

Dr. David Metzger Returns from Trip to Rio de Janeiro, Brazil

Below: Dr. David Metzger in Brazil
Bottom Right: Dr. Anna Azevedos

Dr. David Metzger returned to Philadelphia on November 14 from a seven day trip to Rio de Janeiro, Brazil. Dr. Metzger went to Brazil to provide technical assistance to a team of researchers from the Central Rio Treatment and Rehabilitation Center. This center provides treatment for over 1000 alcohol and cocaine abusing individuals. Heroin abuse is very rare in Brazil and most drugs are smoked or snorted. The research is designed to assess HIV risk behaviors, the prevalence of HIV, HCV, and HBV infections among the patient population. The procedures will be modeled after those modeled and tested by the RAP Project over the previous twelve years. The team in Rio is led by Dr. Anna Azevedos, who spent three months in Philadelphia while completing her Humphry Fellowship Program in 1998. Dr. Azevedos visited the HIV Prevention Research Division and attended several Community Advisory Board meetings while in Philadelphia. Dr. Azevedos relays her best wishes to the CAB.

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The unique feature of the Brazilian study will be the use of an Audio CASI version of the Risk Assessment Battery (RAB) questionnaire. This questionnaire was developed by the team in Philadelphia and has been a component of every research project since 1991. Dr. Metzger and the RAP staff will be working with the team of researchers in Rio over the next twelve months. The Project RAP Community Advisory Board will be given periodic updates on the findings of this study.

While in Brazil, Dr. Metzger gave a presentation on the work the Division does in Philadelphia to the entire staff of Central Rio Treatment Center. The Brazilian researchers were particularly interested in our findings that show a strong relationship between participation in drug treatment and lower rates of HIV infection. There was also interest in the disproportionate impact of HIV/AIDS on African American and Latino populations in Philadelphia and the United States. In Brazilian culture, race is not a relevant variable and most people do not clearly identify themselves as belonging to one racial group. In fact, people are not even asked to report their race on the research questionnaire.

Dr. Metzger demonstrated the Audio CASI designed by Danielle Fiore of the HIV Prevention Research Division. The audio CASI will be used for all the Risk Assessment interviews in the study. Past findings here and in other countries suggest that people feel more comfortable reporting risk behavior by responding to a computer rather than to a live interviewer. This will be one of the first tests of this finding in Brazil.

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University of Pennsylvania
Project RAP
Raising Awareness About
Public Health



Thoughts on September 11 by Bobbi O'Donnell

September 11, 2001. This day changed the lives of millions of Americans in the span of one short hour. Thousands died only because they made the mistake of going to work that day, those that worked in the World Trade Center and then the police and firefighters called to their rescue.

In the face of tragedy, I was amazed and quite pleased to see the outpouring of generosity and support that the American people showed following that horrible day.

However, it is sad to say that other tragedies have been placed on the back burner or forgotten altogether. Every day thousands of families face personal tragedy by losing a loved one to HIV/AIDS. This tragedy has been going on for years. Sure, people have donated time and money to AIDS research, but have you seen the local news or read the papers lately? Even the AIDS Walk was given a 30 second spot on the news and a small column in the local papers.

Granted, the War on Terrorism is a major concern to all Americans, but what happened to the War on AIDS? Is it just because all those who have died of HIV/AIDS did not die all at once on a single day or the fact that many believe that now that there are medications to prolong the life of HIV/AIDS patients it is no longer a priority? How many more people need to die for us to wake up and realize that we are all still at risk? The HIV/AIDS virus could be spread more easily than anthrax or smallpox yet many people fear these two diseases more than they do AIDS.

The government is requesting that Congress allocate funds to stockpile antibiotics to safeguard Americans against these diseases, yet how can they justify billions of dollars for medication that *may* be used while thousands die because our government states that there are no funds available for AIDS research for medications that *will* be used.

