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MEDICAL JOURNAL & INTERNET GUIDE

VOLUME 3

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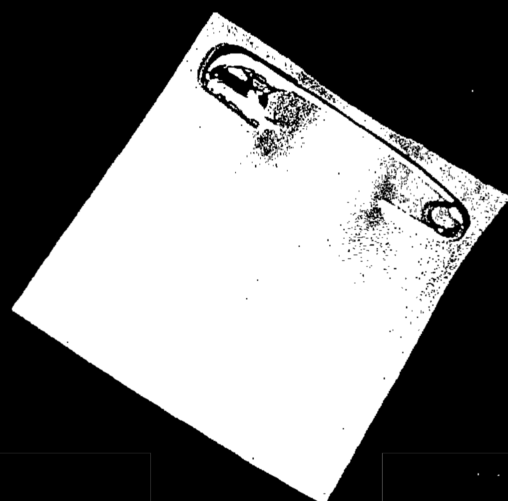
STATE OF EMERGENCY

MINORITIES AND HIV



COMPLIMENTS OF GLAXO WELLCOME

JKamen@aol.com
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Record Type: Record

To: Sarah T. Holewinski/OPD/EOP

cc:
Subject: Natl Jrnl column w/Sandy on AIDS Africa

National Journal, January 22, 1000

HEADLINE: In Africa, The Virus Is AIDS. The Disease Is Poverty

To this day, a whiff of death lingers about a song that generations of children have sung:

Ring around the rosie,
A pocketful of posie,
Ashes, ashes, all fall down!

The ring was a circle of people around the rosie, who was a victim of the Black Death (bubonic and pneumonic plague), with reddened face and eyes. The posie was the bag of prophylactic herbs and flowers that people carried; "ashes, ashes" was the sound of sneezing. The last phrase speaks for itself.

The first great onset of the Black Death in Europe, in the middle of the 14th century, killed perhaps a third of that continent's population, and possibly half of England's. "The living did not suffice to bury the dead," reported one contemporary account. "And the sheep and cattle wandered about through the fields and among the crops, and there was no one to go after them or collect them." The Black Death may have been the greatest natural catastrophe of the second millennium. Now, as if to mock human aspirations for the third millennium, something like it is happening again.

In the world today, almost 34 million people have human immunodeficiency virus, the virus that causes AIDS. Seventy percent of those people are in sub-Saharan Africa, which has less than 10 percent of the world's population. Almost 14 million Africans have died so far (as against 450,000 in North America's savage but much more limited epidemic). Most of the more than 23.3 million Africans now infected will die in the next 10 years.

The virus moves quickly in Africa, where it is transmitted mainly by ordinary heterosexual intercourse. In 1999 alone, according to the United Nations, 3.8 million Africans were newly infected. In some countries, such as Botswana, Namibia, Swaziland, and

Zimbabwe, more than a fifth of the adult population is infected.

To speak with development officials of what is unfolding in Africa is to hear echoes of the Black Death itself. One official tells me that, most weeks in Africa, at least one of his meetings is canceled for a funeral. AIDS takes elites (who are mobile, urban, and sexually active) as well as the poor, and it takes adults in their most productive years, when they are raising their children and caring for their parents.

The impoverishing effect of losing these breadwinners, says Jean-Louis Sarbib, a vice president for Africa at the World Bank, is ghastly. "The progress that's been made in the second half of the 20th century," he says, "could simply be wiped out by the AIDS epidemic."

In Africa's southern region, life expectancy rose a full 15 years -- to 59 years -- between the early 1950s and the early 1990s. "Because of AIDS," reports the United Nations, "life expectancy is set to recede to just 45 years between 2005 and 2010" -- the level of the early 1950s. Half a century, erased.

The Clinton Administration and Vice President Al Gore's presidential campaign, of which the Clinton Administration is a subsidiary, did something good last week. Gore went to New York City on Jan. 10 to preside over a special session of the U.N. Security Council that was devoted to the African AIDS crisis: possibly the first crisis Gore has proclaimed that actually is a crisis. At the United Nations, he announced the Administration's forthcoming request for an additional $100 million to fight AIDS abroad, mostly in Africa. The new money would increase to almost $350 million the total amount that America spends on overseas AIDS.

Though I am as cynical about politicians' motives as the next smug Beltway journalist, I have to acknowledge that going to the widely unpopular United Nations to propose an increase in foreign aid -- when Americans are dying at home -- is not the sort of thing a presidential candidate does in order to pander to voters in Iowa and Michigan. Good for Al Gore. Good for Bill Clinton.

Still, it bears remembering that $350 million is not all that much. For about the same amount, America could buy the Africans a couple of new jumbo jets. "It's a drop in the bucket," acknowledges Sandra L. Thurman, the Clinton Administration's AIDS policy director. The World Bank says that financing a full-scale prevention program for Africa would cost as much as $2.3 billion.

Here is a suggestion: Find the $2.3 billion and spend it. In Africa, that kind of money can buy a lot of prevention. According to the United Nations, more than 30 percent of young southern African women believe that a healthy-looking person can't carry HIV, and up to 90 percent of carriers are unaware they are infected.

"If we don't learn our lessons in Africa today," says Thurman, "we're going to be facing the same kind of epidemic in India or the former Soviet Union in 12 or 15 years." One of those lessons is that aggressive prevention efforts cannot be started too early. A broader sort of lesson, however, is also relevant: In the third millennium, the great killer of humanity is not disease but poverty.

America spends more than $2,000 a year on each new HIV infection; Africa spends less than $4, and strains to do even that. The new triple-drug antiviral therapies that have brought about the sharp decline in AIDS deaths in the United States and Europe are expensive even by American standards; Africans might as well fly to the moon.

Moreover, the therapies require taking a dozen or more pills every day at precise intervals without fail, plus high-tech monitoring for viral resistance, plus still more drugs to control side effects. Try that in an African town with dirty water and mud roads.

"The important thing to remember about triple-combination therapies," says Thurman, "is that given the infrastructure, or lack thereof, of health care and education systems in Africa, it wouldn't matter if we had all the free drugs we could get our hands on. We couldn't deliver them to people under existing circumstances."

It is interesting to note, in this connection, that bubonic plague is alive and well in America today. Several dozen species of rodents and fleas carry it, creating a reservoir of infection as large as in any of the plague centers of the Old World. Undiagnosed, the plague can still kill as many as 60 percent of its victims. Nature has not changed. What has changed is civilization: doctors and drugs and refrigeration and sewage treatment systems and satellite phones and ambulance jets.

In 2000, we know a thing or two about where wealth and innovation come from: profits. The same Clinton Administration that is busy promising to meet the challenge of African AIDS is also busy hammering drug companies for price-gouging. "Brandishing new data showing that the drug industry earns higher profits and pays lower taxes than most other industries," reported The New York Times on Christmas Day, "White House officials say drug companies may bring price controls on themselves if they continue to resist President Clinton's plan to have Medicare provide pharmaceutical benefits." In his campaign, meanwhile, Gore (reports The Times) "portrays himself as the consumer's advocate in Washington against predatory drug manufacturers."

A member of my family is alive today only because the drug companies have managed, just barely, to produce new HIV drugs about as quickly as the virus defeats the old ones. One wonders where, exactly, the President and Vice President believe these new drugs come from.

We also know, in 2000, how poor nations grow wealthier: They trade with rich nations. The Koreans and Japanese and Singaporeans accomplished miracles that way, and Africans can do the same, provided that their exports receive a warm and unstinting welcome in First World markets. Memo to Al Gore and liberals: Opening American markets to Third World exports, rather than closing them while muttering about sweatshops in developing countries, is not just economically sound but morally imperative.

For a while it looked as though capitalist development, beyond a certain fairly rudimentary point, was a luxury. Once people had food to eat and a roof over their heads, what good was it to create millionaires and supply them with yachts? Anyway, there was lots of time to experiment with interesting or convenient or self-serving alternatives: socialism (in the former Communist bloc), protectionist nationalism (in India), cronyism and kleptocracy (in much of Africa).

Surprise. The lesson of the AIDS crisis is that there is not a dollar or a moment to lose. Every forgone increment of economic product makes the AIDS virus -- and Mycobacterium tuberculosis and the cholera bacillus and the malarial parasite -- more deadly. Every deferred decade of development means not just that some people will miss out on Chicken McNuggets and cosmetic dentistry but that millions and millions of people will die.

"Globalization" -- otherwise known as international trade, investment, and development -- is unpredictable, unsettling, unforgiving. It is also the only hope of ensuring that nowhere in the world will the 21st century ever again look like the 14th.

Please check out my new book at http://GovernmentsEnd.com

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Regina

USA TODAY Walter Shapiro HYPE & GLORY

Crusader Clinton is no Man of Steel

Like a comic book superhero, Bill Clinton dons his cape of moral righteousness and boldly strides into the White House Rose Garden to mount a crusade against the gravest threat to the health of America's children: a cartoon dromedary. Captain Marvel vs. Joe Camel, the grudge match of the century.

No one is braver than the president, as long as the polls are on his side and his foe is as unpopular as the tobacco companies. As Clinton passionately declared in his Rose Garden rhapsody Tuesday, "Teen smoking has everything to do with Joe Camel, with unscrupulous marketing campaigns that prey on the insecurities and dreams of our children."

