

The WIHS Woman



The Connie Wofsy Women’s HIV Study

Report on the WIHS Executive Committee Meeting New York, New York, October 20 - 23

By Sheila Bryant, NCAB Chairwoman

Hello ladies, this is your NCAB representative Sheila Bryant reporting on our Executive Committee (EC) Meeting in New York. Getting right to the point, the NCAB meeting began on Sunday at 9:15am and all WIHS sites were represented.



Additionally, Dr. Minkoff, Dr. Sharp, and Huberto Calvalho were also at our meeting. We went over the details of the new grant with Dr. Sharp. He explained that the WIHS would be getting about the same amount of money as last year. We were very happy to hear that great news! Dr. Minkoff went over last month’s concept sheets along with the new ones for the month of October. He gave a lot of information & answered our questions about HPV, menopause, immune response, HAART

& other things. It was wonderful having guests at our NCAB meeting.

After the presentation, all sites gave their local CAB reports. It appeared that most of the sites are working on their upcoming holiday parties and preparing for future workshops.

As of January 2008, I will no longer be the chairperson of the NCAB. Each year the position for chairperson is rotated among the NCAB representatives. The new chairwoman will be Nilsa from the Bronx WIHS site. Our new co-chairs will be Cynthia from the Brooklyn WIHS site and a to-be-determined representative from the Chicago WIHS site.

The following morning, I gave the NCAB report at the General EC Session. My report mainly consisted of what we discussed at our NCAB meeting. For the remainder of the morning we did the Project Review and Strategic Planning. During this time we discussed relevant new sciences that might impact the WIHS IV agenda. Of all the projects that we

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reviewed, I was particularly interested in the *HPV/Cervical Neoplasia and Other Tumors*, presented by Dr. Strickler and our very own Nancy Hessol. This project was very interesting because I have a 16 yr. old granddaughter that was given the HPV vaccine because her school told her that she had to get it in order for her to attend school.

After our break there was another project on *Liver/Hepatitis Core*, presented by Dr. Peters. This discussion also hit home with me because I am living with the Hepatitis-C Virus. Dr. Peters reported some very interesting information. She explained how patients living with Hepatitis - C often have unusual immune reactions; as a result, false positive test for syphilis can be seen in patients. Because of these interesting results, we propose to use the WIHS cohort to readdress this issue.

As always, the EC meeting in New York was a learning experience for me. Even though this trip was a lot of work, I have come to appreciate it, because it deals with issues concerning our lives. So ladies lets learn to live and not jive to die because we are queens. Lastly, I would personally like to thank Nancy Hessol, Dr. Ruth Greenblatt, Dr. Phyllis Tien, Heneliaka "ladybug" Jones, and all the women of the WIHS. Happy Holidays and Peace to all in the year to come, God Bless.

Sheila Bryant
San Francisco NCAB representative

Impressions on the United States Conference on AIDS (USCA) Palm Springs, CA November 7 – 10, 2007

By Heneliaka L. Jones

Einstein defined insanity as doing something over and over and expecting a different result. This concept was first introduced to me at the Opening Plenary Breakfast at the United States Conference on AIDS (USCA). As I



mentally processed that definition, I started to evaluate the progress of HIV/AIDS over the past couple of decades. Even with new advancements, the numbers of new HIV cases are steadily increasing. As a society, what are we doing to get a different result or have we just become complacent with the disease as being a part of our world? With all the information the conference had to offer, I took on the next 3-days with a goal in mind, I wanted to find out, "Are we insane?"

For those of you who are unfamiliar with the USCA, it is reported to be the largest HIV/AIDS conference in the United States. Individuals from all over the world meet at this gathering to build networks, gather and exchange cutting edge information, and address the challenges in HIV/AIDS care. The conference begins with a plenary breakfast that recognizes a specific group or topic. This year, the focus was on the Native American, Native Alaskan, and Native Hawaiian communities.

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After the official opening, the conference takes off and for the next 3–4 days, participants fill their days with attending institutes, workshops, roundtable discussions, luncheons, and special events.