Biological warfare is a real and possible hazard. I have fears just as much as the next person, but in reality we have been fighting this war since the first case of HIV was reported years ago. Wake up America and resume the fight. AIDS is just as deadly as smallpox and anthrax and we need to remember that those that have died of AIDS are heroes to their friends and families. I'm proud to be an American and I'm willing to fight for all the freedoms that come with being an American including the right to live a long and healthy life in a country that remembers all of her heroes no matter what "war" they died in. Are you willing to resume the fight?

Accept Me by Cecelia Laurenzi

I am I
Do not change me
Condemn me
Nor put me down
Accept me for what I am
No. . . You need not agree with me
But accept me
For I am total in being
I have my faults
I have my guilts
But that is who I am
Perfect I will never be
Allow me to be uninhibited
Do not pressure me into feeling
what I do not feel
Accept me when I am flying high
As I have accepted you when
You were flying high
Don't put me down. . . nor make
me feel unhappy about me
I am I
And I like being what I am
Me!!!

*"What happened
to the War on
AIDS?"*

Get Well by Valeria Simpson

I miss you a lot when you are ill
I wish you could get well with just a pill
Whatever the sickness is and whatever
the doctors do
I know that prayer and God will
see you through
I send my love and I want to tell
I'll keep praying that you get well

HIV Prevention Research Division Holds Thanksgiving Celebration with Psychopharmacology Division at New 3535 Market Street Offices

On Tuesday, November 20th the HIV Prevention Research Division held a Thanksgiving luncheon in conjunction with the Psychopharmacology Division. Staff from the two divisions, along with study participants and members of the Project RAP Community Advisory Board enjoyed a feast that included turkey, ham, mashed potatoes, tuna macaroni salad, potato salad, bean salad, and corn casserole. There was a table full of delicious desserts, the most spectacular of which was a fantastic banana cream pie supplied by Steve Hutchins.



BEBASHI Celebrates 16 Years of Educating African Americans About HIV

BEBASHI stands for Blacks Educating Blacks About Sexual Health Issues--and over the last 16 years BEBASHI has done an excellent job of fulfilling that mission. Founded in 1985, BEBASHI is now the largest HIV/AIDS service organization in Philadelphia providing services to the African American community. BEBASHI provides educational ser-

prisoners with services. BEBASHI also offers counseling and advocacy for housing issues such as housing discrimination and landlord/tenant problems. The Care Outreach project seeks out HIV positive individuals who are not receiving primary care or other HIV services and attempts to link them to necessary resources.

In keeping with its history of innovation, BEBASHI runs the New Covenant Program, in collaboration with the Black Clergy of Philadelphia. This program works to education black churches about HIV and thereby enlist this vital part of the African American community in the fight against HIV. BEBASHI also offers case management to HIV positive mothers to ensure they get the medical care they need, as well as the social and emotional support they need to raise their children.

BEBASHI also runs a variety of support groups including a Co-Ed Support Group on Tuesdays, a Women and Children support group on Tuesdays, and a Re-entry support group on Wednesdays and Thursdays. The group also does a weekly radio show on WDAS 1480 AM every second Tuesday at 6:00 PM.

BEBASHI is always in need of support in carrying out its important work. Financial support is always appreciated, and there is always a need for supplies for the office and for the organization's clients. Items such as office supplies,

toiletries, clothing, kitchen items, and school supplies are requested. Donations can be sent to the office on Spring Garden Street.

For more information on BEBASHI call (215) 769-3561 or visit the BEBASHI website at: <http://www.bebashi.org>

Source: BEBASHI website



The BEBASHI Team at the 1995 AIDS Walk

vices, HIV testing and counseling, and case management services at its offices at 1217 Spring Garden Street.

When BEBASHI was founded there was no HIV service organization specifically targeting the African American community, despite the alarming rise in HIV infections in the community. BEBASHI started its program where it was most needed--in the streets. Doing educational outreach to youth in playgrounds, sex workers on the streets, substance abusers in shooting galleries, and anywhere else there was a need, BEBASHI began getting the word out about HIV risks.