But somehow this inspiring save-our-kids courage vanishes at the slightest hint of political opposition. That's what happened this week when the president timorously abandoned helpless babies born with HIV. According to government statistics, three-quarters of these high-risk infants have mothers who contracted the virus through intravenous drug use by themselves or by their sexual partners.

On Monday, the president piously denounced smoking as "the most critical public health threat to our children." That same day, Donna Shalala declared that scientific evidence has confirmed the value of an important weapon in the struggle against AIDS. As the secretary of health and human services proudly stated, "A meticulous scientific review has now proven that needle exchange programs can reduce the transmission of HIV and save lives without losing ground in the battle against illegal drugs."

Shalala had planned to announce eight to 10 pilot programs using existing federal funds to demonstrate effective needle exchange programs. But at the last minute, these initial efforts to limit contaminated needles were scrubbed. Why? Because the president, that fearless battler for children's health, vetoed the idea Sunday night during his flight back from South America.

In recent months, issues of presidential integrity have become fatally entwined with Kenneth Starr and Monica Lewinsky. But there is another kind of character that matters more to the voters than special prosecutors and sexual allegations. And that is having the moxie to do the right thing to save lives, regardless of polls and political opposition.

Sure, needle exchange programs are controversial. But as the government's leading public health officials declared Monday, they also work. Intravenous drug use has become the fastest-growing cause of new AIDS cases. "One-half of the approximately 40,000 new infections in the United States each year are directly or indirectly related to illicit drug use," said Anthony Fauci, the government's top AIDS researcher. "They are the cause of two-thirds of new HIV infections among women."

In an ideal world, the government would mount an aggressive campaign to persuade addicts to use clean needles to stop the spread of AIDS. But this is the Clinton administration, where boldness stops if the polls are troublesome. Shalala met with the president right before his trip and won a tentative commitment for the needle exchange pilot programs. Last Friday, Shalala and staffers hammered out the details with White House officials. Everything was ready to go until Clinton lost his gumption Sunday night.

There never is a simple reason why the president's good intentions turn to mush. White House drug adviser Barry McCaffrey, a fire-breathing opponent of needle exchange programs, accompanied Clinton to Latin America, but most insiders discount McCaffrey's influence. Probably far more telling were the attacks from Republicans like GOP chairman Jim Nicholson who said distributing free needles would be akin to "giving aid and comfort to the enemy in the war on drugs." For a president who didn't inhale, the specter of Republican attacks ads were reason enough to abandon the cause of AIDS babies.

The Clinton administration has more than its share of high-minded crusaders used to having their hopes dashed in the name of political expediency. But that doesn't make losing any easier, as I found out during an interview Tuesday with Sandra Thurman, the president's third AIDS coordinator.

"Certainly the AIDS community has been pretty outraged by the decision," she said. "When you deal with any controversial issue like this, you will have people unhappy on both sides. And I think that's what we have with this decision. Our critics on the right are angry because we certified the science (on needle exchanges). And the critics in the public health community are pretty angry because we didn't make the decision to fund."

That's what you get when you work for a split-the-difference president. But as hard as Thurman tried to play good trouper, her anguish came through when asked I asked whether she had considered quitting.

She paused and then said, "There was a moment when I thought about jumping off a bridge." With a nervous laugh, she quickly added, "I'm only kidding." Denying all thoughts of resignation, Thurman did concede, "There have been moments when I felt extraordinarily frustrated."

Who could blame her? It's frustrating for all of us to live in a country where AIDS is seen as any less of a menace than Joe Camel.

Walter Shapiro's column appears Wednesdays and Fridays.

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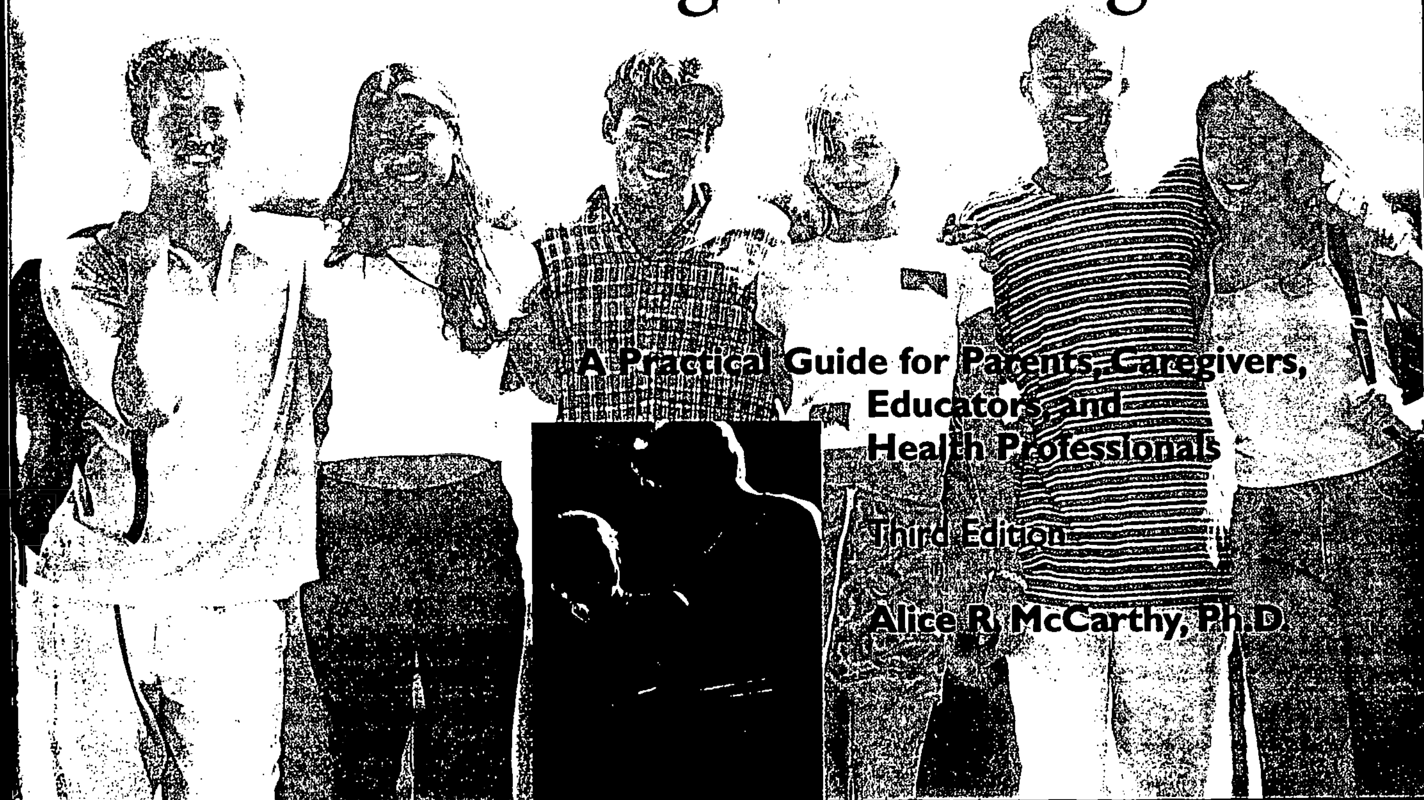
HEALTHY TEENS

Facing the Challenges of Young Lives



A Practical Guide for Parents, Caregivers, Educators, and Health Professionals

Third Edition

Alice R. McCarthy, Ph.D.

Healthy Teens

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Bridge Communications, Inc.
Birmingham, Michigan

CHAPTER 4
TEEN SEXUALITY

This chapter presents an overview of issues parents and caregivers need to consider as they discuss sexuality with their teen. It includes explicit material about sexually transmitted diseases including the human immunodeficiency virus (HIV).

TEENS: HEARING FROM PARENTS

Teens want to hear more from their parents about sex, values, and relationships, according to James Jaccard, Ph.D., Distinguished Professor at the State University of New York in Albany, who has studied information from 20,000 students in grades 7 through 12.

Contrary to popular expectations, kids care about what adults think, even though parents and other adults often say they feel awkward discussing sex and relationships with teens, that they are not sure what to say, and that teens do not listen anyway.

"Don't nag or lecture," says Dr. Jaccard, a researcher with the National Longitudinal Study of Adolescent Health (Add Health Study). "Listen to what your adolescent has to say with an open mind. Express your feelings and expectations."

Dr. Jaccard outlines central facts in communicating with teens about sexual activity. These are:

- Parents and caregivers tend to underestimate the sexual activity of their children. They may talk to their children about sexual issues at around 12 years of age, but statistics show that a number of children are sexually active at this age. It is important to talk about sexuality before your child becomes sexually active.
- Most parents and caregivers dread the "big talk." They are glad when it is over and they are finished. As this book has consistently pointed out, an 11-year-old and a 16-year-old are very different young people. The kinds of issues parents need to be addressing are different as adolescents mature.
- Adults talking to their children about sexual activity will do so using their own value system. If parents and caregivers talk about a broad range of reasons for not engaging in sexual-risk behavior, they will be more successful than dwelling on just pregnancy or sexually transmitted diseases. This reasoning can include religious, moral, social, and emotional issues to motivate young people not to engage in risky sexual behavior. Adults can discuss how teen pregnancy can destroy life

planning. They can carefully outline why their religion does not condone pre-marital sex. Frankness about the effort and expense of raising children can be pursued. Another consideration is to talk about what positive benefits your teen sees in engaging in risky behavior. If a boyfriend or girlfriend is pushing for sexual activity, what does this say about a relationship?

