Mid-January to Mid-February 1999

IN THE AFFIRMATIVE

a newsletter for Maine's HIV/AIDS community volume VI number I

IN THIS ISSUE

PAGE ONE
Our cover story: Free tickets for TAP clients is the goal of the "Immediate Seating" program. Daniel Schnorbus, TAP's Client Services Coordinator, updates us on the program.

PAGE TWO
"By The Way" from editor Mike Martin, as he blows the dust out of the nooks and crannies of his mind.

PAGE THREE
Robert Moore is TAP's African-American Outreach Worker.
The TAP list of Staff, Board of Directors, and Advisory Board.

PAGE FOUR
The Wellness & You Fitness Program, a joint program of TAP and UNE, is starting up again for people with HIV/AIDS.
Maine AIDS Update.

PAGE FIVE
HIV News - In Brief.

PAGE SIX
HIV News - In Brief.

PAGE SEVEN
HIV News - In Brief.

PAGE EIGHT
Client Services, Support Groups, and For Your Information.

"Immediate Seating" for TAP Clients Up and Running at The AIDS Project

by Daniel Schnorbus

The AIDS Project is happy to report the continuing progress of our "Immediate Seating" program. Through "Immediate Seating", clients of TAP can request free tickets to attend cultural events in the Portland area. These events include theater performances and choral concerts, among other events.

Various sponsors donate passes to a variety of cultural and entertainment events throughout the year. Among our sponsors are Maine Arts and the Maine Gay Men's Chorus. With such donations, "Immediate Seating" is kept vibrant. We thank our sponsors for their generosity in the past and look forward to working with them in the future.

If you would like to participate in the "Immediate Seating" program, please call or visit me, Daniel Schnorbus, at The AIDS Project and fill out an "Immediate Seating" Ticket Request Form. Please do so at least seven days prior to the event you wish to attend. Keep in mind that the sooner the request is made the better the chances are of securing tickets. You will be notified shortly after your request is made if TAP can get tickets for you.

I look forward to hearing from you and hope to see you in the office soon.

To contact Daniel Schnorbus, TAP's Client Services Coordinator, call 774-6877.

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BY THE WAY
by MIKE MARTIN

A man should stay alive if only out of curiosity.
- Yiddish proverb

As a person who has four cats, you might think that my favorite quote about curiosity would be "Curiosity killed the cat." No so. The Yiddish proverb above is more to my liking and has a more applicable reference to my own life.

Almost thirteen years ago I suffered a very serious bout of depression and anxiety. It was easily the most awful time of my life. As bad as I felt, I had no serious thoughts of suicide. Curiosity kept me going. I just had a feeling that there was something or some things I was meant to be around for. Facetiously I would tell people that the thing I was meant to be around for was the revealing of the identification of "Deep Throat", the anonymous source for Woodward and Bernstein's Watergate stories. The truth was more intangible.

Given that a third of my life has happened after that terrible depression, I am of the opinion that there have been many things I was meant to be here for, and that there are more still to come. Many of them are very personal and involve my family. Some are more general and involve the world around us all. One reason for my being here is all about being HIV-positive.

Almost eleven years ago, I tested positive for HIV. In that time I have met an incredible number of very fine people. Some are HIV-positive, some are not. Some have AIDS, some have died of AIDS. I feel I was meant to meet them all. One group in particular that I feel I was meant to meet is a bunch of guys with HIV who banded together in a support group and in a social way, with dinners, cookouts, card playing, and friendship. Their strength and perseverance has been a real lesson in the meaning of being alive.

On New Year's Eve, it is a tradition of some of the guys to get together and celebrate the fact that we're still here. We meet at one of the guys' house and play cards, eat ourselves silly, watch the ball drop in Time Square, and stay overnight to have the first breakfast of the new year together. We've been doing this for years. We've lost too many of the gang to AIDS. We are amazed and pleased to have survived. Four of us have been around the longest. We're certainly curious why this is so, but we don't know the answer. We would like to be around when the answer is found, when the cure for AIDS is found.

