The Changing Environment of the HIV/AIDS Epidemic In Ventura County

Educate, Motivate, and Mobilize against HIV/AIDS
Quality Advisory Committee Gathers Steam

by Doug Green

Once a month, a diverse group gathers in the second floor conference room at Ventura County Public Health in Oxnard. As they settle in and begin to chat over sandwiches and iced tea, these men and women in their thirties, forties and fifties resume an ongoing dialogue about improving programs and services for people living with HIV. They come from all parts of Ventura County. They are gay and straight, multi-ethnic, and highly opinionated. They are the Quality Advisory Committee of the Ventura County HIV/AIDS Coalition.

The ‘I know. Do you?’ slogan goes beyond knowing your HIV status, … "For some it’s about knowing how to protect yourself. For others, it’s about keeping up with new HIV medications and treatments. That kind of knowledge means a longer, healthier life with HIV."

In April 2004, Public Health put out a call for clients interested in serving on a new consumer advisory panel. Asked to facilitate the group, I really didn’t know what to expect. Ventura County is notorious for people not wanting “to get involved.” Something about the stress of battling all of the crabgrass that is the inevitable result of suburban sprawl. I was, at best, guardedly optimistic. Seventeen people showed for the first meeting.

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Public health educator Emperatriz Pinedo conducts educational classes to prevent HIV in a variety of settings across Ventura County. Her clients include high-risk youth in high school, the incarcerated and marginalized Spanish-speaking adults. She runs a Spanish language women’s group at the Santa Paula Resource Center and offers trainings to the Coalition to End Family Violence’s volunteer training program. She develops parent projects in Santa Paula. Ms. Pinedo also works in Ojai and Oxnard with Spanish language classes for convicted butterflies. Groups of Mixteco parents meet at Harrington School and Sheridan Way School; Santa Paula police station, Oxnard police storefront and the Conejo Creek Center. She makes presentations at alternative and regular high schools considered by the state of California to be in “hot zones” where the rates of teen pregnancy are very high. These include Oxnard High School health classes and English as second language classes, Pacifica High School, Fillmore High School, Renaissance High and correctional facilities including Todd Road jail, Ventura County Youth Authority and juvenile correctional facilities. Ms. Pinedo also provides Spanish language classes at the Center for Employment Training and New Start for Moms. She provides outreach to monolingual Spanish-speaking day workers, and service and agricultural workers. Emperatriz teaches the Spanish-speaking court mandated HIV education classes for convicted drug users and prostitutes. She is often asked to conduct presentations at Oxnard and Ventura Colleges. She has made more than 1,200 contacts this fiscal year. Emperatriz is on the California AIDS Clearing House Advisory Board that reviews Spanish language educational materials. She also works for the Mixteco Health Project, which provides train-the-trainer programs on HIV prevention.

Planned Parenthood Planned Parenthood’s The Confianza program consists of training high-risk Latina females about sexuality, sexually transmitted infections, HIV, condom use, negotiation skills and how to do outreach to their peers. Each woman goes out and does outreach to 50 peers. These are high-risk women and are recruited from different parts of the County. This is a nationally recognized program that is replicated in many communities. This fiscal year, to date, more than 150 persons have received peer education. Current recruitment for Confianza peer educators is taking place in the city of Oxnard. The target population is Spanish-speaking migrant females. Specifically, they are targeting a group in the community of El Rio.

by Craig Webb

T

en million children were orphaned by HIV/AIDS by the end of 2003. Nowhere is this epidemic more devastating to children than in sub-Saharan Africa, home to 80% of those orphaned by the disease according to the United Nations Children’s Fund. The region’s most popular AIDS orphan, Kami, will begin urging the country’s young men and women to help reduce the spread of HIV/AIDS, the most important AIDS and prevention in this year’s Youth AIDS Prevention seminar for youth (YAP). The young people travel to the San Francisco Pride celebration is used as an incentive for participation. Our education and outreach activities have been very effective at increasing awareness about HIV and AIDS in our County.

