

# OAA Newsletter

December 2012

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## **Surfing the Sea of Ambiguity**

By Kabir Hypolite, Director

Alameda County Office of AIDS Administration

In January 2012, Rev. Edwin Sanders II introduced himself to me while I was attending the 2013 National African American MSM Leadership Conference on HIV/AIDS in New Orleans. Rev. Sanders is the Senior Servant of the Metropolitan Interdenominational Church of Nashville Tennessee. He asked if I would be interested in collaborating with him to host an African American Ministers Conference in Alameda County. I jumped at the opportunity and we worked closely this year to bring the conference to reality on November 16, 2012 at the Emeryville, Marriott Hotel. Rev. Sanders asked me to provide some 'reflections' and a welcome for those ministers and guests assembled. I have acquired so many over the many years of working to stop HIV/AIDS.

Here are my comments.

In 1978, I almost drowned on "Senior Cut Day". I was 18. My entire high school senior class had defected to Santa Cruz Beach Boardwalk. This was my first time at the Pacific Ocean, and naively I decided to try body surfing after spending the morning learning how to skin board, play beach volleyball, frisbie and football.

What I didn't realize was that the waves were pushing me closer and closer to the edge of the sand bar. The drop off was precipitous. When I took that last wave I was swept over the edge and discovered that there was no bottom. The sandbar was gone. Suddenly, the waves became more powerful and thundered down on my head, dragging me under. Surprised, I fought my way to the water's surface. Only one classmate, Mike Hubenthal, noticed me. He shouted, "Do you need help?" But I was so exhausted after all the earlier sports activities that I couldn't catch my breath or reach my arm out of the ocean to signal my distress. Receiving no response from me, Mike swam back to the rest of my classmates... Annoyed, I looked behind me for the first time. My classmates far away on the beach looked like ants. I realized that I could drown, unnoticed by anyone.

I nearly panicked, but I thought: "If you panic you will die." I had a split second to decide that I wanted to live, and then the next wave hit. It is nearly impossible to describe the fear and uncertainty of struggling to regain the surface. Feeling like there was no more fight left in me. I tried every swimming stroke I could muster to reach the edge of the shore, not knowing whether and how I would survive. I was pounded by waves and swept under by currents. The experience seemed interminable and terrible. Then, as I drifted closer to shore, the waves dragged me down and across the ocean bottom. I was scraped and bruised by rocks, shells, sand and Lord only knows what else. Then suddenly, I was in the surf and it was over. No one knew what I had experienced so intensely. I lay on the sand feeling utterly alone in the midst of my closest friends. But a few years later I would remember that feeling of what I now call "surfing the sea of ambiguity".

Fast forward to the summer of 1982. I was 22. After college years full of suicidal thoughts, I had finally accepted my own sexuality and decided to drive to the famous San Francisco Gay Mecca. Having just arrived, I stood on the corner of 18th and Castro. A copy of a little community newspaper called "Coming Up" caught my eye, and I flipped through it only to find a story about 12 Gay men who had died of a strange new disease in New York City called Gay Related

*My results were positive. The doctor told me to arrange my affairs. "There'll be good days and bad days,"*

Immuno Deficiency (GRID). My immediate thought was: "How am I going to survive this?" As if someone had heard my thoughts, a voice said "You won't". I was so startled that I looked around to see if anyone was standing beside me. There was no one nearby. I was so rattled that I hastily put the paper back in the stand and left the Castro entirely.

Fast forward again to 1983. I fell in love in LA. It was a brief romance, but that's a story for another day. Suffice to say he died of AIDS years later.

Fast forward once more to 1989. I was an associate attorney litigator in a big law firm and feeling like Ralph Ellison's Invisible Man. I never lost a case, but the firm's Partners looked right through me when we passed in the hallway. That is until one day when a senior business partner called me to his office with a special assignment. He wanted to impress an African American client. "I just need someone who looks like you," he explained. I decided it was time to go. But about that time I also felt ready to get tested for HIV. I gave notice before the test because I didn't want my results to influence my decision to leave the firm. My results were positive. The doctor told me to arrange my affairs. "There'll be good days and bad days," he said dismissively and sent me to the nurse. For a moment I contemplated retracting my resignation. After all I had no job, no benefits, no support. But I knew I'd made the healthy choice.