Today, while still maintaining a street outreach component, BEBASHI offers more structured programs and services. Besides education, HIV case management, and HIV testing, BEBASHI offers others services aimed at the needs of the community it serves. The organization runs a prison discharge planning service called Transition to Hope which links newly discharged, HIV positive

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Spotlight on Garrie Fields: RAP Staff

Garrie Fields has worked for the HIV Prevention Research Division for eleven years. Mr. Fields started working as a Veterans Administration/Penn employee at Building 7 as a specimen collection counselor. He took specimens from methadone participants and gave computer reports to counselors twice a week. He did this for about two years and then became a regular Penn employee working at the RAP office at 5th and Girard. Mr. Fields' first duties at the RAP Office included signing checks, checking Risk Assessment Batteries (RABs), working the front desk, and doing computer data entry.

In 1998, Mr. Fields moved to Building 3 to work on the Division's needle exchange study. For that study the Division purchased its mobile assessment unit to be able to recruit participants from West Philadelphia and areas not served by the needle exchange. Mr. Fields drove the mobile assessment unit to targeted areas where the staff would recruit participants, conduct interviews, and do HIV testing and counseling. The mobile assessment unit was also used for follow-up to locate participants who had missed appointments. This new mode of recruitment and interviewing proved very successful in reaching hard to find populations.

Today Mr. Fields is working on the LT/LI and Substance P studies. For the LT/LI study, Mr. Fields does follow-up and outreach as the group attempts to re-recruit the original 600 participants from the RAP cohort first recruited in 1989 and 1992. For the Substance P study, which has ended recruitment, Mr. Fields and fellow staff member Janice Myers do follow-up to ensure that this study, like the Division's other studies, has a high retention rate.

When not working on the mobile assessment unit, Mr. Fields works mostly out of the 5th and Girard RAP office. He assists at the front desk, handles participant payment distribution, and keeps the office checkbook and petty cash accounts balanced.

In his free time Mr. Fields is an avid sports fan, being especially fond of basketball and football. He plays basketball with his friends on local courts and watches games at home on his large screen TV. The Philadelphia 76'ers are of course his favorite basketball team.

(continued from last page)

Last month, she introduced a similar bill, the "Improved Child Abuse Investigations Amendment Act of 2001,"

but that bill required only that the city initiate an investigation into whether child abuse or neglect had occurred when an infant was born drug-exposed, not the "presumption" that this is the case that appears in her later bill.

There is a better way, according to Paltrow. In a letter to the City Council, she wrote, "Rather than implement either of the proposed bills, the Council should instead adopt measures that will increase access to appropriate, confidential drug treatment and other health services for pregnant and parenting women. The Council should improve the ability of child welfare workers and mandated reporters to identify and respond to real evidence of abuse or neglect rather than to use any single marker as a substitute for such an evaluation."

Paltrow also provided alternatives to a measure aimed more at punishing drug-using mothers than protecting children. The Council would be better served to:

- Ensure that drug treatment, prenatal care, and other reproductive and mental health services are widely available and fully accessible to pregnant and parenting women.
 - Create and fund treatment programs that follow the recommendations of experts on women's treatment.
 - Provide meaningful training to child welfare workers on issues of drug and alcohol use and treatment for drug addiction as well as issues of post traumatic stress disorder that are highly associated with drug and alcohol problems.
 - Sponsor research to determine the efficacy of similar statutes in other states.
- Significantly, it appears that no state that has defined drug use during pregnancy as civil child neglect has engaged in any systematic study to determine the cost, effects or results of the laws. South Carolina's dramatic increase in infant mortality rates since implementation of such laws is one strong indication of the need for such investigation.
- Enforce anti-discrimination laws against existing programs that deny access to pregnant women.
 - Increase training for child welfare workers and reduce their caseloads so that they can identify and respond appropriately to all cases where a parent's behavior in fact indicates an inability to parent.