VON COUNTY RAINBOW ALLIANCE (VCA)

Street Outreach

Street outreach is conducted at Paddy’s Romantica, which is an adult bookstore frequented by Latino men who have sex with men. Ventura County Pride at the beach, 5th street beach, Foster Park, and Surfer Point. The total number of street outreach contacts this fiscal year is 427. Outreach to Latinos in Oxnard and Port Hueneme is being researched to identify high traffic times.

Cyber Outreach

Many young gay men in Ventura County meet on the Internet. Cyber outreach is conducted at Gay.com and AOL Ventura County chatrooms. When Ruben Jimenez, Program Manager of HIV Education and Prevention and HIV/AIDS educators logs into a chatroom, he identifies himself via a broadcast statement. He provides information about HIV/AIDS, safer sex and HIV testing. This allows him to provide one-on-one and broadcast education.

S-3 Program

This is a five-session education program that trains young gay men to become peer educators. In addition to STD and HIV/AIDS education, the program covers many topics: What is Outreach Work, Ethnography, Phases of Targeted Prevention, Stages of Behavior Change. Active Listening Techniques, Importance of Field Notes and Documenta, Importance of Referrals, Evaluating Local Intervention, and Responsibilities/Duties of a Peer Educator. It also provides interactive group activities where the participants can practice and perfect specific aspects of peer education. Each young man then does outreach to twenty peers.

Social Marketing/Events

Teen care flyers and posters encouraging HIV testing at Ventura County Rainbow Alliance (VCA). The Voluntary HIV screening program has been placed in the restrooms at Paddy’s and in each arcade room at Romantica. Each tear-off flyer is less than a four from an HIV awareness poster. About 25 HIV tests found out about VCCA testing services through posters and tear off flyers. Regular HIV/AIDS related articles are submitted in the “Out N About” newsletter with an MSM circulation size of about 300.

YOUTH AIDS PROGRAM (YAP) A different HIV prevention intervention is conducted each year with the gay, transgender and questioning youth group at the VCA. This year the Youth Empowerment Program (YEP), as it is called, will develop and execute a Youth AIDS Prevention seminar for youth (YAP). The yearly youth trip to the San Francisco Pride celebration is used as an incentive for participation. Our education and outreach activities have been very effective at increasing awareness about HIV and AIDS in our County.

KAMI

What has been the impact of Kami’s appearance?

Kami shared the spotlight with UNICEF Executive Director Carol Bellamy who launched a major report on global orphan estimates. Kami was able to bring levity and compassion to a topic that so often evokes the opposite. South Africa’s most popular AIDS orphan, Kami, will begin urging the country’s grown-ups to talk to children about HIV/AIDS. She will also teach adults how to communicate with kids about HIV through the “talk to me” campaign. The campaign: • promotes communication between parents, caregivers and children; • increases knowledge about HIV and AIDS, which breaks down fear, discrimination and stigma; • helps children cope with and protect themselves against HIV.

Since her debut on Sesame Street in 1998, Kami has been warmly received and widely recognized, helping to increase public discourse on issues typically constrained by prejudice and silence. What has been the impact of Kami’s appearance?

A young Takalani Sesame fan from Eszhou Township, South Africa wrote, “My friend is Nomfundo…. Her mom died a few weeks ago…. I feel sad because my friend is HIV positive. Other children, they don’t play with her and they don’t love her. My friend is still my friend and I love her. Everyday I’m watching Takalani Sesame with my friend. Moshe and Kami on Takalani Sesame they care about people who are HIV positive….”

With profound loss, and a basis for altering behaviors that perpetuate HIV and AIDS related stigma, Kami does not only go out on TV but on radio and through an outreach and training program that includes printed material and puppet shows.

In 2003, United Nations Children’s Fund (UNICEF), appointed Kami as its Champion for Children who have HIV/AIDS or have become AIDS orphans. UNICEF has predicted that by 2010 there will be approximately 20 million children in sub-Saharan Africa who have lost at least one parent to HIV/AIDS, bringing the total number of orphans in the region to 40 million (Source: United Nations Children’s Fund).