- Too often, adults turn discussions into one way lectures. This will not work with adolescents. Communication, in this area as in every other area with your adolescent, should be honest, open, and respectful. Each side needs to listen to the other.
- Parents and caregivers need to be sure that discussions about sexuality and sexual activity are held in a quiet place, free of interruption and stress. It is not a good idea to combine tasks with this kind of discussion.
- Adolescents who say they know all there is to know about sexual issues do not know any more than other teens. Statements such as "I know everything" should be disregarded; parents and caregivers must take responsibility for providing helpful information.
- For adults who know that their child is sexually active, who discover that their daughter is pregnant, that their unmarried son is a father, or that their teen has HIV, the issues are complex. Parents who experience having children who take risks that produce these consequences often blame themselves. They have a range of emotions including disappointment, anger, and sadness. This is normal. At such a time it is important to remain as cool as possible and to use these problem-solving strategies: define the problem; carefully discuss options; seek community resources; and evaluate your direction. It is a time to do away with ranting and anger, and to be supportive about a difficult life experience for a son or daughter. Practical suggestions include further serious discussions about the value of abstinence and family values. Providing contraceptive information, seeking medical services and treatment are important. Working together on problem-solving will be challenging. However, a child who runs away from home, who seeks solace in drugs or commits suicide, presents another set of problems, and deeper sorrow.

Dangers of Ignorance and Fear

There are numerous myths about sex, sexuality, and sexually transmitted diseases. Be sure to address each of these issues with your child. Ask your son or daughter to explain to you their views and beliefs about each of these areas, and encourage them to be specific and detailed. Create an environment in which they feel emotionally secure to share with you. There will be no effective communication with your preteen or teen unless you have their trust and respect. When listening, it is important that you do not appear to be judgmental or aghast at their responses. If

Have adults prepared these young people how to be physically and emotionally safe and responsible to one another?

these topics of discussion are very difficult for you, then perhaps there is a friend or family member whom you trust and who has a good rapport with your child. Remember, each child eventually seeks answers to their own questions; it is best if those answers come from you or a trusted relative or friend.

Adolescents often do not connect their actions with consequences. More than 74 percent of today's teens engage in sexual activities before they graduate from high school. Every year, 1.2 million adolescents become pregnant and 2.5 million acquire sexually transmitted diseases, despite the best efforts of parents, teachers, and others in the community.

When young people look to television for answers and direction, they do not find it in the four to six hours they watch on average each day. Over one-half of all shows and two-thirds of prime time shows have sexual content. A sparse nine percent include references to safer sex, contraception or abstinence, according to a study conducted by the Kaiser Family Health Foundation. Of 88 scenes involving sexual intercourse, none made reference to the risks—pregnancy, depression or disease.

When discussing abstinence and teenage parenthood, a budget exercise has proven to be an extremely useful tool. Ask your teen to list and estimate the cost of all the expenses of having a baby and raising a child. This forces the teen to actually visualize life as it could be, and reaffirms the difficulty with teenage parenting.

Sister Souljah, a rap singer and novelist, says the main thing that counts with children and adolescents is their parent's consistent presence. "In America most people spend the majority of time in pursuit of survival; kids are left to design their lives for themselves, and most of them do that very chaotically."

All too often, peers and television become the source of reference. Parents and caregivers who make sex education an ongoing process—something normal to discuss—can save themselves and their teens from the awkward, one-time, big deal conversation about sex. They might even save their teen's life.

What to Tell Teens

The following guidelines come from the American Academy of Pediatrics regarding what to tell teens about sex. Well before they reach their early teens, both boys and girls should already know:

- The basics of sexual "plumbing," that is, the names and functions of male and female sex organs.
- The purpose and meaning of puberty (moving into young womanhood or young manhood).
- The function of the menstrual cycle (period).
- What sexual intercourse is and how women become pregnant.

Once your child becomes a teenager, the focus of your talks about sex should shift. You should begin to talk to your teen about the social and emotional aspects of sex, and about your values. You will want to deal with issues that help your teenager answer questions like these:

- "When should I start dating?"
- "When is it okay to kiss a boy (or a girl)?"
- "How far is too far?"
- "How will I know when I'm ready to have sex?"
- "Won't having sex help me keep my boyfriend (or girlfriend)?"

Used with permission of the American Academy of Pediatrics, *"Talking to Your Young Teen About Sex and Sexuality: Guidelines for Parents,"* 1997.

Everywhere the researchers for the National Campaign to Prevent Teen Pregnancy went, the teens told them they want to hear more from their parents about sex, values, and relationships. Contrary to popular opinion, kids care about what adults think. Even though you might be uneasy about your conversation, you should not stop trying to communicate. You can always say, "I am uncomfortable with this discussion, but please know how important I believe it is." Be very clear about your values.

The more you listen to what your teen is saying, the greater chance of keeping lines of communication open. You can provide your teen with some of the materials recommended in our REFERENCES AND RESOURCES section at the end of this chapter.

Become aware of the world your teen lives in. Talk to a friend, buy some teen magazines, and visit your public library. Read as much as you can about teen sexuality and be prepared to be open and honest in your conversations. Go to school and read the health lessons offered to middle school and high school students. Follow up with your student's teacher if you have any questions about the lessons. Join with your school in seeing to it that positive, constructive, thorough, information is taught.

Make sure that your teen knows the facts about pregnancy and sexually transmitted diseases including HIV and AIDS.

Help your teen understand the internal and external pressures to express their sexuality and to make responsible decisions. In other words, your teen needs to know where you stand. You need to share your hopes for your teen's future as well as your concerns for the day-to-day issues your teen might be facing. Bear in mind that you do not own your child, nor control his or her thinking. You can influence your teen's decisions but cannot make decisions for him or her.

Make sure that your teen knows the facts about pregnancy and sexually transmitted diseases including HIV and AIDS. If you cannot provide information yourself, find someone who can, and ask him or her to talk with your teen. Check the REFERENCES AND RESOURCES section at the end of this chapter for information. Most importantly, find out when, how, and how much information about

HIV your student is learning at school. In many states, HIV education is mandated by law; the quantity and quality of the education varies.

Try to be available to your teen, no matter what. Teens tend to live for today. Discussions you and your teens have, and decisions you make together, will be tested by time and events in your teen's life. It is a good idea to be realistic about the fears and pressures your teens face on a daily basis. The environment today is faster-paced and perhaps more dangerous than when you were a teen. Sometimes teens are more capable intellectually than they are emotionally. Let them know you will always be there. Listen to them when they need help, without judging or criticizing them for getting stuck in their thinking. Your help in an emotional crisis could lead to lasting awareness.

Smart Parenting Works Wonders

What can parents do to prevent teens from experimenting with behavior that puts them at risk? Researchers Kim S. Miller Ph.D. and Daniel Whitaker Ph.D., from the Centers for Disease Control and Prevention's (CDC's) Division of HIV/AIDS Prevention, recently interviewed 907 adolescents and their mothers in the Bronx; San Juan, Puerto Rico; and Montgomery, Alabama, to find out how mother-child communications about sex relates to adolescents' sexual behavior. Here are some pointers from their discussion:

- Mothers who were skilled communicators about sex-related topics were more likely to discuss a broad range of issues with their adolescents and more likely to be heard by them. Teens appreciated mothers who had accurate information, who talked openly and freely rather than lecturing them, and who listened to the adolescents' own concerns and feelings about the topic.
- When mothers discussed a full range of sexual issues, adolescents engaged in less risky sexual behavior.
- Adolescents who talked with their mothers before their first sexual encounter were three times more likely to use a condom than were those who did not talk to their mothers. Adolescents who used condoms the first time they had intercourse were 20 times more likely to use condoms regularly in subsequent acts.
- Avoiding discussions about sex can lead adolescents to rely on their peers. This can be a problem if peers do not encourage responsible behavior such as abstinence or using a condom.
- The predictors of mothers and daughters talking included the mother having information and being comfortable about talking about condoms.

As researchers Miller and Whitaker say when discussing the role of families in *Adolescent HIV Risk Prevention: The Role of the Family*:

> *Many experts agree that it is the parents who are the most powerful socializing agents in the lives of young teens. Parents and other adults are in a unique and powerful position to shape young people's attitudes and behaviors, and to socialize them to become healthy adults. They do this in part by providing accurate information about risks, consequences, and responsibilities, and by imparting skills to make responsible decisions about health. However, the strength of their impact, relative to other information sources, may arise from their unique ability to engage their children in dialogues about development and decision making which are continuous (i.e., not one-time events), sequential (i.e., building one upon the next as the child's cognitive, emotional, physical, and social development and experiences change), and time-sensitive (i.e., information is immediately responsive to the child's questions and anticipated needs rather than programmed, such as in a school curriculum).*
>
> Reprinted with permission from Kim S. Miller, Ph.D., 1999.

Head Off Trouble

Sexual activity can result in pregnancy or sexually transmitted diseases. Some of the early indicators of trouble include:

Helping your teen develop a strong sense of self, high self-esteem, and a compelling belief in respectable values and ethical behavior are the best things you can do to prevent irresponsible sexual behavior.