The nurse told me two things that I have always shared with my friends and clients ever since: "Don't die of the diagnosis," she said. "And do your own research." I thought, "Great, first I had to figure out law school, now I have to become a microbiologist."

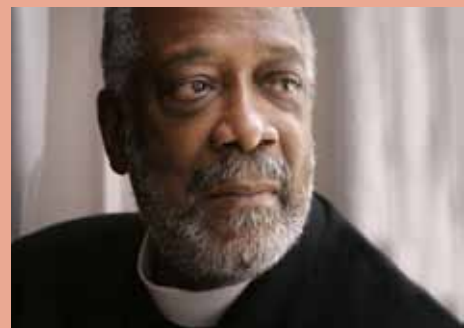
So, I sat at home for three months, unemployed. Everytime I started to relax a thought would creep in: "I can't enjoy

myself. I am supposed to be dying." After all, AIDS was supposed to be about suffering and death, right? But then another spirit kicked in. "Wait a minute," I thought. "There have always been epidemics since the dawn of time and there have always been survivors. We call them statistical flukes because we can't explain how they survived." My job, I realized, was to become a statistical fluke. I was ready to surf the sea of ambiguity again.

It was 1990. I took a job as Client Services Director for the AIDS Legal Referral Panel in San Francisco. Within a few weeks I met my first long term survivor, a white gay man from Texas. He taught me so much, but at first he didn't want to tell me how he'd survived. "I've talked to the health department, to the CDC, the NIH and Congress. Hell, I've written to the White House. Nobody listens to what I have to say." But I persisted. "With all due respect," I said. "I'm here and I am listening." So he let me in, "AIDS was sent here to heal the planet," he said. I was shocked, but he went on and I realized what he meant. In order to survive AIDS you must re-examine every fundamental assumption by which you live your life. That's a tall order, but that's what it takes to become a statistical fluke. That's what you do when you surf the sea of ambiguity.

I went on to counsel thousands of clients over the next six years. I've become a statistical fluke. The spirit inside my heart says never give in to conventional wisdom because there is a higher power. The Bible commands us: "Above all thine getting, get thee understanding." So I am here today to ask you to help me to breathe that spirit into all of our black brothers and sisters who are suffering, HIV + and HIV - alike. As God's servants, I ask you to help me, as a public servant, to help those who's will to fight HIV/AIDS is under assault by poverty and discrimination, sexism racism and homophobia, substance abuse and gun violence, incarceration and materialism and so many other social determinants.

Let me close by saying that I once had a dream in which I met God. Just for a brief moment we were face to face. I know that as ministers you will appreciate how the certainty of such moments is so intensely personal that they are difficult to share. In my face to face encounter we were laughing, God and I. And he spoke to me as a gay man. He said, "I'm glad you finally realized that you haven't been boxing with me." No one, not priest, minister, pastor, bishop, or Pope has the power nor the permission to separate us from God. But perhaps the greatest spiritual gift that lesbian, gay, bisexual and transgender African American are praying for is an acknowledgement of that as we journey across the sea of ambiguity together.



*Rev. Edwin Saunders*

# Home HIV Testing

Lorenzo Hinojosa

Testing Coordinator

Alameda County Office of AIDS Administration

Starting in October 2012, HIV rapid test kits are available for sale at drugstores and pharmacies. These are the same testing kits as used by agencies funded by the Alameda County High Risk Testing Program.

The impact the availability of these test kits will have on the epidemic, specifically in Alameda County, is still unknown. The \$40 price tag will put them out of reach for many people. However, this new testing option could provide another avenue for people who would not otherwise test at either their private medical provider or publicly funded testing sites. Stigma and fear of losing medical insurance coverage may be some of the barriers this new testing method may work to overcome.

There are plans for possible programs in the Bay Area to provide test kits to clients for point-of-sex testing. This would give the clients the option of testing partners before engaging in unprotected sex. Although this would not provide coverage for the window period (the time during which a person is infected, but still has a negative test result, and could possibly be the most infectious), the kits could assist the practice known as sero-sorting in which clients look for sex partners who have the same HIV status as them, or limit sexual encounters to less risky activities, such as oral or non-receptive sex.

