: Is HIV different for women?

Hofmann: Absolutely. Many women are caretakers—supporting themselves and others. There’s a real fear about how their HIV status will affect their children, their spouses, their friends and family. I went through some of that myself, worrying, for example, that my nephew might be teased because his aunt was HIV-positive.

Also many medical professionals still see HIV largely as a gay man’s disease. So they’re not always looking for symptoms in women. That’s borne out by the numbers, which show many women being diagnosed with HIV and AIDS simultaneously, which indicates we are detecting HIV much later in women.

amfAR: POZ enables people living with HIV to make their voices heard. What concerns are you hearing these days?

Hofmann: It’s important to remember that people with HIV have many of the same concerns that others do: these days, it’s the economy. Many people are concerned about paying for care and treatment, even people who have been able to do so for a long time.

There is also concern about the federal government’s commitment to funding HIV/AIDS programs. There’s hope that health reform will address the concerns of the HIV/AIDS community, but no one really knows.

Also, stigma continues to be an enormous problem for people living with HIV. It really impedes their ability to talk about their status and seek the care and support they need.

amfAR: In your memoir, you describe this stigma as “crippling.” Do you think we’re making any headway in diminishing it?

Hofmann: Based on my personal experience and what I’m hearing from others, honestly, I don’t think the stigma around people living with and affected by HIV/AIDS has dissipated. True, people have a better handle on how HIV is transmitted. There’s less generalized hysteria around being in the presence of people with HIV. But I think people still judge those living with HIV and believe that they did “bad things” in order to get it.

People fear the unknown. So if they meet others living with HIV and see that they’re just regular people going through life, it’s harder for them to view positive people as part of society’s underbelly or think of HIV as a virus that can’t affect them. The media can play a role as well, by sharing the stories of people living with HIV and providing accurate information about the virus.

amfAR: What gives you the greatest hope in the fight against HIV/AIDS?

Hofmann: The community of people living with HIV is one of the most resilient and impressive groups of people I’ve ever met. We’ve made so many scientific advances in recent years, and I do see a great deal of optimism within the community that we’ll solve this problem.

We’re getting closer to understanding how the virus works—and that’s due in large part to the work of organizations like amfAR. There are many brilliant and committed people working to solve this problem and raise the money to keep funding the research. I’m encouraged by the number of people who understand how important this is—including the team at amfAR. If anyone is going to find the cure for HIV/AIDS, they will.
Hanging on the wall of Jirair Ratevosian’s office is an unusual map of Washington, D.C., with most streets and boundaries obscured by shading. The map is a vivid illustration of the current debate surrounding syringe exchange programs (SEPs). Although members of the House voted this summer to remove the ban on federal funding for SEPs, they included a restriction banning them from operating within 1,000 feet of schools, playgrounds, parks, and a long list of other gathering places.

“See these darker areas?” says Jirair, who joined amfAR’s public policy team in September as deputy director. “These are the neighborhoods in D.C. where SEPs will be prohibited from using federal funds.” Virtually the whole city is shaded. The situation is the same in other major cities.

For Chris Collins, who heads amfAR’s Washington office, syringe exchange is at the top of a packed agenda. “We know for a fact that it’s extraordinarily effective in lowering HIV incidence,” Chris says. As vice president and director of public policy, he spends countless hours making this point to lawmakers, Hill staffers, White House officials, and journalists.

“We’re working at every level,” he says. “We’re reaching to the grassroots, working with Senate and House staff, and working with the White House.” For the moment, Chris and his staff are focused on garnering support within the Senate — where another version of the bill will be developed — to ensure that the ban is lifted and the restrictive language removed. He speaks forcefully yet quietly, explaining the scientific rationale for funding these highly effective programs while conveying the urgency of the issue.

“The funding ban has been in effect for many years and we now have a window of opportunity for getting it repealed,” Chris explains. “But it’s a small window and time’s running out. If we don’t get it done now, it’ll likely be many more years before we get another shot. And that’ll mean thousands more unnecessary HIV infections.”

With the new Congressional session in full swing and important decisions on AIDS funding looming, syringe exchange is only one of many issues on the policy staff’s schedule for the day. As the morning progresses, Chris fields a steady stream of calls and e-mails from fellow advocates, political staffers, and members of the scientific community. He’s preparing an action alert calling on the AIDS community to ask the White House for an end to the syringe exchange ban, and reviewing a letter urging Congressional leaders to allot the maximum funding for AIDS research. Other staff members are hard at work preparing a briefing paper on global AIDS programming and a fact sheet on H1N1 and HIV. They’re also planning expert consultations to guide the creation of a national HIV/AIDS strategy and to review the

“amfAR is working at every level. We’re reaching to the grassroots, working with Senate and House staff, and working with the White House.”
latest research into pre-exposure prophylaxis (PrEP), a promising new prevention intervention.