Personally, I still feel like there are things I am meant to be here for. Doing this newsletter qualifies as one of those things. With this issue, we begin our sixth year with the 39th edition and a collective 322 pages. That would make a good size novel. Our first edition came out in December 1993. We reported that Maine had a collective 443 cases of AIDS since reporting had begun. In this issue the number of cases is up to 832. By December of 1993, 228 deaths from AIDS had been reported in Maine. That figure is now 443. My curiosity is focused on how and when those figures will cease to become larger; how and when people will stop dying of this disease.

If for no other reason, I might as well stay alive out of curiosity. And I hope along the way to do some good. My curiosity has led me into situations that have allowed me to do some good things since testing positive. I do a fair amount of volunteer work for The AIDS Project by serving on its Board of Directors. It has allowed me to have a small impact in a positive way, I hope, to improve the agency's services for clients. It has also given me the opportunity, as I said before, to meet some of the most interesting people, people who are infected and affected by HIV/AIDS.

Curiosity has been a big factor in my life. I like to know things. I like to know how things work. I like to know how people behave. I like to know how people build their lives. My curiosity is like life itself -- always happening, always adapting, always striving to survive.

As winter slows us down with its variety of snow, sleet, rain, and freezing cold, this is the time of year when I think about the future the most. I am very curious about my own personal future. What will happen to my family in the coming years? What about my friends? What about our state and nation? And irreverently, who is "Deep Throat"? (And even more irreverently, if the groundhog sees his shadow, will we have six more weeks of Clinton's Senate trial?) Who among our gang will survive to attend next year's New Year's Eve party?

And given all this curiosity, perhaps I am meant to be right where I am. It's not a bad place to be, HIV aside. Of course, it's impossible to put aside the HIV for very long. It's always here. Still, with time has come the realization that living with HIV is better than not living at all. And it is better to live in spite of HIV. I guess I am just too damn curious about what is to come to let HIV stop me from living an interesting life.

Robert Moore is TAP's African-American Outreach Worker

Hi Cumberland County,

My name is Robert Moore and I am the African-American Outreach Worker of TAP's Prevention Education Department. If you need HIV literature, condoms, one-on-one conversation, public speakers for educational events, and/or referrals for counseling, call or write to me.

Robert Moore
The AIDS Project
P.O. Box 5305
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774-6877, ext. 12

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CLIENT **SERVICES**

Wellness & You Fitness Program for People with HIV/AIDS

by Daniel Schnorbus

Wellness & You is a nationally recognized stress reduction and physical activity program designed specifically for people living with HIV and AIDS. In this program individuals can participate in a variety of supervised physical activity, education, and specialized stress management segments. Weekly guest speakers address a variety of stress reduction methods, ranging from massage therapy to meditation. Moderate physical activity, including cardiovascular exercise and strength training, is aimed at improving the health and well being of people with HIV and AIDS.

Those clients interested in participating in the Wellness & You Program will again have the opportunity to do so starting January 25, 1999. The sessions will last for twelve weeks and run through April 16, 1999. This group will meet Monday, Wednesday, and Friday mornings at 10 a.m. at the Westbrook College campus of the University of New England.

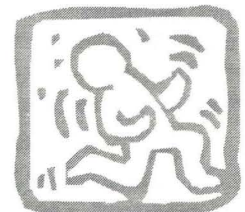
Individuals interested in the Wellness & You Program can contact me, Daniel Schnorbus, at TAP at 774-6877, or Judy Vezina, the program's facilitator, at 797-7688, extension 4348. Please consider that there is an enrollment process that includes a health screening and fitness assessment. Clients wishing to participate should contact one of us as soon as possible.

Wellness & You

Starts Jan. 25

Ends April 16

Sign up now!

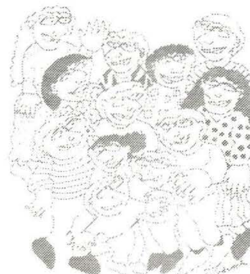


Maine AIDS Update

Maine Cases of AIDS - 832
Maine Deaths from AIDS - 443

U.S. Cases of AIDS - 641,068
U.S. Deaths from AIDS - 390,692

Includes all cases since reporting began. Maine stats as of 9/98; U.S. stats as of 12/97. Maine AIDS Cases include only those who resided in Maine at the time of their diagnosis.