The Global Development Learning Network (GDLN) in 2004 invited Sesame Street and Kami to the World Bank’s headquarters, to bring many audiences together to discuss how innovative communications technology and creative educational methods (“edutainment”) can be used to fight diseases such as HIV/AIDS. At the 2004 International AIDS Conference in Bangkok, Thailand, Kami shared the spotlight with UNICEF Executive Director Carol Bellamy who launched a major report on global orphan estimates. Kami was able to bring levity and compassion to a topic that so often evokes the opposite.

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Understanding the context of AIDS

2004-2005 Local HIV Prevention Programs

- Increases knowledge about HIV and AIDS, which breaks down fear, discrimination and stigma; - Helps children cope with and protect themselves against HIV.
The four letters “IKDY” ask a very important question—Do you know for sure whether you have HIV disease? Being honest with yourself as you ask that question can be hard, but knowing your HIV status is very important—in fact it could save your life. If you are HIV positive, the better your health care, the better your quality of life. If you are HIV negative, the earlier you seek medical care, the lower your risk of developing HIV.
S Awareness

Just over 54 percent of students discuss HIV with their parents. Percentages vary little by race/ethnicity…60% of girls, but only 49% of boys, talk with their parents.*

*Source: Parent-Child Communication: Promoting Sexually Healthy Youth
http://www.advocatesforyouth.org/publications/factsheet/fsparchd.htm

A COMPUTER VIRUS THAT’S DEADLY—HIV

BY RUBEN JIMENEZ

We have arrived in an age where computers have pretty much become one of the most important things in our society. It’s amazing how much you can do with just the frantic tapping of your finger-tips. You can use a computer for almost anything today, from getting groceries delivered to your doorstep, to paying bills, to getting the entire Beatles album collection—all without leaving the comfort of your home (or office). With all this power and reliance on computers, it’s no wonder millions of dollars are spent each year on online security and anti-virus software. Of all the things computers have done for us, one of the more alarming things has been the invention of computer viruses. From the Y2K scare in 1999 to the invention of online banking, we have seen in the past 10 years just how dependent we have become on computers. The internet has given us power: However, with this power comes responsibility. No virus screenings are available when you meet someone through the internet like there are for attachments in your e-mail. The solution here is not to stop meeting potential partners online, but to do so responsibly. Whether it’s online or offline, we all have the responsibility to our health and the health of others to conduct outreach in a responsible manner.

Just as the internet has provided new ways to increase personal risk, it also provides new ways to conduct outreach and prevention. AIDS Project Ventura County, a program of the Ventura County Rainbow Alliance, has been spearheading the only internet-based outreach program devoted to HIV/AIDS education...

Consequences. Many individuals testing positive for HIV or other STI’s (sexually transmitted infections) have admitted to finding their partners through the internet. Just as the internet has provided new ways to increase personal risk, it also provides new ways to conduct outreach and prevention. AIDS Project Ventura County, a program of the Ventura County Rainbow Alliance, has been spearheading the only internet-based outreach program devoted to HIV/AIDS education and prevention for the past 5 years. An outreach worker “goes into” chat rooms and discusses issues surrounding the health of gay and bisexual men in Ventura County. The outreach worker’s main concern is to educate gay and bisexual men who look for sex online about HIV/AIDS and other STI’s, as well as encourage HIV and STI testing.

Unfortunately, funding to do research and outreach through the internet is only targeted to gay and bisexual men and neglects the heterosexual community of Ventura County. Studies have shown that heterosexual men and women are also logging onto the internet to find sex, increasing STI infection rates among these individuals as well. “The Internet is a flourishing sex venue, and women too are using this new vehicle to seek out sex partners” (McFarlane, 2004, Journal of Women’s Health). Seeking sex on the internet, regardless of sexual orientation, will put any person at greater risk for HIV and other STI’s, thus, creating a need to develop online HIV/STI prevention techniques not only to gay and bisexual men, but all online sex-seekers.