EARLY DATING: The likelihood of teen pregnancy and of sexually transmitted diseases is much greater for teens who start to date before the age of 14 or 15. In later years, dating multiple partners, and adolescent females dating older men are trouble indicators.

TROUBLE IN SCHOOL: Teens who get in trouble at school often engage in extreme behavior to gain attention from their peers.

USE OF ALCOHOL AND TOBACCO: Use of alcohol, tobacco or illegal drugs lowers inhibitions and can prompt throwing caution to the wind.

POOR GRADES IN SCHOOL: Troubled teens often seek alternative sources of excitement and achievement, and these alternatives include high risk sexual activity.

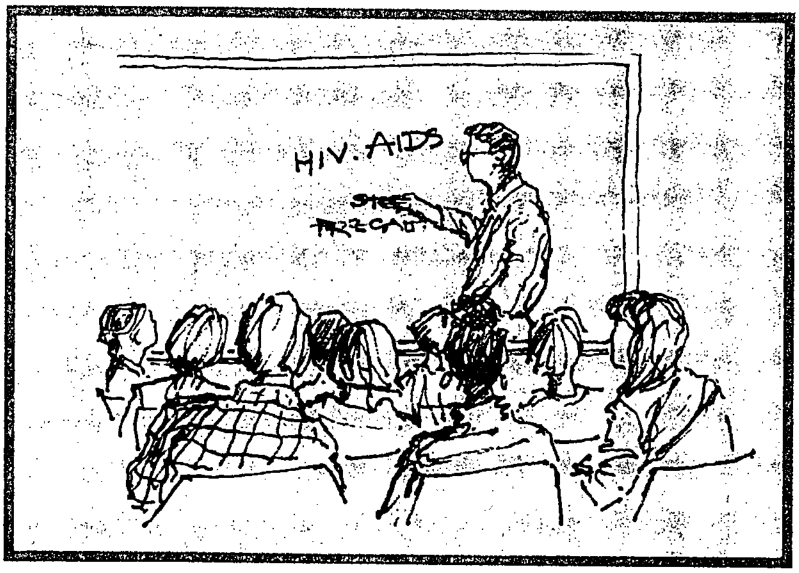
Although the early indicators listed above can help parents and other caring adults spot problems, teen pregnancy and sexually transmitted disease can also affect teens who do well, stay active in school, and abstain from harmful substances. It takes only one unprotected encounter to cause many problems.

Helping your teen develop a strong sense of self, high self-esteem, and a compelling belief in respectable values and ethical behavior, and encouraging him or her to set personal goals for the future are the best things you can do to prevent irresponsible sexual behavior.

EDUCATION IN SCHOOLS

Some parents do not feel they are competent enough to conduct conversations about sex. Still other parents are petrified that sex education will whet an appetite to experiment. However, education in the area of sexuality can be a cooperative venture between the family and schools. The overwhelming weight of evidence conducted by the National Campaign to Prevent Teen Pregnancy demonstrates that sexuality and HIV education, school-based clinics, and condom availability programs, do not increase any measure of sexual activity.

Initiatives in the schools, religious organizations, families and the community have had a pronounced impact on sexual behavior. Teenage birthrates nationwide declined substantially from 1991 to 1996, according to the National Center for Health Statistics. The sharpest declines were among black teenagers, until recently the group with the highest level of births. "What's significant is that these declines are in every state," says Donna E. Shalala, Secretary of Health and Human Services in 1999. "I give a lot of credit to the African-American community, which has put out a clear, consistent message from the churches, the schools and all sorts of civic organizations, a drumbeat to young women and young men that they should not become parents until they are truly ready to support a child, that having children too early will limit their options." Abstinence awareness programs



have been a contributing factor throughout the nation, but studies show that communities which embrace a wide assortment of education programs fare better than those which focus exclusively on abstinence. Check at your school to find out the types of programs offered to your teen.

MODELS OF PARENT-TEEN PROGRAMS

The National Campaign to Prevent Teen Pregnancy reports numerous success models of parent-teen-community awareness programs initiated across the country with federal aid to spark discussion. Here is a sampling: *Parents and Kids Learn Together* in St. Joseph, Missouri is an initiative using creative games to get parents and their children to talk and feel closer. In a *Dear Abby* game, groups of two parent-child couples are given a letter asking for advice about values, feelings, and beliefs related to sexuality, to which they must craft an answer together. The *Habla Con Tu Hermana* (*Talk with Your Sister*) program, which offers reproductive health advice and services to families in San Antonio, Texas, began in parents' homes but added outreach efforts. One component of the outreach includes two Spanish-speaking sisters who host an energetic call-in talk show on a wide variety of sexual and reproductive health issues. It sparks discussions about sex, values and relationships among parents and children. In New Orleans and Atlanta, parent led *Plain Talk Parties,* built on a party model, brings together small groups of parents in homes to discuss teen pregnancy and sexually-transmitted diseases, their impact on the community, and how adults can communicate effectively. Still other programs involve teens themselves creating newsletters, pamphlets and videos to alert each other about abstinence, safe sex and delayed gratification (See REFERENCES AND RESOURCES section).

SEXUAL ORIENTATION

Parents and caregivers who demonstrate by their own actions and teach their children to respect all individuals, do a service to all of humanity. Young people need support, not ridicule or shame, in coping with their lives today.

Sexual orientation, according to an article in the *Journal of Pediatric Health Care,* is believed to be influenced by a variety of factors, including genetics and hormones, as well as unknown environmental factors. The origins of sexual orientation are not understood and are controversial. The major point to keep in mind is that adolescents who are exploited, harassed, and rejected are at risk. This holds true for any adolescent. This risk includes risk of substance abuse, violence from others, and suicide. Fear and misinformation can be dispelled by careful review of materials found in the REFERENCES AND RESOURCES section at the end of the chapter on sexual harassment (Chapter 8). The philosophy advanced in this book is that all young people deserve to live in a world that is safe.

SEXUALLY TRANSMITTED DISEASES (STDs)

The Case for Abstinence

If your teen does not have sex and does not inject drugs, you do not have to worry about him or her getting infected with sexually transmitted diseases (STDs).

"Abstinence is the only sure protection," says Dr. Mary L. Kamb, an epidemiologist at the Centers for Disease Control and Prevention (CDC).

Millions of teens do not have sexual intercourse. But 40 percent of ninth graders nationally and 66 percent of high school seniors do. Only 40 percent of teenagers seek contraceptive help in the first year of sexual activity, states Dr. Anita Nelson, Medical Director of the Women's Health Care clinic at Harbor University of California Medical Center, citing data from the Alan Guttmacher Institute.

Abstinence is the only sure protection.

Health officials describe abstinence as "choosing not to engage in certain behaviors such as sexual intercourse or drug use." Abstinence means making a commitment and consistently avoiding certain behaviors—any time, any day, and under any circumstances. Parents and other concerned adults should talk to teens about the desirability of abstinence, but they should also explain how to reduce risks associated with sexual activity. Almost every teen will eventually become sexually active and have a need for such information, preferably as an adult.

To date, there is no known cure for the HIV infection. For many people, that fact alone is enough to make a case for abstinence to their teen. For other people, the facts about HIV and AIDS are only part of the larger picture that makes abstinence for their teen the right idea.

Obviously, your stance on abstinence is a personal one. No one wants to put his or her child at risk to life-threatening situations. Most people, however, still struggle with finding appropriate behaviors that allow teens to express intimacy, caring, and love. It is this gray area that adults and teens need to explore together —on the one hand, saying absolutely "no" to certain behaviors while, on the other hand, having normal feelings of caring and sharing. Your teen wants to hear from you how to grow and develop into an adult. Abstinence is an adult issue, and like many adult issues, it takes strength, caring, compassion, and discipline, often in equal measure and at nearly the same time. Working with your teen on abstinence and other adult issues is a powerful gift to give your teen.

The Human Immunodeficiency Virus (HIV)

As adolescent sexual activity has increased, so have rates of sexually transmitted diseases. The most deadly is HIV, which leads to the acquired immunodeficiency syndrome (AIDS). The CDC reports one-quarter of the estimated 40,000 new HIV infections in the United States probably occur in people under the age of 20 years. HIV is the seventh leading cause of death among people ages 15 to 24, according to Youth Risk Behavior Surveys (YRBS) analyzed by the CDC. Even though advances in medicine have helped curb the epidemic, it is far from over.

"Many teens infected with HIV show few symptoms because they are at the early stages of the disease," said *Straight Talk,* a magazine for teens. AIDS is the late stage of infection by HIV. Over time this virus severely weakens the immune system, resulting in AIDS. People might die from pneumonia and tuberculosis, for example, because their immune systems can no longer fight diseases or infections. Once infected, the best advice is to get tested and treated early.

Sandy Thurman, AIDS Policy Director to the U.S. President, has this to say: "AIDS is not curable. It can kill you. [If you can be treated], you'll have to take 30 pills a day, and the pills are like poison. If you're sexually active, safe sex is the ticket." Thurman begs people to tell their children AIDS is not a gay disease. "Fifty percent of new [U.S.] cases are related to drug use. One in four is a teen . . . We have to focus on the epidemic as it is today, not on how it was." Only a vaccine to prevent HIV can stop AIDS. She hopes for one by 2008. "It's a tall order. Even with polio, where there's been a cheap, easy vaccine for 40 years, we haven't eradicated it. If we don't find an HIV vaccine, hundreds of millions will die."