There are also concerns about emotional and informational support the clients may not receive with the home kits. The test kits provide users with a toll free phone number to discuss their results, either positive or negative, and provide medical referrals for services. These would obviously require

the user to take the proactive step of calling the phone number. Those who have worked linking people into care know how difficult this task it is even when the person is in the same room. On the more positive side, studies have shown that people change their sexual practices for the safer once they are aware of their positive HIV status.



HIV Testing technology continues to progress at a fast pace. While the home test kits provide results in 20 minutes, recently released test kits (not sold for home use) are able to provide results in less than one minute. This can make it possible to test more people in short time periods. These new test kits are easier to read the results and cost almost half of the widely used Oraquick kits (same as the kits sold for home use).

There are also rumors that the FDA is currently reviewing test kits that will help identify newer, more infectious cases of HIV. There have been recent news articles about new more inexpensive testing technology that may bring wider access to testing in Africa and other parts of the world affected by the global HIV epidemic.

With the continuing development of HIV testing technologies and the profit margin providing corporate motivation, it is certain that more home HIV testing kits will eventually become available. We will continue to look for ways to integrate these new testing options into the overall efforts to reduce the transmission and the incidence of late testing.

## Dispatch from the World of STD

Georgia Schreiber  
Linkage Coordinator  
Alameda County Office of AIDS Administration

By Georgia Schreiber, Public Health Investigator  
You may have heard of the annual HIV Update in the East Bay, but there is also an annual STD Update hosted by San Francisco City Clinic/San Francisco Department of Public Health. Because of the link between STD and HIV, I attended the 2012 STD Update on November 8. This is my report back.

The Update was extremely well-attended; I recall from having attended the conference for several years in a row that this forum is gaining popularity. This year, there wasn't enough seating in the Carr Auditorium at SF General, and people were standing and sitting in the aisles and out the door. In attendance were researchers, Disease Intervention Specialists, STD specialist doctors, nurse practitioners, and lab workers, to name a few.

The agenda included an overview of epidemiology of STDs in San Francisco, an update of the trend of multi-drug resistant (MDR) gonorrhea, and an update on laboratory diagnostic trends in the SFDPH lab. The gonorrhea update focused on new treatment guidelines, taking into account the shrinking options for treating increasingly drug resistant forms of the disease. Because of this, the current treatment guideline is to use a combination of Ceftriaxone and Azithromycin, rather than only one medicine.

Meanwhile, the Laboratory Director, Mark Pandori presented a compatible report about what the county laboratory is finding in gonorrhea and chlamydia cases. He said that the lab has seen strains of gonorrhea that have the same genotypes associated with MDR strains in Europe, but have not then seen the actual drug resistance here. He said that perhaps this is because we are dual medicating, (giving the newly recommended two drug combination as discussed in the gonorrhea update portion of this agenda). But it could be because the lab is not routinely doing "tests of cure", which means testing patients a couple weeks after they take their medicine, to see if the gonorrhea is really gone. With more resources and patient participation, a study could be done that might follow up on these apparent MDR strains in San Francisco. For now, we have incomplete information about the implications of Dr. Pandori's findings.



Syphilis

Dr. Pandori also discussed that his lab has a PCR test that can tell the difference between LGV and chlamydia and LGV, a more vicious strain of chlamydia. He said the treatment for both is the same, but the difference of the two types of chlamydia matters symptomatically.

The second part of the half day conference included a presentation on biomedical interventions for HIV prevention, which discussed trends of use of Post Exposure Prophylaxis (PEP) medication regimens, pre-exposure prophylaxis (PrEP) medication regimens and HIV medications for people living with HIV or AIDS. The presenter gave a basic description of each regimen and when each should be used.

Next, Joe Engelman, MD, MPH presented an overview of syphilis, looking at recent collection of volunteered photographs of patients' visible symptoms. This presentation included his ever-popular slideshow of photographs of syphilis symptoms found on recent patients who consented to be photographed (no identifying face shots included). Both of these two presentations seemed to offer introductory level information, which might have been unnecessary for the level of knowledge in the room.

Finally, there was a round table discussion on the clinical management of syphilis and other STDs. The 2010 California STD Treatment Guidelines (that's considered up to date, in the STD treatment guideline world) were distributed in our packets.