Even though the many individuals who find sex online are at greater risk for HIV and other STI’s, there is a positive note to all this. The internet can also allow someone who plans on having sex with a person they’ve met through the internet to discuss topics they might not feel entirely comfortable discussing in person, like HIV and other STI’s. Such outreach can help them prepare for an initial meeting, such as running down to the store and purchasing condoms, as opposed to meeting someone at a bar after three drinks, where one’s judgment can suffer, resulting in bad choices. Meeting through the internet may actually have lower risks. I have conducted many HIV tests and asked clients who come in about their sexual history. Those who meet sex partners through the internet were at least three times more likely to engage in safer sex than those who met someone while intoxicated at a bar. If that’s the case, why are people more at risk for HIV and other STI’s if they meet someone through the internet?

The fact is that the internet has allowed individuals to find more sex partners more frequently. Ask any tech guy. The more things you download onto your computer, the greater chance you are at catching a virus. The same goes with sex—the more you have it, the greater chance you are at catching a virus. From the Y2K scare in 1999 to the invention of online banking, we have seen in the past 10 years just how dependent we have become on computers. The internet has given us power: However, with this power comes responsibility. No virus screenings are available when you meet someone through the internet like there are for attachments in your e-mail. The solution here is not to stop meeting potential partners online, but to do so responsibly. Whether it’s online or offline, we all have the responsibility to our health and the health of others to conduct outreach in a responsible manner.

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Housing for People with HIV/AIDS

by Susan Attaway

It may be difficult for some people to understand that contracting HIV and/or AIDS has a massive impact on one’s daily life, as well as health status. The basic ability to maintain housing arrangements is a major problem for people whose health becomes impaired. In 2004, Ventura County Public Health contracted with AIDS Housing of Washington, a Seattle-based technical assistance provider, to conduct an HIV/AIDS housing needs assessment and plan. A Steering Committee made up of local providers and community stakeholders oversaw the process, identified issues, and developed recommendations.

The HIV/AIDS housing needs assessment included background research, a survey of people living with HIV/AIDS, focus groups of people living with HIV/AIDS, and interviews of key community stakeholders. Twenty-two people living with HIV/AIDS participated in focus groups and 80 completed the survey. Results show that many people living with HIV/AIDS:

- Become unable to afford housing in Ventura County
- Cope with overcrowded housing that is available, and cannot pay for other necessities such as medications and declining credit status.
- Face additional barriers to housing because of a lack of documentation, poor rental histories, discrimination, and other disabilities that limit housing availability such as mental illness or substance use.
- Prefer housing assistance that enables them to live independently, integrated into the community, without fear of harassment, in safe, decent housing supported by HIV/AIDS service providers.

Forty-eight community stakeholders, including providers of housing and services to people living with HIV/AIDS and other special needs populations, identified the following issues impacting housing availability for people living with HIV/AIDS:

- Low incomes of people living with HIV/AIDS (due to health problems and/or other disabilities, such as mental illness or substance use).
- Lack of housing assistance options, such as Section 8, due to long waiting lists and federal funding restrictions that limit access to programs by people with criminal histories or those who lack documentation.
- Limited information about available housing programs or affordable apartments and limited capacity of HIV/AIDS service providers to assist in housing searches and resolve discrimination issues.
- Inconsistent collaboration between HIV/AIDS and other service systems and a need to continue to build relationships among service systems.
- Lack of advocacy by the HIV/AIDS community for local housing at forums regarding the housing needs of people living with HIV/AIDS.

To address the issues identified during the needs assessment process, the Steering Committee agreed upon recommendations grouped into three categories:

1. Coordinate Service Provider. This includes developing a joint training curriculum for HIV/AIDS case managers, ensuring that HIV case managers take part in interdisciplinary case-conferencing and that HIV/AIDS agency staff take part in services networking meetings.
2. Increase Rental Assistance. This includes advocating that housing authorities set aside Section 8 vouchers for people with HIV/AIDS (as is currently done by the City of Ventura Housing Authority), adding people living with HIV/AIDS as a local preference, and/or allocating project-based rental assistance subsidies to people living with HIV/AIDS in future housing development projects. Finally, advocate to the Ventura County CEO Office to utilize HOME funds for a tenant-based rental assistance program for people living with HIV/AIDS.
3. Housing Development. Approach local Community Housing Development Organizations to conduct an HIV/AIDS housing needs assessment and plan. A Steering Committee made up of local providers and community stakeholders oversaw the process, identified issues, and developed recommendations.