While HIV is the most deadly sexually transmitted disease (STD), teens can be infected with up to 25 different STDs. Every year, three million American teens contract an STD. One in four sexually active teens will contract an STD by the time they reach 21. Some STDs, such as gonorrhea, increase the risk of contracting HIV by creating skin lesions that make it easier to acquire the deadly virus. It is now recommended that all persons diagnosed with an STD be routinely tested for HIV.

> Fifty percent of new [U.S.] cases are related to drug use. One in four is a teen . . .
> — Sandy Thurman, AIDS Policy Director to the U.S. President

A front page *New York Times* article of August 31, 1999, reports that the rate of infection with the AIDS virus (HIV) is no longer declining in this country. And while the rate of AIDS deaths continues to fall, that rate of decline has slowed. The article continues to say that new infections with HIV were "dangerously high" in some areas among young gay men and heterosexual women, particularly blacks and members of other minorities. "In this era of better therapies, it is clear that people are becoming complacent about prevention," said Dr. Helene Gayle, who directs the AIDS program for the Centers for Disease Control and Prevention. "Nationwide, AIDS deaths dropped 42 percent from 1996 to 1997 but only 20 percent from 1997 to 1998. Although the death rates are much lower than they were at their peak in the 1980's, the slowing rate of decline shows that more aggressive prevention efforts are needed," Dr. Gayle said.

The Most Common STD's

CHLAMYDIA, a pelvic infection caused by the chlamydia trachomatis bacteria, is the fastest-spreading STD in the country. It is also the most reported STD in the U.S.

The infection is usually without symptoms, but if it is detected, it is easily treatable with antibiotics. Undetected, it can lead to the more serious pelvic inflammatory disease, and possible infertility (See symptom list on p. 84).

GONORRHEA ranks among the oldest and most contagious diseases. The infection is caused by the gonococcus bacteria, which incubates and multiplies in moist, warm areas of the body such as the cervix, urethra, mouth and rectum. It can be contracted by genital or oral sex with someone who is infected. If treated, it can be cured with antibiotics. Left untreated, the bacteria can spread to the bloodstream and infect the joints, heart valves or the brain. Like chlamydia, gonorrhea can also lead to pelvic inflammatory disease and infertility.

SYPHILIS is caused by treponema pallidum bacteria, which is spread through sores of an infected person. While new cases of the disease have fallen to their lowest rates in 40 years, left untreated it spreads to the bones, spinal chord and the heart. It can cause insanity and death. Treatment with antibiotics can cure the disease.

GENITAL HERPES is incurable and is usually caused by sexual contact with someone who has an outbreak of herpes sores in the genital area. The herpes simplex virus comes in two forms. Type 1 usually causes sores on the lips; type 2 most often causes genital sores. An estimated 40 million Americans have herpes, a disease which returns with outbreaks on regular intervals. Untreated pregnant women with herpes often transmit it to their babies during childbirth. In babies, herpes can be fatal.

HEPATITIS B is transmitted by direct contact with the blood or body fluids of an infected person. Hepatitis B spreads through sexual intercourse, unsanitized needles applied through steroid injections, body piercing and tattooing. A hepatitis B vaccine is available at most doctors' offices and public health clinics, which will prevent a person from getting this disease.

THE HUMAN PAPILLOMA VIRUS (HPV) infects as many as one million Americans each year in more than 70 different types. The disease ranges from harmless warts on the hands or feet to genital warts, which can lead to cervical cancer in women. A person can have an HPV infection without warts or other symptoms. Genital warts can be removed through medication applied directly to the warts, drug therapy or surgery. Several treatments might be needed to clear genital warts, and treatment does not always kill all infected cells. Genital warts is not curable.

Sexually Transmitted Diseases (STDs): The Facts

The *Weekly Reader Current Health 2® Magazine* suggests that parents, caregivers, and teens review the facts about sexually transmitted diseases (STDs), including HIV infection and chlamydia. Here are a few pointers. These facts apply to all STDs:

- You cannot tell by looking at someone whether he or she is infected with an STD.

- There are often no symptoms early in an infection. When symptoms do occur, they are often confused with other illnesses.
- The more partners a person has, the higher the chance of being exposed to HIV and other STDs.
- Using drugs and alcohol increases the risk of getting STDs because they lower inhibitions. Under the influence of such substances, people often do not use a condom properly or remember the next day what they did the night before.
- Intravenous drug use puts a person at higher risk for HIV and hepatitis B, because IV drug users often share needles.

Symptoms that Might Indicate a Sexually Transmitted Disease (STD):

- Discharge from the vagina, penis, or rectum.
- Pain or burning during urination or intercourse.
- Pain in the abdomen (women), testicles (men), or buttocks and legs (both).
- Blisters, open sores, warts, rash, or swelling in the genital or anal areas, lips, mouth, or throat.
- Persistent flu-like symptoms, including fever, headache, aching muscles, or swollen glands.

It is important to remember that many people have STDs without any obvious signs. If a person thinks they are at risk they should seek medical help. People who are sexually active with a new partner, with multiple partners, or with a partner who has multiple partners or injects drugs, should get tested by a physician or at a health clinic regularly, to protect themselves and their partner from STDs. Immediate attention to symptoms is important. Proper use of a latex condom is the best protection against the spread of disease, but additional use of spermicides and diaphragms could be helpful. Remember that latex condoms are the only contraceptive labeled by the Food and Drug Administration to be effective in preventing sexual transmission of HIV.

Piercing, Tattooing and Needle Sharing

The youth culture thrives on adopting new, outrageous styles that infuriate parents and bond youth with one another. Two of the newer, more dangerous trends include body piercing and tattooing. In fact, the American Dental Association passed a resolution in 1996 to oppose oral piercing, which it considers a public health hazard. Enthusiasts pay friends and unlicensed practitioners $50 or more to punch a hole through their lips, cheek or tongue with mouth jewelry. Some of the piercing is done at parties where needles are shared and unsanitized.

Whenever unsanitized needles are involved, the blood from one person is injected into another. If that blood is infected it could carry hepatitis B, HIV and other diseases.

Whenever unsanitized needles are involved, the blood from one person is injected into another. If that blood is infected it could carry hepatitis B, HIV and other diseases. Foreign material, ink or jewelry compound the risk. For that reason, blood donations cannot be made for a year after getting a tattoo, body piercing, or permanent makeup.

The risk is equally great for tattooing, which could lead to infectious diseases or permanent skin discoloration. Tattoos are open wounds that can become infected. The new tattoo must be kept clean and must be kept moist with an ointment to prevent a scab from forming.

Yet another risk comes from injecting steroids to increase muscle mass for improved sports performance. The Olympics disqualify anyone found to use drugs to improve athletic performance. But some youth want to achieve prized honors that could lead to glory and scholarship. Steroids are notoriously unstable and unsanitized needles carry the same risk as seen for piercing or tattooing.

REFERENCES & RESOURCES R/R

Author's Note: Parents, caregivers and educators might want to read these materials to evaluate suitability for their adolescent or students.

Sexual Issues

The 500 Year Delta: What Happens After What Comes Next, Jim Taylor and Watts Wacker (Harper Business, 1998, $14.00). These futurists talk about a number of trends including youth lifestyles and interests, including androgyny, the growing similarity in clothing styles and haircuts between males and females.

"The Bully in the Mirror", Stephen S. Hall, in *The New York Times Magazine,* August 22, 1999. This article describes how cultural messages about an ideal male body have grown more insistent, more aggressive, more widespread and more explicit in recent years, and the effects this is having on boys.

Daughters (Pleasant Company Publications, 8400 Fairway Place, Middleton WI 53562, one year/eight issues for $39.95). *Daughters* is an outstanding, nationally acclaimed newsletter written to help build strong parent-daughter relationships.

How to Talk with Your Teenagers About the Facts of Life, Planned Parenthood Federation of America, Inc. (Marketing Department, 810 7th Ave., New York, NY 10010, 800-669-0156 or a local office, 1999, $3.00). Straight answers to most-asked questions about puberty, reproduction, pregnancy, contraception, and sexuality.

My Body, My Self, Lynda Madaras and Area Madaras (Newmarket Press, 1995, $11.95). Illustrations, quizzes, and exercises for preteen and teenage girls exploring the physical changes of puberty.

Parenting Solutions, Manisses Communications Group, Inc., (P.O. Box 9758, Providence, RI 02940-9758). Provides teen-oriented flyers on a variety of parenting topics, including sex education.

Sexuality Information and Education Council of the United States (SIECUS). (212-819-9770, 130 West 42nd Street, Suite 35, New York NY 10036). Provides information on sexuality for educators and parents. Offers *SIECUS Report,* (Sex Information & Educational, April/May 1993, $9.20). In a society where less than 10 percent of today's young people receive comprehensive sex education, the SIECUS guidelines offer comprehensive guidelines for grades K-12. Offers *Facing Facts: Sexual Health for America's Adolescents* (The Report of the National Commission on Adolescent Sexual Health), written in plain language. Web site: www.siecus.org.