At midday, Chris and Jirair hail a taxi for Capitol Hill, armed with a stack of blue folders crammed with information on the efficacy of SEPs. Juggling folders, briefcase, and cell phone, Chris continues a conference call with other AIDS advocates discussing AIDS research funding. The Capitol’s white dome stands out against the cloudless sky as Jirair explains why he was drawn to working at the Foundation. “amfAR’s focus on those who are most vulnerable, and its ability to bridge the gap between science and policy, makes it a critical player,” he says. “When it comes to human rights, when it comes to research, we’re helping to shape the agenda.”

“ When it comes to human rights, when it comes to research, we’re helping to shape the agenda. ”

“The funding ban [for syringe exchange] has been in effect for many years. But if we don’t get it done now, it’ll likely be many more years before we get another shot. And that’ll mean thousands more unnecessary HIV infections. ”

At the Capitol, the two men part ways. New amfAR trustee Regan Hofmann has arranged for Chris to meet with Representative Jim Himes (D-CT). Jirair is headed for a meeting with staff of Senator Richard Durbin (D-IL), a staunch ally on syringe exchange. He is joined by advocates from AIDS Action, Physicians for Human Rights, and the Open Society Policy Center. Among other issues, the discussion touches on concerns that opponents of syringe exchange may use a procedural vote to stop the legislation. The information in the blue folders—compiled over a period of months by amfAR and its partners—will help the senator make his case.

Next stop is a meeting with an advisor to Senator Harry Reid (D-NV). The majority leader favors lifting the ban but the group wants his leadership in moving the bill forward. Jirair and the others present their evidence, highlighting the key issues. It’s a process they’ve been engaged in for months and a conversation they will have time and again—but their commitment gives the arguments a fresh urgency. The senator’s staffer makes some suggestions, advising the group to step up its advocacy with the White House and other senators.

Back at the office, Dr. Mohan Sundararaj, who is spending six months with amfAR learning about AIDS policy, is finishing up a first draft of the issue brief on funding global AIDS programs. “There’s been a lot of criticism from people who believe that AIDS gets too much money,” he explains. “But what we’re seeing from the evidence is that there are so many broader benefits to global health in general, because AIDS initiatives have created infrastructure—healthcare workers, clinics, laboratories—that didn’t exist before. Using AIDS as a platform to improve global health is a very smart strategy.”

Mohan, who has studied medicine and public health in his native India and at Harvard, speaks with excitement about his experience at amfAR. “Policy is not just about advocacy: It’s about strategy, understanding business, understanding health economics, politics, human behavior, disease processes, and funding mechanisms.”

This kind of broad thinking is at the heart of the policy team’s work, along with an unyielding commitment to human rights. Toward the end of the day, staff members meet to review Mohan’s issue brief. “We need to use this evidence to push back against efforts to backtrack on our commitments to address global AIDS,” Chris says. “We need to be calling for expanded investments in global health, and building on the successful response to AIDS. We know these programs are working.”

amfAR’s Policy Priorities

- Lift the ban on federal funding for syringe exchange.
- Support sustained funding for AIDS research.
- Promote and help shape the development of a national HIV/AIDS strategy.
- Advocate a broad approach to global health that maintains the commitment to HIV/AIDS through PEPFAR and other international efforts.
- Draw much-needed attention and funding to fighting the spread of HIV among vulnerable groups, including men who have sex with men (MSM).
- Promote research on pre-exposure prophylaxis (PrEP)—a promising new HIV prevention strategy that uses antiretroviral treatment to protect uninfected individuals.
- Lift the ban on travel and immigration to the U.S. by HIV-positive foreigners.
AIDS Care China: Building Knowledge, Offering Hope

The woman’s story is a familiar one among HIV patients in southern China: Diagnosed with HIV along with her 18-month-old son, whose illness brought them both to the clinic, she was abandoned by her husband and left scared and penniless. Confused about whether medication could help her child, she turned to the Red Ribbon Center at Longtan Hospital, where she found treatment information, social support, and financial assistance to help her navigate the complexities of beginning treatment.

“We stayed at the Red Ribbon Center while I was trying to decide whether my son should get treatment,” she said. “The staff at the shelter really helped a lot. They constantly explained to me why I should get him on treatment. There was another HIV-positive child there—a nine-year-old orphan who was on treatment and doing very well. One of the staff was also positive and had a daughter who was positive. So I felt my son could survive and I decided to take him for treatment. Now he is doing very well.”

Longtan’s Red Ribbon Center is one of 28 in south and central China operated by AIDS Care China, which receives support from amfAR’s TREAT Asia program. Founded in 2001 by HIV-positive advocate Thomas Cai, AIDS Care China is considered a model for community-based HIV care in the region. Indeed in 2006, the organization received the prestigious Red Ribbon Award from the UN for its work.