Next Issue of In The Affirmative

Mid-February 1999

Happy Ground Hog's Day

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Do Drugs Cost Too Much? Consider the Alternatives

Wall Street Journal (11/14/98)

Richard Jay Kogan, chairman and CEO of drug company Schering-Plough, asserts that the increasing profits by drug manufacturers are due to new drug candidates, better medications, novel delivery systems, and treatments for diseases that were previously untreatable.

Commenting in the Wall Street Journal, Kogan notes that "the launch of new drugs shifts costs and benefits around in ways that confuse and infuriate many people." He adds that the costs are largely borne by health plans and health-care institutions. New drugs can reduce the incidence and severity of diseases on a large scale and can increase life span for infected individuals.

The author cites the recent decline in the AIDS mortality associated with the benefits of new medication. One study found that combination therapy for HIV resulted in a 39 percent decrease in admissions, a 44 percent reduction in bed days, a 54 percent reduction in serious HIV-related illness, and a 40 percent decline in the AIDS death rate. Additionally, progression to AIDS declined 42 percent.

While the cost of the drugs is high, Kogan argues that they have reduced the total cost related to HIV. Attempts to decrease profits for drug companies, Kogan says, may result in a decline in pharmaceutical innovations.

ABT-378 Shows Promise

American Druggist (11/98)

Preliminary data from a study of 35 people receiving Abbott Laboratories' ABT-378, a 2nd-generation HIV protease inhibitor, indicate that the drug can be used to successfully lower viral loads. In the study, 16 of 17 treatment-naive people receiving the medication in conjunction with ritonavir had their viral loads fall to 400 copies per ml or lower over 20 weeks of therapy. Co-administration with ritonavir increased the bioavailability of ABT-378. Kim Madory, a spokesperson for Abbott, said that it could still be months before phase III trials begin.

Testosterone May Lessen Depression in AIDS Patients

Infectious Disease News (11/98)

Researchers from the New York State Psychiatric Institute found that biweekly injections of testosterone cypionate over three-months increased energy levels and feelings of well-being in a placebo-controlled study of 66 HIV-positive subjects. Dr. Glenn Wagner, a research scientist at the institute, said that fatigue is fairly common in HIV-infected individuals, particularly those with late stage HIV. While there is no data indicating that anti-HIV medication decreases testosterone levels, other medications have been shown to decrease hormone levels. However, some researchers also differentiated between fatigue and clinical depression.

Some researchers question whether the patient fatigue is caused by depression or by cytokine regulation. One six-month study of 80 people with HIV showed that length of time on AIDS therapy was a good predictor of depression, as was older age, negative feelings about the future, and loss of motivation.

Indinavir Stones Can Persist for Long Periods in HIV-Positive Patients

Reuters (01/06/99)

Researchers at Walter Reed Medical Center in Washington, D.C., report two cases of prolonged indinavir-associated kidney stones in HIV-positive patients who had interrupted indinavir treatment. In the December issue of Clinical Infectious Diseases, Drs. Mark E. Polhemus and Naomi E. Aronson reported that two HIV-positive men who stopped indinavir treatment due to kidney stones still had the problem after six months without the medication. One patient had the kidney stones for 11 months after indinavir treatment was stopped. The researchers note that while indinavir cessation is the conservative treatment for HIV-infected patients with kidney stones, not all cases resolve with conservative treatment, and physicians should strongly consider withdrawing indinavir with any episode of indinavir-associated kidney stones.

Bring HIV Campaign Out of the Dark Alley

Wall Street Journal (12/15/98)

In a letter to the editor of the Wall Street Journal, Daniel Zingale, the executive director of AIDS Action, applauded a recent editorial in the newspaper opposing public opinion campaigns that portray everyone as "at risk" for HIV. Zingale notes that homosexual men and injection drug users and their sex partners are at the highest risk in the United States. He asserts, though, that limiting a campaign solely to those two groups would result in a failure to reach other high risk groups, including young people and low-income minority women.