Garrie Fields

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In The News

*The following story appeared in issue 212 of The Week
Online with DRCNet*

1. Washington, DC: Any Drug-Exposed Newborn Would Be Seized Under Proposed Local Legislation

Faced with chronic crisis in the city's child protection system and blistered by a series of Washington Post articles detailing the deaths of 40 children under the system's care since 1993, the Washington, DC, City Council has responded by drawing a bead on pregnant women who use drugs. A bill introduced by Councilmember Sandy Allen (D-Ward 8), the Infant Protection Act of 2001 would allow the DC Child and Family Services Agency to take custody of any newborn infant who tests positive for any non-prescribed controlled substance at birth, is deemed by a physician to be suffering an illness related to prenatal drug use or to have fetal alcohol syndrome, or whose mother tests positive for any controlled substance at childbirth.

Under the bill, children born exposed to drugs or whose mothers had drugs in their system are "presumed" to be abused or neglected. DC Child and Family Services would be required to "begin immediate proceedings to remove the child from the home of the mother" and its social workers would then begin abuse and neglect investigations. Currently, DC has no mandatory reporting requirement, let alone automatic removal of children. Eighteen states mandate some sort of drug-exposed newborn reporting, but the Allen bill would make the District's law among the nation's toughest.

"This is a nightmare," said Lynn Paltrow of National Advocates for Pregnant Women a nonprofit group that works to protect the rights of pregnant and parenting women and which opposes the bill. "If your real goal is to protect children," she told DRCNet, "we could suggest 20 or 30 things for DC child welfare, but automatically removing a child based on nothing more than an unconfirmed positive drug test is not among them."

But Councilmember Allen, who represents the largely poor and black Southeast and Anacostia neighborhoods, said she was "outraged" by the city's woeful child welfare apparatus and pointed to the Post's expose as "one of the reasons we're moving in this direction. My concern is this," she told the Council, "without this legislation what will the District of Columbia do?"

There is reason for concern. The District's Child and Family Services Department has just emerged from six

years of oversight by a federal judge, and, as the Post reported, 40 children died in seven years after it failed to take preventative action. Eleven of those cases involved drug-exposed infants who were sent home although hospital or social workers knew of parental drug use.

"The District's child welfare system is fundamentally flawed and dysfunctional at every level," responded Paltrow. "What sort of response is it to inevitably and pointlessly put hundreds more children into that system? The system is out of control; the system of supervising care is out of control. This sort of response is superficial and unhelpful," she said. "It is politically expedient, yet fails to address the underlying failures."

Washington suffers from a current shortage of foster care for children taken from their parents, and some city workers wonder where all those drug-exposed babies would go. "It's very complex," one social worker demanding anonymity told the Post. "People should think long and hard about finding more foster homes where we can raise these babies. Right now, we don't have any places to put them."

Allen also ran into opposition from the mayor's office. Deputy Mayor Carolyn Graham told the Council that rather than remove infants from their mothers, the city should try to provide mothers with access to drug treatment and monitor the case for the child's well-being. Graham estimated the number of drug-exposed babies born in the District each year at 1,500, about 20% of all births in the city.

Even the city's Child Fatality Review Committee, which monitors all deaths of children in the city and has called 47 times for improvements in the city's handling of child protection, has deep reservation's about Allen's measure. "It goes too far," committee member Elizabeth Siegel told the Council.

National Advocates for Pregnant Women's Wyndi Anderson also testified before the council, telling the members, "I cannot, in good faith, stand by and not speak out when policies will serve only to target and punish the poor addict and the addict of color, offering no real solutions."

"Who gets tested for drugs at childbirth?" asked Paltrow. "Eighteen states now mandate some reporting of positive drug tests for newborns or mothers, but not one mandates testing of every pregnant woman or father. Who gets tested is at the discretion of the hospital where the woman goes for prenatal care and services, but the studies have shown that African-American and poor patients are ten times as likely to be tested and reported than their white counterparts," she said. "Women who can afford to go to suburban middle class hospitals are not tested at all."

It will be a tough fight to defeat the bill, said Paltrow, but "perhaps unlike some locales, there are people here watching closely. People in DC understand that their child welfare system is in such disarray that it couldn't handle the influx of children that would result."

Allen remains unswayed and in fact appears to be hardening her position. *(continued on previous page)*

Quote of the Month.

"Peace cannot be achieved through violence, it can only be attained through understanding."

Ralph Waldo Emerson



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