Ventura County has roughly 2.2% of the total California population, but only .0067% of AIDS cases (958 out of 135,060), and a similar ratio of AIDS deaths. We have had very few pediatric AIDS cases or deaths.

Cumulative Data for HIV/AIDS

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<tr>
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</thead>
<tbody>
<tr>
<td>Adult Cases</td>
<td>286</td>
<td>958</td>
<td>135,060</td>
<td>920,566</td>
</tr>
<tr>
<td>Adult Deaths</td>
<td>3</td>
<td>538</td>
<td>78,637</td>
<td>518,568</td>
</tr>
<tr>
<td>Pediatric Cases</td>
<td>8</td>
<td>3</td>
<td>647</td>
<td>9,419</td>
</tr>
<tr>
<td>Pediatric Deaths</td>
<td>0</td>
<td>2</td>
<td>387</td>
<td>5,492</td>
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HIV/AIDS: General Trends and Modes of Transmission

by Diana Grill, Lynn Bartosh, Barbara Spraktes-Wilkins and Doug Green

Cumulative Trends

Ventura County has roughly 2.2% of the total California population, but only .0067% of AIDS cases (958 out of 135,060), and a similar ratio of AIDS deaths. We have had very few pediatric AIDS cases or deaths.

Progress with AIDS

The rate of AIDS cases and AIDS deaths in Ventura County has decreased in the last decade. This suggests that effective medical treatments from the 1990’s have made a difference in lowering the number of AIDS cases and deaths. During this same time period, the death to case ratio (Number of AIDS deaths/Number of AIDS cases) has also decreased. We have had more success at delaying AIDS deaths than preventing AIDS cases from developing. Our goal is to continue to prevent AIDS and ultimately HIV infection from occurring. By achieving this we can continue to improve the health and well-being of the community.

HIV Reporting Trends

HIV reporting in California has been mandated since July 1, 2002. From 2002 to 2004, 294 HIV cases were reported in Ventura County. HIV infection trends will be made clearer over the next 3 to 5 years as the backlog of HIV cases are reported.

Late Identification of HIV

Although the rate of AIDS reporting has decreased, there is a worrisome trend in the segment of this population being co-diagnosed with HIV and AIDS.


These individuals are seeing the doctor and being diagnosed with AIDS with no previous diagnosis of HIV. The problem with co-diagnosis is that the person is walking around with an HIV infection for 10 years on average without knowing it. During these 10 years their immune system is weakening and they are infecting their intimate contacts with the AIDS virus. If they knew they had HIV infection both of these things could be prevented. The percentage of persons co-diagnosed with HIV and AIDS peaked in 2004 at 89%. This is up from the previous high in 1999 of 71% and much increased from the 41% reported in 1995. This trend may reflect demographic changes within the HIV/AIDS population. It may suggest the need for adopting education and outreach to meet the changing needs of people infected with HIV. It is important to keep tracking this population as their lack of knowledge of their HIV status prior to AIDS diagnosis portrays a real risk of ability to transmit HIV over a long period of time.

Total Number of AIDS Cases Reported

<table>
<thead>
<tr>
<th>Report Year</th>
<th>HIV/AIDS Cases</th>
<th>HIV/AIDS Co-diagnosis</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>41</td>
<td>12</td>
<td>54%</td>
</tr>
<tr>
<td>2003</td>
<td>30</td>
<td>21</td>
<td>70%</td>
</tr>
<tr>
<td>2004</td>
<td>35</td>
<td>21</td>
<td>89%</td>
</tr>
</tbody>
</table>
housing for people with HIV/AIDS

**HIV/AIDS Services**

- Public Health every year, sexually transmitted illness comprises approximately half.
- Of the roughly 3,100 Confidential Morbidity Reports received by Ventura County, you have a sexually transmitted infection such as chlamydia, gonorrhea, or syphilis.