Half of the 40,000 new HIV infections in the United States each year occur among young people. Zingale states that many younger people are still not completely educated about the disease, with some believing that new anti-HIV medications are capable of essentially curing infection. He adds that the drugs are expensive and do not work for everyone.

Hospitals Get $6 Million for HIV Brain Bank

Boston Globe Online (12/15/98)

The National Institutes of Health will give a $6 million grant to three New York City hospitals to study the neurological effects of HIV on the brain. Mount Sinai School of Medicine, Beth Israel Medical Center, and St. Luke's-Roosevelt Hospital Center will in turn create the Manhattan HIV Brain Bank, a collection of brains from people who died of AIDS. Researchers from around the country will be able to apply to the brain bank for tissue samples.

Dr. Susan Morgello, the principle investigator of the project, explained that "this provides a really needed basic resource for research." The program will attempt to recruit about 90 people a year for the brain donations, asking patients in the final stages of AIDS to undergo neurological and psychiatric evaluation and to donate their brains when they die. The researchers hope to identify whether HIV can latently infect the brain and nervous system, to determine the impact of brain infection with HIV, and to devise new drug therapies against HIV and HIV-associated disorders.

"Hope sees the invisible, feels the intangible, and achieves the impossible."

- Anonymous

HIV Type 1 in Semen of Men Receiving Highly Active Antiretroviral Therapy

New Eng. Jrnl. of Med. (12/17/98)

Researchers from Thomas Jefferson University in Philadelphia, Pa., detected proviral DNA from HIV in the seminal cells of HIV-1-infected men receiving highly active antiretroviral therapy who had no detectable levels of viral RNA in their plasma. The finding suggests that the virus can be sexually transmitted by infected men who appear to be in remission.

The researchers, led by Dr. Hui Zhang, found proviral DNA in the seminal cells of four of seven men tested. Two men showed replication-competent viruses in their seminal cells. According to the researchers, "the viruses recovered from the seminal cells had no genotypic mutations suggestive of resistance to antiretroviral drugs and were macrophage-tropic, a feature that is characteristic of HIV-1 strains that are capable of being sexually transmitted."

Glaxo Wins Approval for New AIDS Drug Despite Serious Risks

Wall Street Journal (12/21/98)

Glaxo Wellcome's newest AIDS drug, Ziagen, was approved for marketing by the Food and Drug Administration, even though clinical trials showed that about 5 percent of patients experienced significant, and in some cases, fatal side effects, including fever, nausea, abdominal pain, low blood pressure, and an enlarged liver.

Despite the potential drawbacks, the FDA approved Ziagen because it is used to treat a life-threatening disease and may allow some patients to discontinue the use of drug "cocktails" that are the standard in AIDS treatment today. While many patients currently take as many as 20 pills a day, patients who can tolerate Ziagen in combination with another AIDS drug, such as Glaxo's Combivir, would have to only take about four pills a day. Ziagen, a nucleoside analogue reverse transcriptase inhibitor, is the fourth AIDS drug Glaxo has developed.

Challenging the Conventional Stance on AIDS

New York Times (12/22/98)

Conspiracy theories about HIV still abound despite a wealth of available scientific evidence. Recently, the Rev. Al Sharpton and his National Action Network sponsored the Harlem AIDS Forum, which featured many outspoken opponents to traditional views on HIV and AIDS. Of approximately 12 speakers, only one believed that HIV is the cause of AIDS, but he also argued that the virus was being spread to people of color throughout the world through the World Health Organization via its vaccine programs. Event organizer Curtis Cost explained that the objective of the meeting "was to allow people to hear disparate perspectives, and to do their own research."

According to a survey conducted by the Institute of Minority Health Research at Emory University's Rollins School of Health, 74 percent of African-Americans questioned believed they were very likely or somewhat likely to be used as test subjects for studies without their consent. Eighteen percent reported that they believe that HIV was an engineered virus and almost 10 percent said that AIDS is part of a genocidal plot to kill black people.

The AIDS epidemic has been particularly prevalent in the African-American community; although African-Americans comprise only 13 percent of the United State's total population, they accounted for 57 percent of new infections last year, according to the Centers for Disease Control and Prevention. Some AIDS activists among the community disapprove of the conspiracy theories, asserting that they serve to subvert prevention efforts such as testing and safe sex.

