



ROSARY FOR LIFE

"For You created my inmost being; You knit me together in my mother's womb. My frame was not hidden from You when I was made in the secret place. Your eyes saw my unformed body. All the days ordained for me were written in Your book before one of them came to be." (Psalm 139:13-16)

Mass and Rosary Prayed First Saturday of every Month

In Reparation to the Immaculate Heart of Mary for the protection of Unborn Children, for the reconciliation of all other victims of abortion: mothers, fathers, children, families, our nation, the heartbroken, the confused, the desperate, the deceived.

Join us to Pray a Rosary for Life

We will be continuing a series of Saturday Mass and prayer services. Each **FIRST SATURDAY** prayer service will begin with Confession at 8:30 a.m., followed by 9:15 a.m. Mass at St. Andrew's Abbey, 2900 Martin Luther King Drive (behind Benedictine High School near the corner of Buckeye). After Mass, we will reassemble on the sidewalk in front of the abortion facilities at 11710/12000 Shaker Blvd. at 10:30 a.m. There we will pray as a family the Divine Mercy Chaplet and the Joyful, Sorrowful and Glorious Mysteries of the Rosary. Please Join Us!

ROSARY FOR LIFE SCHEDULE 2004

FIRST SATURDAYS

July 3rd

August 7th

September 4th

October 2nd

November 6th

December 4th

ALL OTHER SATURDAYS

We will assemble on the sidewalk in front of the abortion facility at 11710 Shaker Blvd. at 9:30 a.m.

Note: There is no Mass or Confession on other Saturdays.

WEST SIDE

We will assemble in front of Planned Parenthood in Rocky River at 20800 Center Ridge Rd. every Saturday morning at 10:00 a.m. and every Tuesday evening at 6:30 p.m.

For more information, contact Rosary for Life (216) 362-1732 / (216) 431-4342 or Father Donnelly (440) 975-0729

*In the Akron area, please contact Right to Life of Greater Akron (330) 762-2785 for local schedule.

Please feel free to make copies and distribute these programs.

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HIV testing is integral to HIV prevention, treatment, and care efforts. Knowledge of one's HIV status is important for preventing the spread of disease, since HIV testing provides an opportunity for people to receive counseling and information about risk reduction. Studies indicate that many who learn they are HIV positive modify their behavior to reduce the risk of HIV transmission. Early knowledge of HIV infection is also critical for linking people to needed medical care and services that can reduce morbidity and mortality and improve their quality of life.^{1,2}

Testing Recommendations & Requirements

The U.S. Centers for Disease Control and Prevention's (CDC) new *Advancing HIV Prevention (AHP) Initiative* includes a focus on making HIV testing a routine part of medical care and implementing new models for diagnosing HIV outside of the medical setting.¹ The CDC recommends that HIV testing be offered in all high HIV-prevalence clinical settings, to those at risk for HIV in low HIV-prevalence clinical settings, and recommends routine testing of all pregnant women and of any infant whose mother was not screened.^{1,2} There are also mandatory testing requirements in the U.S. in certain cases, including for: all blood donors; all military applicants and active duty personnel; federal and state prison inmates under certain circumstances; newborns in at least 2 states; and immigrants (waivers for HIV positive immigrants and visitors may be granted).

Factors that increase risk for HIV include ever having:³

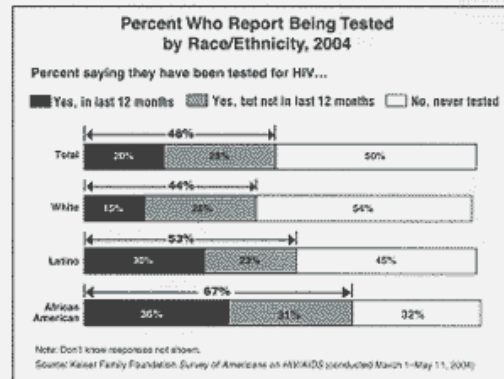
- had unprotected sex with someone who is infected with HIV
- shared injection drug needles and syringes
- had a sexually transmitted disease, like chlamydia or gonorrhea
- received a blood transfusion or blood clotting factor between 1978 and 1985
- had unprotected sex with someone who has done any of these things

While prevention counseling is recommended for all persons at risk for HIV, the CDC's AHP Initiative promotes the adoption of simplified HIV-testing procedures that do not require prevention counseling before HIV testing in medical settings.¹

Testing Statistics

- In 2004, about half (48%) of U.S. adults, 18 years and older, reported ever having been tested for HIV, including 20% in the prior 12 months (see Figure).⁴ The overall percent who say they have been tested has increased over time.^{4,5}
- HIV testing rates vary by state, age, and race/ethnicity.^{4,6,7} For example, African Americans and Latinos are more likely to report being tested for HIV than whites (see Figure).⁴
- Of the 850,000 to 950,000 people estimated to be living with HIV/AIDS in the U.S., an average of one-quarter, but as many as a third (180,000 to 280,000), do not know they are infected.⁸
- Among those who tested positive at CDC-funded sites in 2000, almost one third (31%) did not return for their test results.¹
- Knowledge of one's HIV status appears to be particularly low in some populations. A study in 6 major U.S. cities found that 77% of young gay and bisexual men infected with HIV, ages 15–29, including 91% of African Americans, did not know they were HIV-positive.⁹

- In addition, many people with HIV are diagnosed late in their illness. Forty-one percent of those diagnosed between 1994–1999 received an AIDS diagnosis, the most advanced stage of HIV infection, within 1 year of their positive HIV test.¹⁰
- People report many reasons for getting tested, including wanting to learn their HIV status, feeling at risk, illness, and because the test was offered.^{1,11} The main reason given for not getting tested is not feeling at risk.⁴
- Many want more information about HIV testing including: the different types of HIV tests available (36%), how much testing costs (31%), whether test results are confidential (24%), and where to get tested (23%).⁴ African Americans and Latinos are much more likely than whites to say they need more information about HIV testing.⁴
- Stigma and misconceptions about HIV testing also remain. Three in ten (31%) say they would be concerned that people would think less of them if they found out they had been tested. A third think that blood drawn at the doctor's office is automatically tested for HIV, or they don't know for sure. And, among those who report having been tested, nearly a quarter (23%) were under the impression that HIV testing was a routine part of an exam.⁴



Testing Sites & Policies

- HIV testing is offered at CDC-publicly funded testing sites (approximately 11,600 in the U.S.—about 2 million tests were given in the year 2000) and in other public and private settings. Testing sites include free-stand HIV counseling and testing centers, health departments, hospitals, private doctors offices, and STD clinics.¹² People who have been tested in the last year are most likely to have done so in a private doctor's office.⁴
- Studies indicate that people with HIV are most likely to be diagnosed in hospital inpatient settings, followed by private medical doctor's offices/HMOs and HIV counseling and testing sites.¹³ Those at-risk are most likely to be tested in public health clinics followed by private doctors offices/HMOs.¹⁴