The first day of the conference offered a variety of Institutes to attend, so I looked through my conference agenda to find out which ones peaked my interest the most. Unlike workshops, Institutes are full day sessions that offer an in-depth exploration of current HIV/AIDS related issues. I was so overwhelmed by all of the Institutes that were offered that I was unable to decide on which one to attend, so I cheated and went to two. For the morning session I attended, *“What’s First on Your List? HIV Prevention and Treatment Research Priorities and the Community”*. In this Institute I learned how Community Advisory Boards (CAB) determine research priorities and then how those priorities develop into clinical trials. To demonstrate this concept, we gathered into small groups, were given a budget of \$100.00 and a list of research priorities. Each group had to choose up to 3-research interests and determine how much funding would be allocated towards their interest. If the group only had one interest then there was less of a challenge, because the total amount would be given towards their research. However if the group had more than one interest, then they had to prioritize them and then determine how much money would go towards each interest. Needless to say this was a very difficult task to complete. Each group had more than one interest and not enough funding to fully cover all of its expenses, as is the case in the real world.

After lunch, I met up with Sheila, our NCAB representative and spent the afternoon participating in a different Institute: *“Making Parents Matter: How community-based organizations can*

help parents become sexual educators to their teen girls”. In this Institute, we learned how Community Based Organizations (CBOs) play an active role in develop-



ing parent-child communication dealing with teen sexuality. Similar to the other institute I attended, small group discussions and interactive activities helped to facilitate the topic. At the end of the Institute, participants shared ideas that proved effective in their communities and generated new ideas to take back to their communities. I must admit, that my first day had me anticipating what the next couple of days had to offer. That evening, Sheila and I met up with another San Francisco CAB member and we enjoyed an evening with the famed jazz vocalist, Nancy Wilson.

On the second day, I spent the morning going to a seminar entitled, *“Special Issues in HIV Care”*. This was a 5-part comprehensive seminar designed to cover multiple issues in HIV care by exploring specific healthcare needs of several groups



- Women in HIV
- The effects of Methamphetamines
- Incarcerated people living with HIV
- HIV and Hepatitis C co-infections
- Advancements in new HAART medications.

Presenters gave a detailed synopsis by outlining potential barriers, challenges, and needs that are associated with HIV-infected women, inmates, and those co-infected with Hepatitis C. After each presentation, I began to realize

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how much I didn't know. I left the seminar with a better understanding of the specific issues that are surrounding these groups and how their needs can be accommodated.

After the seminar, I went to the plenary luncheon. The topic was on, "*The HIV/AIDS crisis in the African American Community*". Several speakers addressed the disproportionate impact that HIV/AIDS continues to have among people of African descent. They spoke about a number of issues including women, addiction, research, community, black gay men, and activism. In short, this luncheon demonstrated the urgent needs of the African-American communities nationwide. As an African American woman, I was deeply affected by what was said and I had mixed emotions; I felt both overwhelmed and electrified.

After the luncheon, I joined a round-table discussion with parents and youth living with HIV. This roundtable discussion was a follow-up to the Institute I attended the previous day on parents, teens, and sexuality. I enjoyed the format of the round-table discussion since it gave me a chance to share my views and knowledge with others. But more importantly, I was able to receive first-hand information from teens living with the virus. After the round-table discussion, I met up with Sheila and she introduced me to some of the other NCAB representatives. That evening, we enjoyed a reception hosted by various Mayors in the Southern California region.



On my last day of the conference, Sheila and I spent the morning exploring the exhibit hall and gathering little trinkets and pamphlets of-

ferred by the National Minority AIDS Committee (NMAC) sponsors. Much to our surprise we met Sheryl Lee Ralph, NMAC Celebrity Spokesperson (some of you may know her from the 90s sitcom *Moesha*). That afternoon we went to two workshops. One workshop focused on the Healer Women Fighting Disease (HWFD), which is an integrated HIV/AIDS and substance abuse prevention project for African American women. After the presentation, Sheila realized that she was one of the original graduates from the program. They even included her graduation picture as part of their presentation. What a surprise!