**2003/2004 age and sex for reported HIV cases**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;19 yrs</td>
<td>16</td>
<td>9%</td>
</tr>
<tr>
<td>20-29 yrs</td>
<td>35</td>
<td>20%</td>
</tr>
<tr>
<td>30-39 yrs</td>
<td>62</td>
<td>35%</td>
</tr>
<tr>
<td>40-49 yrs</td>
<td>51</td>
<td>28%</td>
</tr>
<tr>
<td>&gt;49 yrs</td>
<td>15</td>
<td>8%</td>
</tr>
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</table>

Some people living with HIV/AIDS, utilizing HOPWA funding for pre-development expenses for projects that will result in dedicated housing units in a mixed-population housing development. Apply for Section 81 funding and State of California HOPWA funding to develop housing units for people living with HIV/AIDS, utilizing HOPWA funding for pre-development costs. Advocate in coordination with existing housing advocacy groups for inclusionary zoning (such as the program in place in Oxnard) in each jurisdiction of the county as a means to increase housing for people with low incomes and/or special needs. Approach faith-based organizations to develop land owned by churches.

Link these findings with other local housing planning processes. Advocate that local jurisdictions include HIV/AIDS housing plan findings in local “housing elements” of their community plans.

Ensure that the need for HOPWA funding for pre-development expenses is noted. Advocate for the inclusion of the findings of this HIV/AIDS housing needs assessment in their administrative plans. Ensure HIV/AIDS agency staff and/or consumer participation in the Health Care for the Homeless Advisory Council and the Ventura County Homeless and Housing Coalition.

Provide Public Education about Fair Housing and HIV/AIDS. Assure that issues of discrimination against people living with HIV/AIDS and education about the disease are part of local Fair Housing training.

These are all actions that could be implemented in Ventura County to improve the ability of people living with HIV/AIDS to continue to have productive lives.

**Susceptible Populations**

Everyone should take measures to protect themselves from HIV and AIDS. Statistics from 2003 and 2004 show cases of HIV occurring in all age groups. They also show that HIV transmission occurred among men having sex with men, heterosexuals and intravenous drug users (IDU). Although the majority of the reported HIV cases for 2003 and 2004 were male, 19% of these cases were female, which is a growing trend.

Some of our neighbors.

Going further afield than Canada, Craig Webb reports that a restaurateur in Thailand is also making an effort to reduce the spread of HIV. This restaurant is called Cabbages and Condoms. Cabbages are a common food in north-east Thailand. In fact they are a staple part of the diet. They are grown in all villages and everybody uses them. Now, if condoms could be as common and used as often, then some of the population and health problems facing Thailand could be overcome!

Located by local hero Mechai Viravaidya, the former Thai Minister of Health who founded the Population & Community Development Association (PDA), a non-profit organization in 1974, the restaurant helps fund population control, AIDS awareness, and a host of rural development programs. Viravaidya wants to make condoms as common – and as accepted – as cabbages – hence the restaurant’s name. He has passed them out to surprised bankers and CEOs at sober lunch and business meetings. The staff is surprised that such a concept could be overcome.

The store is in a set of two-story restaurant has air-conditioned tables and chairs. The store is in a set of two-story restaurant has air-conditioned tables and chairs. The fact that this is a condom store shows that attitudes are very different and open among at least the staff.

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In the adjoining gift shop, bouquets of condoms look disconcertingly like bunches of Black-eyed Susans. They stand in vases next to silver bracelets, and other handicrafts made by villagers. Piles of T-shirts are emblazoned with the message, “Cabbages and Condoms, Our food is guaranteed not to cause pregnancy.” All profits from the store are returned to the villages, and it provides a convenient outlet for many of the traditional and more modern handcrafts produced in Northeast Thailand. Proceeds from the sale of these items and the restaurant’s meals are given to the PDA.

Cabbages and Condoms has been consistently rated one of the best restaurants in Bangkok. So far, however, there’s no rating – good or bad – for the vases of condoms next door.
Today the changing HIV/AIDS environment includes a reorganization of services and political philosophy about prevention. Infected, affected and at-risk people continue to be secondary to the spotlight on "social, moral and ethical" debates. Young people fall into unreachable “Black Holes” depending on where in the community their family lives. The reality is that HIV and AIDS are still a part of life for everyone, but through our silence, we deny people, especially young people, the knowledge they may need to save their own lives. The message “Just Say No!” is a death sentence. Silence puts our kids at risk.