Talking About Sex: A Guide for Families. Planned Parenthood Federation of America, (800-829-7732, 810 Seventh Avenue, New York, NY 10019, $29.95). On-line ordering available for this video and many other materials. Much information provided free on this extensive Web site, available in English and Spanish. Call 800-669-0156 for ordering. A video kit, with parent's guide and children's activity workbook, designed to help kids and parents get through puberty. A thoughtful and entertaining video that will provide parents with the knowledge and role modeling to help them be more comfortable talking to their kids about sexuality (see Planned Parenthood listing). Web site: www.plannedparenthood.org.

Talking With Your Teen About Sex and *Talking With Your Child About Sex.* These pamphlets can be accessed at the National Parent-Teacher's Association (PTA) Web site. The version for parents of teens addresses HIV/AIDS, peer pressure avoidance skills, and date rape. The second pamphlet offers information about reproduction, the importance of strengthening self-esteem in the early years, and the necessity of communicating values. The Web site offers an extensive set of archives of pamphlets, publications, reports, handbooks, photographs, etc on a wide variety of subjects. Web site: www.pta.org (to get directly to the archives, go to www.pta.org/apta/archrs.htm.)

Talking to Your Young Teen About Sex and Sexuality: Guidelines for Parents, American Academy of Pediatrics Division of Publications, (141 Northwest Point Blvd, PO Box 927, Elk Grove Village IL 60009-01997, 1997, minimum order 100 @ $24.95 per 100). A sample of the contents of this pamphlet can be found within this chapter.

Transitions (Advocates for Youth, Suite 200, 1025 Vermont Avenue NW, Washington DC 20005, 202-347-5700, 202-347-2263-fax. E-mail address: info@advocatesforyouth.org. Web site: www.advocatesforyouth.org., one year subscription $28.00) *Transitions* is a quarterly publication of Advocates for Youth—helping young people make safe and responsible decisions about sex. In June 1999, Advocates for Youth announced the opening of The Center for Adolescent Health & the Law (A Project of Advocates for Youth, 211 North Columbia Street, Chapel Hill NC 27514, 919-968-8850, 919-968-8854-fax. E-mail address: info@adolescenthealthlaw.org. Web site: www.adolescenthealthlaw.org). The Center will provide critical research to inform the public policy debate on issues affecting young people's health, including their sexual and reproductive health. The Center will conduct research, analyze legal and policy issues, prepare publications, provide training and technical assistance, and engage in advocacy.

The What's Happening to My Body Book for Girls, and *The What's Happening to My Body Book for Boys,* Lynda Madaras (Newmarket Press, 1995, $11.95) Written for parents and their daughters and sons, this is a guide to the changes of puberty, along with information on AIDS, sexually transmitted disease, and birth control.

Pregnancy Prevention

Considering Your Options: Information on Abstinence and Contraceptive Choices for Teenagers. Video. National Education Association Health Information Network. (NEA Professional Library Distribution Center, PO Box 2035, Annapolis Junction MD 20701-2035, 800-229-4200, 301-206-9789-fax, $15.00). This is a fast-paced video that combines animated segments where a teen goes on-line to learn more about contraceptive options and segments where real teens discuss their choices and concerns about sexual activity and various birth control methods.

Heat of the Moment. Video (Mississippi Department of Human Services, PO Box 352, 750 North State St, Jackson MS 39205, $10.00). This 18-minute video features teens telling their actual stories about their problems and decisions. This unscripted documentary brings the viewer face to face with the innermost struggles of teens. Their lives, their thoughts and their day-to-day hardships are openly revealed as they deal with the consequences of having sex or their decision to just wait.

The Kaiser Family Foundation. (2400 Sand Hill Rd., Menlo Park, CA, 94025, 650-854-9400). Provides a variety of resources about teen pregnancy; they also conduct research on adolescent sex issues. Web site: www.kff.org/homepage.

The National Campaign to Prevent Teen Pregnancy, (2100 M Street NW, Suite 300, Washington, DC 20037, 202-261-5655, 202-331-7735-fax). The National Campaign is a nonprofit, nonpartisan initiative supported almost entirely by private donations. The Campaign's strategy involves working with the entertainment media, parents, and others to change the teen culture, and working with local communities to build a more coordinated and effective grassroots movement. Both components are anchored in strong research on effective approaches and respect for the role of religion and values in shaping solutions. They publish a series of brochures about national efforts underway to reduce adolescent birth rates. Among their publications are *Ten Tips for Parents to Help Their Children Avoid Teen Pregnancy,* and *Nine Tips to Help Faith Leaders and Their Communities Address Teen Pregnancy.* An extensive set of resources are available on-line at their Web site, with on-line ordering for brochures, pamphlets, etc. Or order by fax at above fax number. Up to 10 copies of each publication is free of charge. Web site: www.teenpregnancy.org.

A Parent Handbook for Talking with Adolescents About Sex and Birth Control, J. Jaccard and P. Dittus (Department of Psychology, University at Albany, State University of New York, Albany NY 12222, 1999, 518-442-4864, 518-442-4867-fax. E-mail address: jjj20@csc.albany.edu.). This manual, which is the culmination of over 20 years of research on this topic by Dr. Jaccard, will be available as of March 2000.

Partners in Prevention: How National Organizations Assist State and Local Teen Pregnancy Prevention Efforts (National Campaign to Prevent Teen Pregnancy, 1997, $18.00). For order information, see National Campaign listing above. Based on a survey of 80 national organizations, this guide describes the kinds of assistance and resources each national group offers state and local teen pregnancy prevention efforts.

Planned Parenthood Federation of America: 800-829-7732 (810 Seventh Avenue, New York, NY 10019). The mission of Planned Parenthood is: to provide comprehensive reproductive and complementary health care services in settings which preserve and protect the essential privacy and rights of each individual; to advocate public policies which guarantee these rights and ensure access to such services; to provide educational programs which enhance understanding of individual and societal implications of human sexuality; to promote research and the advancement of technology in reproductive health care and encourage understanding of their inherent bioethical, behavioral, and social implications. E-mail address: communications@ppfa.org. Web site: www.plannedparenthood.org.

Power In Numbers: Peer Effects on Adolescent Girls' Sexual Debut and Pregnancy, Peter Bearman and Hannah Brückner (The National Campaign to Prevent Teen Pregnancy, 1999). When it comes to the influence teens have on each other, many parents and other adults fear the worst. They not only believe that peers are the major influence on the decisions adolescents make about sex and other matters, but they also believe that peer influence is invariably negative. This document presents an in-depth research-based analysis exploring some of these assumptions about peer influence, with surprising findings. This information is also available in a condensed version entitled *Peer Potential: Making the Most of How Teens Influence Each Other.* See National Campaign listing above for ordering information.

ReCAPP (Resource Center for Adolescent Pregnancy Prevention) is a Web site that provides practical tools and information on reducing sexual risk-taking behaviors among teens. It has information on evidence-based programs and effective practices that change sexual risk-taking behavior; abstracts, news summaries and the latest statistics on teen pregnancy; and a resource database of educational materials. Web site: www.etr.org/recapp.

Sex Smart: 501 Reasons to Hold Off on Sex, Susan Browning Pogany (Fairview Press, 1998, $14.95). This is an abstinence resource for teens. It addresses teens in an honest and conversational style, making a strong case for sexual responsibility. The book features teens and their stories about abstinence and about sexual experiences.

Snapshots from the Front Line: Lessons About Teen Pregnancy Prevention from States and Communities, 1997. *Snapshots from the Front Line II: Lessons from Programs that Involve Parents and Other Adults in Preventing Teen Pregnancy,* 1998. (The National Campaign to Prevent Teen Pregnancy, Washington DC. For ordering information, see National Campaign listing above. One copy free, additional copies $5.00). The National Campaign has paid visits to programs across the nation to catalyze and support efforts in pregnancy prevention. The booklets are not only inspirational but can be of real help, as can the organization, in assisting communities and states. *Snapshots II* contains telephone contacts for the programs featured.

Talking Back: Ten Things Teens Want Parents to Know About Teen Pregnancy (National Campaign to Prevent Teen Pregnancy, 1999, up to five copies free. For ordering information, see National Campaign listing above). This offers answers to the question: If you could give your parents and other important adults advice about how to help you and your friends avoid pregnancy, what would it be?

Thinking About the Right-Now: What Teens Want Other Teens to Know About Preventing Pregnancy (National Campaign to Prevent Teen Pregnancy, 1999, up to five copies free. For ordering information, see National Campaign listing above). This advice—for teens, from teens—is based on suggestions offered by readers of *Teen People* magazine, the Campaign's own Youth Leadership Team, and teen visitors to the Campaign's Web site.

"We Care...We Act," The American Association of School Administrators (Direct inquires to Sharon Adams-Taylor, Director of Children's Initiatives, AASA, 1801 North Moore Street, Arlington, VA 22209). Brochure about teenage pregnancy prevention and other sex topics, which details what it takes to support and nurture healthy teen growth and development. Web site: www.aasa.org/issues/advocacy/wecare_act.htm.

Sexually Transmitted Diseases (STDs)

Advocates for Youth, 202-347-5700. (1025 Vermont Ave NW Suite 210, Washington DC 20005). Offers resources for teachers on how to develop educational programs wherein young people counsel one another on HIV. Has a quarterly newsletter, *Transitions*, designed to keep teachers, counselors, and other professionals up to date on adolescent health and sexuality issues.