Not only is it interesting to visit the world of STD control from a perspective of HIV control, but it is useful to know what disease trends and diagnostic procedures are happening in our neighboring county. The experiences on both sides of the Bay can be instructive to each other.

## Protein in a Bag Part 2

Pam Casey  
Program Manager  
Alameda County Office of AIDS Administration



Many of us are out and about during the day and may not have time to sit and eat from a plate. As we continue the series on "From the Plate to the Bag", this article will focus on making sure you get the daily protein you need during the day.

Protein in your diet is important for several reasons. It helps to build muscles, replaces red blood cells and is necessary for hormones and digestive enzymes.

Most people think of meat when they think of protein. As most of us know, meat is not cheap. Unless you are a hunt for your own meat, or you catch the \$1.29 special on Tuesday at Popeye's Chicken, meat is the most expensive thing on the plate. There are other less expensive sources of protein.

One fourth of the plate needs to be protein. Consider buying a boiled egg. You can get two for under two dollars. If you do not have a nut allergy, you can find protein-rich nuts for 50 to 99 cents in a lot of drugstores and convenience marts. By the way, a Snickers bar and chocolate-coated peanut M&Ms contain peanuts, but neither are good sources of protein.

Peanut butter now is sold in little plastic cups so you do not have to carry around the whole jar in your bag. Try some on apple slices or whole wheat crackers, which you can also carry around with you.

Get your protein from canned fish such as sardines at about 99 cents, or chunk tuna or salmon in a foiled pouch for under \$2.00. These are also easy to transport in your bag, and can be eaten with some whole wheat crackers, which also contain small amounts of protein.

Beans are another source of protein, and can be found in salads for two or three dollars, or made into chips, which are a better choice than flaming hot Cheetos. Remember to respect others and avoid small, enclosed areas after eating beans products.

Protein is also found in protein bars and high protein beverages. While these are easy to transport in a bag, they can be expensive. Try to catch them on sale, or buy them at a local Trader Joe's for around a dollar. By the way, protein bars are different from cereal bars, which have little to no protein.

As always, don't forget to recycle your wrappers and containers.

## OAA COMMUNITY SERVICE AWARDS

The Office of AIDS Administration would like to congratulate the recipients of the 2012 Community Service Awards. Thank you for your hard work.

**Care and Treatment Award**  
Rosa Davis of East Oakland  
Community Project

**Caregiver Award**  
Teresa Courville R.N., M.N. of  
Children's Hospital of Oakland

**Education and Prevention Award**  
Anthony Sillemon, Psy. D. of EBAC

**Non-Traditional Community  
Partner Award**  
Stephan Chase of Walgreens



**Volunteer Award**  
Darlene Bowman of  
Tri-City Health Center

**Youth Award**  
Braunz Courtney of HEPPAC

**Robert C. Scott Trailblazer Award**  
HIV Education and Prevention Project  
of Alameda County (HEPPAC)

*You can view photos of the event at:  
[facebook.com/officeofaids](https://www.facebook.com/officeofaids)*

## Brian Cross, Former Director of the OAA

By Susan Black

Former HIV Testing Coordinator  
Alameda County Public Health

Brian Cross was hired by Alameda County Public Health Department (PHD) in the mid-'80s to staff a two-person office. At that time, there was one epidemiologist and one community organization doing volunteer work to help those with HIV/AIDS. There was no HIV test. There wasn't even a real name for the disease that was quickly killing increasing numbers of young Alameda County residents. The only county facility available for treatment was Fairmont Hospital. Other services and funds were non-existent.

As funding became available Brian began staffing a small office with case managers and health educators to do HIV prevention and education both within the department and in the community. When some of the employees within the PHD stopped using the bathrooms due to fear of catching the disease from clients who visited the building, Brian coordinated unit by unit education forums on HIV transmission.

Brian helped to build a community of care for those with HIV/AIDS. He tirelessly sought out medical and social services, eventually adding Highland and other providers to serve this population. Brian's efforts were recognized nationally and became a model for other programs. Today, the OAA funds about 25 different agencies that provide care for those living with HIV/AIDS.

Brian lived as an openly gay man. As he worked through all of the homophobia, he continued to remain a steadfast advocate for those living with HIV/AIDS during a time when so many were shunned. His goal was to create an environment of compassion, not fear.