**SPEAKING TRUTH TO SILENCE**

A variety of people have gathered together to actively search out and spread prevention information. This group is working to combine all available resources to help youth cope with the fallout from unsafe sex. I want to thank these people for taking the risks involved with unpopular activism that can save young lives. I thank family members who search outside their comfort zones to learn more about HIV and safe sex, then honestly discuss these issues with their kids. I thank any child who “forgets his place” and asks his mom and dad how people get HIV. I thank grandmas and grandpas who wonder if senior sex has any risks, and take action to stay healthy.

I thank churches, temples and synagogues that request and disseminate safe sex brochures. I thank congregations that plan open forums to discuss the struggle between religious beliefs, sex and health. I thank the person who comes early to set up the coffee and then stays to clean up afterwards. These seemingly mundane activities save lives.

I thank colleges that post safe sex information in dormitories when young people arrive on campus for the new school year, and counselors who are willing to discuss sexual safety with students.

I thank health supply store owners, hospitals and medical staffs who put up posters and make handouts available.

I thank the store clerk who takes the extra time at the pregnancy kit shelf or condom display to answer questions without judgment.

I thank the pharmacist who takes his or her role as a medical provider seriously, honors all prescriptions and does not single out birth control for a debate on personal beliefs.

I honor the medical professionals who leave their personal and/or religious beliefs at home and carry out the full range of practice that is a part of their professions.

I thank people all over the country who risk their jobs or at least their good standing to share current information on safe personal contact.

I honor the co-workers who are open enough to listen and pass the information along to family, friends and their children.

I offer a special thank you to experts who risk being quoted and misquoted in the press to keep sexual health a vital topic in public discourse.

I thank those in the media, the movie makers, the talk show hosts, the screenwriters and internet site designers who show that responsible behavior is the true sign of adulthood, rather than glamorizing risky physical behaviors.

I thank each person who raises funds, volunteers time, listens, teaches and is simply a part of the ongoing effort to promote safer sex and HIV prevention.

Reducing the spread of HIV is being quietly achieved by the acts of thousands of people who will never be honored publicly, but who play a role just as vital as those working for a scientific cure.

Those who have done this work have my deepest gratitude, and the gratitude of everyone as those working for a scientific cure.

This must stop. Truly moral policy stance. People, teenagers included, engage in tremendous amounts of sexual activity of all kinds. Our teens and young adults are much more sexually active than many of us want to admit. “Just say no!” is a tragically unsuccessful policy stance. People in their teens and twenties are weakly ill-equipped, both by virtue of the faulty education we provide them and by peer pressure, to protect themselves from a fatal, easily transmissible disease. This is not the school system’s fault. It is the parents’ fault.

Parent Teacher Organizations seem to be the stop or go signal for almost all sex-related education in our schools. And it is usually a tiny minority of very vocal parents who speak out and prevent the schools from educating and protecting our children.

This must stop. Truly moral policy and practice would protect our children, leave them open to harm caused by ignorance.

Tom Wolfe’s fictional character, Charlotte, a well-read and mature young woman, should be well-equipped to defend herself against the ravages of peer pressure and unprotected sex. It is up to us to give our real children the knowledge and wisdom to equip and protect themselves.

**STAYING AHEAD OF DENIAL**

by Marggie Valentine, MFT

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**SUGGESTED RECOMMENDATION TO THE VENTURA COUNTY BOARD OF SUPERVISORS**

1. Support federal and state funding for HIV programs
2. Continue to support Syringe Replacement Program and its expansion throughout the county.
3. As opportunities arise, promote recognition of the need for affordable housing for those with HIV/AIDS
4. Continue to support prevention, education and outreach for high-risk groups
5. Encourage and support HIV education for law enforcement and emergency services personnel
6. Encourage agency collaboration in serving those with dual diagnoses
7. Continued timely provision of medical care to persons with HIV in the jail system
8. Continue to support substance abuse programs for people at risk for HIV
9. Continue to support HIV education in Ventura County schools
10. Encourage the involvement of people infected with and affected by HIV in the development and improvement of prevention and care services