AIDS-Proofing Your Kids: A Step-by-Step Guide, Loren Acker, Bram Gold-water, William Dyson (Beyond Words Publishing Co., 1992, $8.95). Stresses parental involvement in educating teenagers about AIDS with a collection of practical, direct, and easily understood strategies for approaching the topic comfortably and effectively.

Centers for Disease Control (CDC) National Hot Lines. For more information or to speak to someone about sexually transmitted diseases:

CDC National AIDS Hotline: 800-342-2437-English, 800-344-7432-Spanish

CDC National AIDS Clearinghouse: 800-458-5231. Web site: www.cdcnac.org.

CDC National STD Hotline: 800-227-8922.

Clinical Trials: 800-TRIALS-A (800-874-2572). Source of the National Institutes of Allergy and Infectious Diseases. Offers latest on all AIDS studies.

Current Health 2® Magazine, with Human Sexuality Supplement. (Contact: Subscriber Services, 800-446-3355. Current Health 2, Weekly Reader Corp., 3001 Cindel Drive, Delron NJ 08370). *Current Health 2* magazine covers a range of topics from STDs to teen hormones, and is published eight times during the school year. Volume 24, No. 6, February 1998 provides extensive STD information. Web site: www.weeklyreader.com.

Deciding About Sex: The Choice to Abstain (#138) and *STD Facts* (#153, or #165 in Spanish). Network Publications (P.O. Box 1830, Santa Cruz, CA 95061-1830. Call 800-321-4407 for free catalog and pamphlets).

Herpes Resource Center: 800-230-6039. Web site: http://sunsite.unc.edu/ ASHA/.

How to Protect Yourself from AIDS. Contact for free copies of pamphlets: U.S. Department of Health and Human Services, Food and Drug Administration, Communications Staff (HFI-40), Rockville, MD 20857.

Michigan Sex Education and HIV/STD Prevention Program Guide: A Guide to Selecting Effective Pregnancy Prevention, HIV Prevention, and STD Prevention Programs and Strategies for Grades 7-12. (Michigan Department of Education, 517-373-7247). This guide was developed by the Michigan Department of Education in partnership with the Michigan Department of Community Health, to provide information that will assist Michigan schools and community organizations in selecting resources for middle school and high school students. It provides a wealth of information about the content and evaluation of 15 secondary programs, including both abstinence-based and abstinence-only alternatives. The guide may be copied and distributed, as it was developed with public funds.

The National AIDS Hotline: 800-342-AIDS-English, 800-344-7432-Spanish, 800-243-7889-TDD. Provides referrals to local AIDS organizations as well as general information and education.

National AIDS Hotline for Teenagers. 800-234-8336. Offers young people information, counseling, and support.

Straight Talk: A Magazine for Teens, (Learning Partnership, Inc., PO Box 199, Pleasantville, NY 10570-0199, 914-769-0055). Published periodically for teenagers, *Straight Talk* offers an excellent series of teen-oriented publications about STDs, relationships and substance abuse.

Teen Choices: 817-237-0230-phone, 817-238-2048-fax. Provides HIV/STD education programs to schools and churches. Develops and distributes HIV/STD education materials. E-mail address: teenchoice@aol.com.

What Parents Need to Tell Children About AIDS (1992). *A Close Encounter* (1988). *Flirting With Danger* (1994), New York State Department of Health (Health Education Services, A Division of Health Research Inc., P.O. Box 7126, Albany, NY 12224, 518-439-7286). These publications can be purchased for 75¢ each. Catalog available. The last two publications are in full-color, comic book format. Easy-to-read, but contain explicit graphics and subject matter with story lines on avoiding AIDS.

Tattooing/Piercing

Prevention Researcher Newsletter, Integrated Research Services, Inc. (66 Club Road, Suite 370, Eugene, Oregon, 97401-2464, 800-929-2955). This newsletter is published tri-annually by Integrated Research Services, a non-profit research and educational corporation specializing in substance abuse prevention and human performance. For specific information on health risks of tattooing and piercing, from educators and prevention personnel affiliated with the newsletter, please see volume 5, No.3. Web site: www.integres.org/prevres/.

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3. Term/Termination. Either party may terminate this Agreement with or without cause upon thirty (30) days written notice.

4. General Representations and Warranties. Event Guest represents and warrants to WebMD that: (i) neither the Work Product nor the Services will infringe any rights of any third party; (ii) Event Guest does not have any conflicting obligation to others that would prevent him or her from fulfilling the obligations under this Agreement; and (iii) Event Guest has the full right (and all necessary agreements with employees and others) to fulfill his or her obligations under this Agreement.

5. Standards of Professionalism. Event Guest represents and agrees that (i) s/he has fulfilled all professional licensure, approval and credentialing requirements, if any, applicable to his or her profession, of the state in which s/he practices, and is duly licensed (if licensure is required); (ii) Event Guest will not attempt to diagnose or treat third parties, or provide specific advice which may be construed as diagnosis or treatment, by use of the WebMD site; (iii) Event Guest has read and understands the Terms and Conditions of the WebMD site, and will not take any action which would be inconsistent with those Terms and Conditions; (iv) Event Guest will abide by the standards of conduct governing his/her profession, including not purporting to diagnose or treat third parties on the WebMD site without in-person consultation (if applicable); and (v) s/he will maintain at his or her expense, and at all times during the term hereof, professional liability insurance coverage in order to protect against claims by third parties arising from any purported advice or assistance rendered via the WebMD site (to the extent that professional liability coverage is available for Event Guest's profession).

06/08/00

6. Relationship of the Parties. Event Guest is an independent contractor and is solely responsible for all taxes and withholdings and agrees to defend, indemnify and hold WebMD, its assigns, and successors-in-interest harmless from and against any and all claims, liability and expenses on account of an alleged failure by Event Guest to satisfy any such obligation.

7. Proprietary Information and Confidentiality. Event Guest agrees that any information or materials that it receives from WebMD in confidence during the term hereof are confidential and constitute "Proprietary Information." Except as required to perform the Services, Event Guest will not disclose or use any Proprietary Information that constitutes a trade secret under Georgia law during or after the term of this Agreement. Except as required to perform the Services, Event Guest will not disclose or use any other Proprietary Information during the term of this Agreement and for two (2) years thereafter. Proprietary Information does not include information that Event Guest can document is or has become readily publicly available without restriction through no fault of Event Guest. Upon termination and as otherwise requested by WebMD, Event Guest will promptly return to WebMD all items and copies containing or embodying Proprietary Information.

8. Miscellaneous. Any breach of Section 2 or 7 will cause irreparable harm to WebMD for which damages would not be an adequate remedy, and, therefore, WebMD will be entitled to injunctive relief with respect thereto in addition to any other remedies. The failure of either party to enforce its rights under this Agreement at any time for any period shall not be construed as a waiver of such rights. No changes or modifications or waivers to this Agreement will be effective unless in writing and signed by both parties. In the event that any provision of this Agreement shall be determined to be illegal or unenforceable, that provision will be limited or eliminated to the minimum extent necessary so that this Agreement shall otherwise remain in full force and effect and enforceable. This Agreement shall be governed by and construed in accordance with the laws of the State of Georgia without regard to the conflicts of laws provisions thereof. In any action or proceeding to enforce rights under this Agreement, the prevailing party will be entitled to recover costs and attorneys' fees. Headings herein are for convenience of reference only and shall in no way affect interpretation of this Agreement.

HEALTHEON-WEBMD, INC.

Name: ____________________

Date: ____________________

EVENT GUEST

Name: [illegible signature]

Date: June 12, 2000

Mailing Address:
736 Jackson Place, NW
Washington, DC
20503

Phone Number
202-456-2959

06/08/00

EXHIBIT A

Services: This agreement is for 1-5 number of live events featuring you, the Live Event Guest, which will be moderated by a trained WebMD Online Event Producer. The purpose of the live event is to engage consumers in their search for medical knowledge and information through a professional, friendly manner.

Responsibilities: The Live Event Guest is responsible for submitting a bio and headshot to the producer in advance of the Live Event. This bio may be edited, published and linked from the description of the live event ("Splash Page").

During the live event, the producer shall follow standard chat etiquette: announcing the beginning of the scheduled live event; stating the topic of the live event; introducing the Live Event Guest using her/his bio; and keeping the discussion going. The producer is expected to ask pertinent questions on the topic as to get an informative transcript from the Live Event Guest. Ten minutes prior to the closing of a live event, the producer informs the participants that the live event will be finishing up in several minutes. Five minutes prior to the end of the live event, the producer begins wrapping up the session, thanking the Live Event Guest and soliciting feedback from the attendees in regards to WebMD and the guest and topic.

Sacramento Publishers Association
C/O
Andrea W. Patterson
7740 Sleepy River Way
Sacramento, California 95831
Phone/fax: 916-393-0500 (Cell 730-1081)

Fax

To:	President's Office on Aids Policy ATTN: Sandy Thurman, Director	**From:**	Andrea W. Patterson, Awards Chair Sacramento Publishers Association
Fax:	202-456-2439	**Pages:**	3
Phone:	202-456-2437	**Date:**	03/28/00
Re:	Proclamation for SPA Silver Award	**CC:**	

X **Urgent** **For Review** ☐ **Please Comment** x **Please Reply** ☐ **Ple**

- **Comments:**

As requested, I am sending a sample proclamation for the Sacramento Publishers Association's Silver Book Award Winner along with information on the award program. We will need the proclamation before April 18. For more information, please contact me at:

Andrea W. Patterson

Telephone/fax: 916-393-0500 (Cell 730-1081); Email: Sardispublishers@cwo.com.