Sadly, Brian died a few months ago. Though the struggle continues and stigma still exists, all of the time and effort he put into his work will not be forgotten.

## Next Stop: Guatemala

Jessica Schaffer  
OAA Intern

For me this New Year will mark a time of change in my life. I will be ending my internship at the Office of AIDS Administration leaving Oakland and North America altogether as I venture south to Quetzaltenango, Guatemala. I spent the summer of 2011 in Quetzaltenango (known locally as Xela) coordinating a youth HIV prevention peer education as part of my MPH practicum. I look forward with great anticipation many things on my return to Guatemala: the warm hospitality offered by Guatemaltecos, climbing volcanoes, eating handmade tortillas with every meal, however, among the most important aspects to which I look forward beginning a new job with my old friends at Asociacion IDEI where I completed my practicum.



Asociacion IDEI is non-governmental Guatemalan organization that promotes health, education, development and human rights within Indigenous communities throughout the Southwestern region of the country. Among its many accomplishments in fighting HIV/AIDS in Guatemala, Asociacion IDEI has greatly improved outcomes if people living with HIV/tuberculosis co-infections through the operation of comprehensive services clinic in Quetzaltenango. For those living in rural indigenous communities, accessing anti-retroviral therapy or treatment for TB is often highly time and resource intensive. Access to comprehensive services helps mitigate this burden. IDEI is also committed to community centered and culturally appropriate practices when serving in indigenous communities. This includes conferring with community and

religious leaders in program planning, carrying out services and projects in the maternal language of each community, and incorporating traditional medicine into health programming.

Like my work here at OAA, much my work in Quetzaltenango will center on HIV/AIDS. Over the past several years cellular phones and cellular networks have become ubiquitous throughout Guatemala. This phenomenon has allowed for dramatic advances in the amount of information that can be collected by organizations like IDEI. Whereas previously communication with rural clinics was often unreliable and inconsistent, doctors, nurses and other staff can now use text messaging to transmit demographic and medical information to the organization's central offices. I will use my epidemiology and biostatistics background to help IDEI staff develop data management and analysis strategies to best improve HIV/AIDS treatment and research.

While there I also hope to learn more about carrying out integrative health interventions among marginalized populations. I am grateful for the privilege to be allowed to move so freely between my home, here in the bay area and the home of the Guatemalan people in Central America. I know that during my time there I will continue to grow personally and professionally through exposure to the resilience and patience of the Guatemalan spirit.

## Highlight on Walter Kelly

Walter Kelly is a 57-year old who was diagnosed HIV+ in 1996. Raised by a single mother in Berkeley, he began tap and ballet lessons at age five, and at 11, began ice skating lessons. In fact, Walter was the US Junior National Ice Skating champion before he left high school. He aspired to be an Olympic champion, but instead he was encouraged to coach and to perform in ice skating shows. He did both. With the help of Charles Schultz, creator of the Peanuts comics, he landed a three-year gig as a performer at Knott's Berry Farm in Anaheim. He was hired as an ice skating coach, and at one time had a roster of 50 students. He also attended Laney College majoring in dance and theater.

Walter was in denial when first diagnosed, and waited a year to get a confirmatory test. He began receiving care at Highland and remembers a daunting medication regimen of 16 pills per day. Over time, the regimen became a lot easier to handle. He has enjoyed relatively good health over the years and has had no HIV-related hospitalizations. He attributes this to being in top shape as a skater and dancer, eating healthy, and the quality care he received over the years from his long-term primary care provider, Debra Royal.

Walter is part of Black Brothers of Esteem, a program of the SF AIDS Foundation, which focuses on prevention, education and testing for HIV and sexually transmitted diseases. Three years ago, he represented northern California at the AIDS Watch at the White House. There he joined Barbara Lee and Barbara Boxer, Nancy Pelosi, and other officials to lobby for more HIV/AIDS funding. He has been a member of the Marin County



HIV Care Council for five years. He participated in the OAA Transgender focus groups a few years ago, and was recently spotted at the EBAC-sponsored HIV update held at Yoshi's.

Walter realized a long time ago that he needed to take care of himself. He advises anyone newly diagnosed with HIV to seek out more knowledge about the disease. "Go to presentations and learn as much as you can. Don't be afraid to ask questions", he says. "The medications work and can sustain your life".