Rejecting Fear
“AIDS Care China promotes the concept that people living with HIV/AIDS should not isolate themselves in a small circle of fear to be pitied,” said Cai. Many of the Red Ribbon Centers’ trained counselors are themselves HIV-positive and take a personal approach to their work. The centers provide support services such as counseling and education on antiretroviral treatment (ART) and opportunistic infections, social support, financial assistance for transportation, and a shelter for travelers and those abandoned by their families—among them the young mother and her child at Longtan Hospital. Facing hardship without her husband, she remembered, “The Red Ribbon Center helped me with transportation costs, plus some money to buy nutritious food like milk and eggs for my son.”

The Red Ribbon Centers also help doctors and nurses focus their energy on medical care by taking on essential administrative tasks such as patient appointments and follow-up, maintaining confidential patient information, and ensuring that patients have consistent supplies of medication. A recent study at three sites showed that the centers’ counseling and support services have led to improved treatment adherence and a decrease in the number of patients dropping out of treatment. The result has been significant improvements in patient health, evidenced by sustained increases in patient CD4 levels.

Building Trust
After the Red Ribbon Center opened at Longtan Hospital, “there was a huge decrease in the drop-out rate,” said the hospital’s inpatient director, Dr. Meng Zhihao. “The reason is quite simple: With only five doctors, we did not have time to call all the patients. But now the Red Ribbon Center takes care of that.”

“People living with HIV/AIDS should not isolate themselves in a small circle of fear to be pitied.”

Along with supporting medical personnel and building trust and knowledge among patients, the Red Ribbon Centers have taken on a considerably more challenging task: fighting the persistent stigma that still surrounds HIV/AIDS in much of China. Many people who visit the Red Ribbon Centers face abandonment and discrimination from family, friends, and colleagues. For those patients, said Dr. Lee Rong of Longtan Hospital, “the Red Ribbon Center is the only family they have.”
TREAT Asia in Translation

It can be difficult for people living with HIV/AIDS and their families in Asia to hear about advances in HIV/AIDS research, prevention, and treatment in a form they can easily understand. To help disseminate important new research more widely in the region, TREAT Asia has begun publishing lay-language articles covering recent studies of particular interest to the HIV/AIDS community. In order to reach those who do not speak English—the vast majority of the Asian population—members of the TREAT Asia Network are also translating some of these stories into a variety of Asian languages, among them Bahasa Indonesian, Burmese, Chinese, Khmer, Thai, and Vietnamese. The research summaries and translations are available at www.treatasia.org.

A Conversation with Richard Gere

CONTINUED FROM PAGE 1

by the sheer numbers and potential threat in high-prevalence areas in India, it seemed obvious that if we mobilized the communities that had influence, we’d be able to make a difference.

amfAR: Based on your long experience and connection with both India and the AIDS epidemic, what approaches to HIV/AIDS prevention seem to work best?

Gere: Making people less afraid of living with it and living around it, helping individuals recognize that simple prevention measures can be put in place to stem the spread of the virus. I think, ultimately, trying to educate communities that HIV/AIDS affects everyone, not only those infected with the virus.

amfAR: In 2004, the Gere Foundation established the Heroes Project, which was aimed at reducing HIV/AIDS stigma and discrimination in India through a nationwide public education campaign. In which ways has the project been most effective?

Gere: I think Heroes was most successful with its public service campaign. The project, launched in partnership with the Gates Foundation and Parmeshwar Godrej, energized NGOs and governmental agencies, brought the most at-risk groups into the mainstream through large public events, and directly engaged the Bollywood community to help humanize the pandemic.

amfAR: Data released by UNAIDS indicates that the AIDS epidemic in India is concentrated among vulnerable groups such as sex workers, men who have sex with men, and injection drug users. What implications does this have for fighting HIV/AIDS in India?

Gere: It means we have to work harder to reach those at higher risk and that we have to target our education efforts to reach those who are most directly threatened by HIV. Just because an infected demographic may be out of sight doesn’t mean they’re out of reach or any less important to reach.

amfAR: How have attitudes toward HIV/AIDS changed in India in recent years?

Gere: I feel that while there is still a great deal of work to be done, stigma and discrimination associated with the disease have tapered significantly. I think the government has adopted a positive attitude toward the issue, and education and treatment are far more accessible than say, ten years ago.

Richard Gere is recognized internationally for his award-winning work as a film actor and social activist. For more than 25 years, he has been deeply involved in global humanitarian issues, and is especially concerned about the spread of AIDS in India and the lack of care facilities there for people living with HIV/AIDS. He has been honored for his humanitarian work by amfAR, Amnesty International, the Elizabeth Glaser Pediatric AIDS Foundation, and the Harvard AIDS Institute. He is also the recipient of the Eleanor Roosevelt Humanitarian Award and the Marian Anderson Award.
The inaugural amfAR Milano fundraiser, held in conjunction with Milan’s Fashion Week on September 29, 2009, raised $1.1 million for amfAR’s programs.