Thank you for your consideration,

Andrea W. Patterson

President's Office on Aids Policy
Proclamation for Sacramento Publishers Association
Silver Award Winner

WHEREAS, the Sacramento Publishers Association honors authors and publishers annually for "Best Books;" and

WHEREAS, "Best books" fall in three major categories: Gold, Silver and Bronze; and

WHEREAS, the SPA presents its 2000 Silver Award to *The Two Headed Dragon – Exploring the Gift of Aids* and Ravenwood Publishers; and

Sean M. Hom

WHEREAS, The Two Headed Dragon also receives the SPA's Best Non Fiction General, Best Self-Help, Best Bookmark and Best Postcard Media/Marketing awards; and

WHEREAS, *The Two Headed Dragon* was judged by a panel of independent judges with expertise in writing and publishing; and

WHEREAS, HIV/Aids is a plague of biblical proportions claiming more lives than casualties lost in all wars this century combined; and

WHEREAS, this book comes at an extraordinarily important juncture in America's battle against HIV/Aids, serving as a guide for living with this life-threatening illness while focusing on the important things in life and making every minute count; and

WHEREAS, this award winning book will help researchers, doctors, nurses, social workers, activists, governments, foundations and friends and families living with HIV/Aids live through the pain and see the gifts; and

WHEREAS, Ravenwood Publishers joins with others in the trenches shed light on this epidemic and to provide hope to families, friends, and caregivers; and

NOW, THEREFORE, BE IT RESOLVED that ___________ joins the Sacramento Publishers Association in honoring Ravenwood Publishers with the highly coveted Silver Award; and the Best Non Fiction General, Best Self Help and Best Marketing Awards for its outstanding efforts in publishing *The Two Headed Dragon.*

BE IT FURTHER RESOLVED, that the ________________________________ commends Ravenwood Publishing for its sensitivity in dealing with this formidable subject.

Revenwood2

(800) 476-2438

Kramer Bart
387-
1400 NY. review.ob bit

Paula (916) 974-0704

SACRAMENTO

Fact Sheet

Sacramento Publishers Association 2000 Book Awards Night

Winners will be announced at the April 18, 2000 Book Awards Night at the SMUD Building, 5026 Don Julio, Room C, North Highlands, at 7:00 p.m. This year's winners come from the following towns: Camino, Orangevale, Rancho Cordova, Rancho Murietta, and Sacramento. Twenty-seven awards will be presented at the ceremony. The ceremony is open to the public, although seating is limited.

Sacramento Book Awards Program and History

The Sacramento Publishers Association's (SPA) Awards Program began in 1994. Awards cover five major categories: Gold, Silver, Bronze, Best Cover, Best First Book and Best First Endeavor. Other awards include best in subject, other materials, design and media/marketing awards.

Requirements for entering a book are: Membership in SPA with the book or materials produced within the award year (January – December). A $20 entry fee is charged to members for this award program. Winners receive no monetary prize although they receive certificates and trophies at the award ceremony.

Judges

Judges for the awards program come from the community and SPA membership. They have expertise in writing, publication design, book selection and marketing.

About the Sacramento Publishers Association

The Sacramento Publishers Association is an alliance of independent publishers from the northern valley region of California working together to exchange information about the book publishing business. The SPA sponsors the annual awards program as well as an annual conference on publishing. The SPA holds monthly meeting to focus on critical elements of publishing and marketing of members' works and often includes outside speakers. The SPA is an affiliate of the Publishers Marketing Association, a non-profit cooperative marketing organization. Our organization has more than 100 members, most of whom are independent publishers with some affiliate trades represented. The organization was formed in 1993. The annual membership fee is $40 for publishers and writers; $60 for vendors and associate members and $15 for full-time students. Officers are President – Danette Mulrine, Vice-President- Dee Linton, Treasurer/Annual Awards Chair -Andrea W. Patterson, Past-President, Charles Bellissino, Deirdre Honnold, Board Advisor, Karen Burnett, Member-at-Large, Robert Dreizler, Member-at-Large, and Terry Prince, Annual Awards Chief Judge.

Past Top SPA Award Winners

1998-1999

Gold	*Tending Your Money Garden* by Robert Dreitzler Rossonya Books, Sacramento
Silver	*A First-Year Teacher's Guidebook* by Bonnie Williamson Dynamic Teaching Company, Folsom
Bronze	*The Red Bluff Navy* by Arla Gridley Farmer Ravenwood Publishers, Sacramento
Best Cover	*A First-Year Teacher's Guidebook* by Bonnie Williamson Dynamic Teaching Company, Folsom
Best First Book	*Tending Your Money Garden* by Robert Dreitzler Rossonya Books, Sacramento

1997-1998

Gold	*Getting thru To Kids* by Phillip Mountrose Holistic Communications, Sacramento
Silver	*Gold Country* by Deirdre W. Honnold Wordwrights International, Carmichael
Bronze	*Building Your Financial Portfolio on $25 A Month (Or Less)* By E. S. Christensen & B. R. Christensen Effective Living Publishing
Best Cover	*A Traveler's Guide To Caribbean History* By Don & Dene Dachner Traveler's Press, Inc., Dixon
Best First Book	*Getting thru To Kids* by Phillip Mountrose Holistic Communications, Sacramento

1996-1997

Gold	*River Of Gold* by Nadia West, Bridge House Books
Silver	*Grandmother's Bell And The Wagon Train 1849* By Joan Barsotti, Barsotti Books
Bronze	*English With Ease* by Dierdre Honnold Wordwright International
Best Cover	*Grandmother's Bell And The Wagon Train 1849* By Joan Barsotti, Barsotti Books
Best First Book	*Grandmother's Bell And The Wagon Train 1849* By Joan Barsotti,Barsotti Books

1995-1996

Gold	*The Silver Pen* by Alan Canton Adams-Blake Publishing
Silver	*Where To have Affairs* by Carol Cullen Nelson Riba Communications
Bronze	*San Jose With Kids* by Deirdre Honnold Wordwrights International
Best Cover	*The Silver Pen* by Alan Canton Adams-Blake Publishing
Best First book	*San Jose With Kids* by Dierdre Honnold Wordwrights International

1994-1995

Gold	*How To Guarantee Your Child's Success* by Mayaland Press
Silver	Milemarking I-80 by Mile Publications
Bronze	*Sacramento With Kids* by Wordwright International
Best Cover	*Encyclopedia Of Sauces For Your Pasta* by Marcus Kimberly Publishing
Best First Book	*How To Guarantee Your Child's Success* by Mayaland Press

Ravenwood Publishing
P.O. Box 601551
Sacramento, CA 95860
(916) 974-0764
(916) 972-9312 Fax
www.ravenwoodpub.com

facsimile transmittal

To:	Monica	**Fax:**	202/456-2438
From:	Dee Linton, Publishers	**Date:**	04/13/00
Re:	Request for Reviewer Comments	**Pages:**	3
CC:			

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

Please note that we are just now submitting the new edition of ***The Two Headed Dragon*** for review. I expect that by May we will have published reviewer comments to share.

This book (The Two Headed Dragon) is for people living with life threatening illnesses, for caregivers, family and friends.

John Linder, LCSW

This book is a look at the experience of a terminal disease by one of it's most articulate spokespersons. He leaves a heartfelt eyewitness account.

This book touches deeply as we incredulously read of the gifts of AIDS. We as readers, are convinced by this warm and charming eyewitness account that love, relationships, and above all honesty can heal even unto death.

Margaret Dodson, RN

The Two headed Dragon is a passionate and brave journey of one man's challenge with AIDS. It brings to light the "gift's" that can be discovered by traveling down the path of AIDS or dealing with a terminal illness.

Anne Moore, RN

Sean Hoag's tells of his soul searching trek down one of the many paths to life's gifts ... From the physical, mental, emotional, to spiritual, you walk with him through the battle ground of a modern plague... AIDS. Through it all he finds his gifts. Out of the pits of hell comes strength, hope, and oh so much love. In his humanity he finds his place in the intricacies of life... Peace.

Rose Clarmond, RN

Sean Hoag has written a meticulously researched, honest and important work in his, just released, "The Two Headed Dragon". A Licensed Clinical Social Worker, at the U.C. Davis Medical Center, he knew all too well the battle he faced when later he, too, was diagnosed HIV Positive, and later still an AIDS patient. Refusing to be a passive victim, he began mapping a blueprint of the dragon in all it's manifestations: Black Plague victims in astronomical numbers and the superstitions and fears that have led to so much heartache, loneliness, suffering and unnecessary early deaths, not only in the Black Plague, but almost as blindly since the AIDS crisis began. He has offered gifts of insight, not as a "Pollyanna", but from a solider in the trenches.

This book will assist all of us to face our dragons, in whatever form we may encounter them, for we all face inevitable death. Mr. Hoag gave us a self-help legacy for dealing with our own departures from the mortal world as his last caring gesture. Please open your minds and hearts and take advantage of this culmination of his life's work. It will prove an enrichment of your and many other lives no matter what your age, good or poor health or heavy burdens. Truly, in reading "The Two Headed Dragon" you will find priceless gifts.

Arla Gridley Farmer
EMT (retired)