Walter was a national skating champion at 17-years old and today, 40 years later, he is still a national champion for HIV/AIDS. The next time you are out at a local ice skating rink and spot an older guy gliding along on the ice, it could be Walter.

## The OAA Welcomes Angie Bravo

Angie Bravo, the OAA new full time receptionist, has come full circle with Alameda County. Twenty years ago she was a full time clerk typist. Being young and ambitious, she left her job to work in the real estate industry.

When the real estate market took a dive, she had the opportunity to work for AC again through the TAP Program.

In this program, she worked in various departments developing a variety of clerical skills. Two years ago, she began working in the PHD. This included work as a data input clerk and a position as a receptionist.



Angie is an avid reader, taking time to read all work related documents. In her spare time she enjoys inspirational books, history, autobiographies, and books that promote healthy living. She is currently reading the biography of Abraham Lincoln. She likes a variety of music including old time rock and roll, and enjoys cooking. Angie has two lovely daughters in NYC and San Diego, who she visits annually.

Angie is an asset to the OAA and is excited about working with what she calls "a positive and collaborative team". We all appreciate her work and good attitude, and welcome her to our office.

## To Counsel or Not to Counsel?

Holvis Delgadillo

Member, CCPC

HIV Testing Coordinator, Corizon Health

In spite of concerns brought up by specialist representatives of AIDS advocacy organizations, last July, the FDA approved an over-the-counter HIV test. Although many concerns were raised, one particular concern about counseling caught my attention. Counseling before and after an HIV test is done is a special component of HIV prevention. That face-to-face interaction can be the deal breaker between the spread and the prevention of HIV transmission. I have provided HIV testing to men, women, and all those in-between, and have found that those minutes spent counseling an individual about HIV are priceless. Human interaction is the big piece missing in this approval. The manufacturer of HIV tests, Orasure Technologies, offers phone linkage counseling, but that is not enough. What you say to a client during in-person counseling is not the same as when you say it over the phone. What guarantee do you have that the person on the other side of the phone is not reading a scripted one-size-fits-all message? There is no guarantee.



HIV prevention interventions have been shown to reduce risk behaviors among those populations in which new HIV infections are concentrated. Researchers point to a range of competing forces that can dull the impact of prevention efforts.

A simple face-to-face conversation goes a long way. You can talk to a client about why it is important to prevent the spread of the HIV virus. Different subjects can be discussed around HIV prevention. These may include: STDs, partners, access to health care, relationships, homophobia, stigmatization, domestic violence, childhood sexual abuse, depression, substance use/abuse, and the list goes on. A phone call does not go far enough.

The approval to sell this test over the counter is the right path, but it is incomplete. Time will tell us if this approach was the way to go on preventing the spread of the HIV virus. I have more questions and concerns. What are your thoughts?



## OAA NEWS BRIEFS

- Prevention Mid-Year Reports due January 15th, 2013
- Ryan White Part A Final Site Visits will start in January 2013.
- The deadline for Ryan White Part A budget revisions is December 31, 2012, next week.
- The Community Collaborative Planning Council has Just finished their process for prioritization and fund allocation to Ryan White Part A Service Categories.
- Anyone interested in becoming a member of the Community Collaborative Planning Council should contact Patricia Sweetwine at [Patricia.Sweetwine@comcast.net](mailto:Patricia.Sweetwine@comcast.net) or visit [www.hivccpc.org](http://www.hivccpc.org). The next round of interviews will be held in February 2013.
- Proposals for CCPC Support Services are due January 15, 2013.  
You must have submitted a letter of intent previously.
- MAI Awards will be announced January 2013.



## Article or Announcement Submissions

The Office of AIDS Administration encourages community members to submit articles relevant to HIV/AIDS in Alameda County

- Approximately 250 words (one double spaced page)
- Include contact information
- Submit by email only
- Submit as word document or in the body of email
- Due to space constraints, not all submitted articles may be published.
- For more specific guidelines, contact Lorenzo Hinojosa at [Lorenzo.Hinojosa@acgov.org](mailto:Lorenzo.Hinojosa@acgov.org)

For a subscription to the OAA Quarterly Newsletter, please send email to [Lorenzo.Hinojosa@acgov.org](mailto:Lorenzo.Hinojosa@acgov.org)



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