When I woke up the next morning, I took some time to reflect on all that I had seen, learned, and felt; and I revisited my question. The number one thing I learned at this conference is that we are all responsible for each other. Together we create humankind. HIV is not only a problem among people who are living with the virus, but it is a humankind problem. We all play a role in this epidemic and we must each do our part to change the outcome or create a different result. The result that I am aiming for is one where we can eradicate this virus. No, the eradication of this virus is not going to happen tomorrow, but at least the numbers of new cases should begin to decrease. So in answering my question, "Are we insane?" Yes, but we can change that. Over the course of the conference, I witnessed programs that were effective and some that were not as effective. If what you are doing is going against the desired result, then try something new, however, if what you are doing is aiding the desired result, then continue to do it. In closing, I would like to share a story that was shared to me at the conference:

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Three sisters coming home from school noticed that their village was being flooded. The children who could not swim were drowning and more and more children were being pushed into the flooding water. Immediately, the oldest sister ran down the hill and began rescuing the children, one by one. She called the second oldest sister to help and so she then ran down the hill and began to help her older sister; but there were just too many children for just the two of them to rescue and more children were falling into the water. So the two sisters called upon the youngest sister to help. Instead of joining her sisters, the youngest sister ran around the outskirts of the village and found the source of where the water was coming from. She quickly gathered the necessary material to build a wall to block the water from coming into the village. Her wall prevented other children from falling into the water and stopped the flooding. She then ran back to help her sisters rescue the remaining children from the flood.

When there is a problem many of us are eager to help out; but very few of us attack the source of the problem.

Dear Participants of WIHS,

After more than two and one half years with the Women's Interagency HIV Study, I have accepted a promotion opportunity with the School of Dentistry here at UCSF. As the WIHS grant manager, it has been a true privilege to support such a great project that has the potential to benefit many people's lives. I have learned so much and am grateful to have worked with such a great team of talented and compassionate people! I wish each of you the very best as we move into 2008, now and always!

Jack Whiteford

WIHS Goes to China

By Nancy Hessel, Project Director

The 2007 International Papillomavirus Conference and Clinical Workshop was held in Beijing, China, in November and the WIHS research study findings were featured in several of the scientific sessions. The following are summaries of the presentations, plus some photographs taken in Beijing.

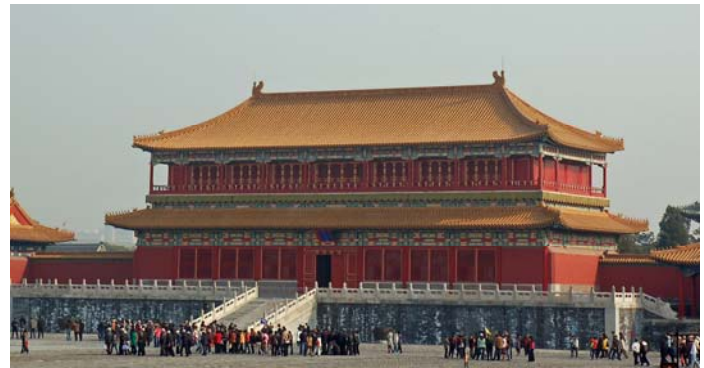
Two presentations focused on data from the WIHS Tushie study, the study of anal human papillomavirus (HPV) infection and anal disease, that was conducted in 3 of the WIHS clinical centers – the San Francisco Bay Area, Chicago, and Brooklyn. The first presentation examined the risk factors, or predictors, of anal disease. Anal disease can be divided into two types; low-grade, meaning low risk for cancer, and high-grade, meaning high risk for cancer. When evaluating both the HIV+ and HIV- women, the risk factors for low-grade anal disease were: having both non-cancerous (low-risk) and cancerous (high-risk) types of HPV. In this same group of women, the risk factors for high-grade anal disease were: having HIV-infection and having cancerous (high-risk) types of HPV. The second presentation from the WIHS Tushie study compared HPV infection and disease in the cervix with what's in the anus had the following three conclusions. 1) There was little correlation between disease seen in the anus and disease in the cervix, and this was true for both the HIV-infected and uninfected women. 2) The rate of anal disease and anal HPV infection was high in HIV-infected women, and anal disease was more common than cervical disease. 3) Lower CD4+ cell count, but not higher HIV RNA (viral load), was associated with anal disease and cervical disease.