"While there is a chance of the world getting through its troubles, I hold that a reasonable man has to behave as though he were sure of it. If at the end your cheerfulness is not justified, at any rate you will have been cheerful."

- H. G. Wells

Controversy Rages Over Reporting Naming Names of HIV-positives

Seattle Times Online (12/28/98)

Across the nation, debate is raging over the use of name reporting for HIV-infected people. Texas has decided to abandon the use of unique identifier codes that allow for anonymous HIV surveillance, instead opting to report cases by name. Texas tried the non-name based reporting system for four years.

Many AIDS activists are in favor of the unique identifier system for the sake of patient confidentiality. Maryland has used the system as long as Texas, reporting no problems with its surveillance ability. Thirty-two states thus far have adopted some form of HIV reporting, but Texas and Maryland are the only two that used unique identifiers.

Proponents of non-name based testing assert that the reporting of names will result in a decrease in the number of people willing to get tested for HIV.

However, Surgeon General David Satcher notes, "Using names discourages testing only for those who don't understand the system. What they see as a risk is greatly exaggerated."

The Centers for Disease Control and Prevention recently recommended the use of name-based reporting, but leaves the decision up to individual states.

Role of HHV-8 in HIV-Related Kaposi's Sarcoma Confirmed

Reuters (12/29/98)

Researchers from the Amsterdam Cohort Studies on HIV Infection and AIDS report data that "strongly confirm" the causal role of human herpesvirus-8 (HHV-8) in Kaposi's sarcoma (KS). The authors studied over 1,400 homosexual men and more than 1,100 drug addicts to determine the presence of antibodies to HHV-8 antigens.

According to the findings, there was a low prevalence of HHV-8 seropositivity among drug users with a low incidence of KS, while the high prevalence of HHV-8 seropositivity among the homosexual men paralleled a high incidence of KS in that cohort. The study was reported in the Dec. 24 issue of *AIDS*.

Court Faults Dentist in HIV Dispute

Washington Post (12/31/98)

A U.S. Appeals Court ruled that Maine dentist Randon Bragdon violated the 1990 American with Disabilities Act by refusing to treat an HIV-infected woman in his office for fear of contracting the disease. Bragdon had suggested filling the woman's cavity in a hospital instead, which he said would offer greater precautions against HIV infection; however, Sidney Abbott refused because the in-hospital procedure would have cost her $185, while the office procedure would have been just $35.

The case reached the appeals court after the Supreme Court sent it back for reconsideration. The dentist's attorney noted that the Supreme Court, which ruled in June that HIV-infected individuals are protected by the ADA, unless they pose "a direct threat to the health and safety of others," may be asked to reconsider his client's case. Under federal law, Bragdon may be held liable for Abbott's legal expenses.

Peripheral Neuropathy/Myopathy Common Side Effects of HIV Antiretrovirals

Reuters (12/30/98)

Members of an AIDS Clinical Trials Group report that therapy with currently recommended antiretroviral drugs for HIV infection could produce symmetrical neuropathy (nerve disease) and myopathy (skeletal muscle disease). Of nearly 2,500 patients studied, 222 site diagnoses of neuropathy were made, about half of which were cases of distal symmetrical neuropathy. Patients receiving zidovudine and zalcitabine had the highest rates of distal symmetrical neuropathy.

The researchers, who reported their findings in the Dec. 24 issue of *AIDS*, said that because neuromuscular complications are common antiretroviral therapy-related effects, dose modifications may be required.

A Correction

In last month's newsletter, I spelled Kerry Tardiff's name incorrectly -- twice and in different ways both times. My apology to Kerry and my thanks for her fine work on getting this newsletter distributed to all our readers.

Patient or Guinea Pig? Dilemma of Clinical Trials

New York Times (01/05/99)

Clinical trials sometimes entail ethical dilemmas because the purpose of many studies is not to help treat patients but to gather information that could eventually help others. However, many people who sign up for trials view the experimental drugs as beneficial treatments, despite the fact that the drugs may not help the subject.