**Special thanks:** DSquared², BMW Group Italia, Lambertz, Vanity Fair, and Westin Palace Milano. (Photos: Daniele Venturelli/WireImage)

Event chair Janet Jackson, longtime amfAR supporter and HIV/AIDS activist

**amfAR Milano**

DSquared² designers and event chairs Dean and Dan Caten

Event chair Linda Evangelista

Kanye West with Amber Rose

**Dita Von Teese**

Dita Von Teese treated guests to a special performance.

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**Fighting HIV Among MSM**

Continued from Page 3

Supported by the MSM Initiative, the Centre organized a sexual health workshop attended by officials from UNAIDS and the country’s national AIDS commission—the first time representatives of the Malawi government had acknowledged the existence of MSM. By marshalling local research and the weight of global advocacy, the Centre for the Development of People has been able to move Malawi one step closer to taking up the fight against HIV among the country’s MSM.

**In Monrovia, Liberia, CONCERN FOR HUMANITY** has launched an unprecedented effort to gather data on the extent of HIV risk among MSM in this war-torn West African country. The information gathered to date documents the existence of a sizeable community of MSM in Liberia—a population that “seems [to be] on the rise,” according to the group. “Moreover, these men are no more educated on HIV/AIDS and STDs than the general population, and they are no less exposed to the risk of HIV/AIDS. In fact, they may be in greater danger for contracting and/or transmitting HIV because of being closeted.”

Concern for Humanity’s research will be presented to the Liberian government with the recommendation that the MSM community be included in the country’s national AIDS programs “to ensure that they are a partner in the mitigation of HIV/AIDS in Liberia.”

**In Belgrade, Serbia, GAYTEN—the Center for Promotion of LGBTIQ Human Rights**—is training MSM as peer counselors to help provide HIV prevention and treatment information, and referrals to healthcare and social services. With MSM Initiative funding, a hotline is being set up and counselors are actively involved with outreach. The work is going well, according to the group, but crippling discrimination is still a huge problem.

One of Gayten’s counselors, who has been working with MSM in Serbia’s Roma community, sketches one part of the picture: “The dominant society with its institutions is discriminatory toward both Roma and LGBT. At the same time, the LGBT community (which is predominantly white and non-Roma) is biased and often hostile towards Roma persons.”

Quoting a Roma man he knows, the Gayten counselor suggests how hard it can be to address HIV healthcare among some communities of MSM: “White gay men hate us, they don’t want to do anything with us. I cannot go to the doctors because all medical facilities in this country are for white people and I cannot tell the doctor that I had sex with another man—that is just too much for me.”

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**Where there’s a will, there’s another way...**

... to fight HIV/AIDS. Generous bequests to the Foundation have allowed amfAR-funded researchers to make groundbreaking advances against AIDS. By remembering amfAR in your will and estate planning, you’ll be investing in the future of research ... a future without AIDS.

For more information on including amfAR in your estate planning, e-mail john.logan@amfar.org, or visit www.amfar.org/donate.
Cinema Against AIDS Toronto

The inaugural Cinema Against AIDS Toronto, held September 15, 2009, in conjunction with the Toronto Film Festival, raised more than $700,000 for amfAR and the Canadian AIDS organization Dignitas International.

Special thanks: Sullivan Entertainment Group, M•A•C Cosmetics, the Fairmont Royal York, BMW. (Photos: Jeff Vespa/WireImage)

Bucks County Cabaret

The fifth annual Bucks County Cabaret, featuring a special performance by Ann Hampton Callaway, was held on September 13, 2009, and raised more than $67,000 for amfAR, including nearly $8,000 from support for the new Adopt-A-Scientist campaign (see page 12).

Special thanks: McShane Enterprises, Inc., David R. McShane, Paxson Hill Farm, and the Tonamora Foundation. (Photos: Alex Davidson)

Honoring with Pride

The tenth annual Honoring with Pride celebration of the LGBT community’s role in the fight against AIDS raised more than $200,000 for amfAR on June 11, 2009.

Special thanks: Logo, Skyy Infusions, T. Edward Wines, Bud Light, Production Solutions. (Photos: Jason Kempin/WireImage)
Adopt a scientist, and put heart, soul—and brainpower!—into the season of giving.

Dr. Alberto Bosque is one of amfAR’s dedicated scientists working on the cutting edge of AIDS research. This holiday season, support amfAR-funded researchers like Alberto through our Adopt-A-Scientist program. Or better still, adopt a scientist as a holiday gift in honor of a friend or family member.

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