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The rest of the presentations were based on data from all of the six clinical WIHS centers. One of these evaluated the impact of HAART use on HPV infection among the HIV+ women. This evaluation found that women who take their medications as prescribed have a slightly lower risk of having cancerous HPV types compared to women who don't take their HIV medications as prescribed. Another analysis found that women who had a hysterectomy had a lower rate of HPV infection in their cervix and vagina compared to women who did not have a hysterectomy. In yet another investigation, women who used oral contraceptives had the same risk of infection with cancerous HPV types and cervical disease as women who did not use oral contraceptives.

As for Beijing, it's a very busy city with lots of construction projects including getting ready for the 2008 Summer Olympic Games. I hope you enjoy the photographs.



Forbidden City, Beijing



The Great Wall



The Temple of Heaven



Roofline of Hall of Prayer for Good Harvests



The Great Hall of the People, built in 1959, site of the National People's Congress

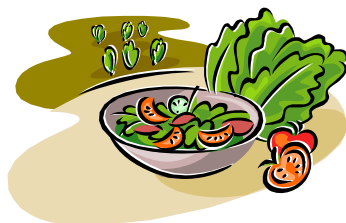
Diet & Nutrition

A Basic Salad



By Phillip DeSouza

Eat your veggies! Everyone tells you that, but does anyone know how much nutrition is in a small bowl of salad? How many calories? How much fat? Is there cholesterol? How much sodium? How much dietary fiber? Open bowls of salads don't come with nutrition labels, consequently, a little knowledge about what you're eating will help you get the balanced nutrition you deserve.



For example, eating a small bowl (1 cup) of plain chopped raw Romaine lettuce combined with ½ cup of a small raw tomato (4 oz.) is a great way to begin your goal for a balanced diet. (see food labels in next column)

Remember, a salad should not be the only food in your diet. Salads are not a substitute for a balanced diet which includes the three major food groups that provide protein, carbohydrate, and fats. Your caloric needs may be specific and different from others, so check with your doctor regarding your daily caloric requirements.

For more information on Fruits and Vegetables look at the Centers for Disease Control (CDC) and The United States Department of Agriculture (USDA) web sites and look in the web link below *Fruits & Veggies More Matters*.



Lettuce (Romaine, Shredded)	
Serving Size 1 cup chopped, raw (56g)	
Amounts Per Serving	% Daily Value
Calories 10	
Calories from Fat 0	
Total Fat 0g	0%
Saturated Fat 0g	0%
Cholesterol 0mg	0%
Sodium 0mg	0%
Total Carbohydrate 2g	1%
Dietary Fiber 1g	4%
Sugars 1g	
Protein 1g	
Vitamin A	70%
Vitamin C	20%
Calcium	2%
Iron	4%
* Percent Daily Values are based on a 2,000 calorie diet.	

Tomato	
Serving Size ½ cup, cubed (90g)	
Amounts Per Serving	% Daily Value
Calories 20	
Calories from Fat 5	
Total Fat 0g	0%
Saturated Fat 0g	0%
Cholesterol 0mg	0%
Sodium 10mg	0%
Total Carbohydrate 4g	1%
Dietary Fiber 1g	4%
Sugars 3g	
Protein 1g	
Vitamin A	10%
Vitamin C	40%
Calcium	0%
Iron	2%
* Percent Daily Values are based on a 2,000 calorie diet.	

http://www.fruitsandveggiesmatter.gov/partner_websites/about.html

<http://www.fruitsandveggiesmorematters.org/>

PRISM Program

UCSF **P**eer-based **I**ntervention to facilitate
Symptom **M**anagement and self care

Are you a woman living with HIV?

Would you be interested in testing a new
intervention addressing symptoms?

We are looking dynamic women to help test a
new intervention.

Participants need to be women, 21 years or
older, who are HIV positive. You must be
willing to spend approximately two hours
per session, once a week for seven weeks
to help test a new symptom management
intervention. You will complete five
surveys. If you participate, you will receive
\$15 per survey for a total of \$75.

If you would like to know more or would like to
participate -

Please call Allison at **415-680-8397**.