George Annas, chairman of the health law department at Boston University School of Public Health, explains that "sick people can't think of themselves as research subjects. They don't want to feel like they're being used as guinea pigs." Some patients become involved in the trials because they cannot afford other treatment. In addition, some AIDS and hepatitis C advocacy groups have taken up treatment issues, supporting the rights of subjects involved in clinical trials.

In one study of a hepatitis C treatment, viral load results were withheld until the trial's end in order to retain as many subjects as possible. Advocates believe that the practice is unethical because it limits treatment options and does not allow patients to assess their progress. The practice is not found in HIV clinical trials due to the strong advocacy groups and community advisory groups available to HIV-infected individuals.

Increase in Heterosexually Acquired HIV Infection Validated

Reuters (01/05/99)

Researchers from the CDC report in the January issue of the *American Journal of Epidemiology* that most patients with heterosexually acquired AIDS have a valid heterosexual risk of exposure to HIV, supporting reports of an emerging heterosexual AIDS epidemic in the United States. Researchers at the CDC investigated heterosexual risk among almost 2,000 patients (aged 13 years or older) who reported heterosexual risk or no risk for HIV infection; heterosexual risk was validated in 82 percent of the subjects.

About one-fifth of the men and over half of the women who initially reported no risk factors for the virus were determined to have most likely contracted HIV heterosexually. The CDC suggests that heath care workers make determined efforts to identify and record accurate information for people infected with HIV and that there be periodic re-examination of patient risk factors to ensure data accuracy.

Dual HIV Infection Cases Not So Rare

AIDS Alert (12/98)

Scientists previously believed that dual infection with multiple strains of HIV occurred only in rare cases, but new data show that dual-infection cases may be more common than formerly thought. Researchers in Alabama investigated HIV-infected chimpanzees that were exposed to an unrelated HIV-1 strain. Using PCR tests of cellular DNA from blood and lymph nodes, the researchers found that they could identify the second strain, but only within the first six weeks of exposure to the second HIV strain.

According to Dr. Fultz, one of the researchers, the finding "indicated that the prior infection was down-regulating and bringing under control the second strain that the animal was exposed to, which is what you would like in a vaccine." Even universal primers did not pick up the second strain in some animals. Using PCR primers to the strains that had infected the animals, the scientists found that almost every animal was, in fact, infected with a second strain, indicating that primers preferentially pick up one strain. Fultz said she is not optimistic about the ability of existing methods to detect secondary strains.

AIDS Vaccines Look Good in Tests

San Francisco Examiner Online (12/27/98)

Even though several AIDS experts are confident that developing a vaccine against AIDS by President Clinton's goal of 2007 is an attainable objective, a NIH report that said that creating an effective vaccine will require a tremendous undertaking has received the support of researchers such as R. Scott Hitt, chairman of Clinton's advisory council on HIV/AIDS, who believes that developing a vaccine within 10 years will take more effort or good luck. Anthony Fauci, director of the NIAID, and an advocate of Clinton's goal, has pointed out that one of three vaccines in late-stage development could be the first to make a breakthrough, including VaxGen's AIDSVax, which is in Phase III trials to determine whether the antibodies stimulated by the genetically engineered vaccine attack HIV. Using a different approach, Wyeth-Lederle Vaccines is developing a vaccine that involves injecting a small amount of HIV DNA into a person's muscle to stimulate the production of antibodies against the virus. Pasteur-Merieux Connaught is working on a so-called vectored vaccine, currently in Phase II trials.

CLIENT SERVICES

MEDICAL ASSISTANT **FUNDS**

An important reminder to clients:
There are funds available to TAP clients with financial need for the following items: Routine Dental Care, Routine Eye Care and Eyeglasses, Vitamin Supplements, Non-Prescription Skin Care Products, and Non-Medicaid Medication Co-pays.
There is a dollar limit to how much a client can receive in any fiscal year. Contact your case manager for assistance.

FREE **LUNCH**

Enjoy a free lunch at The AIDS Project every Thursday at noon. Join other clients and TAP staff for a great meal, good conversation, and very good company. Drop on by Thursdays at noon!

IMMEDIATE **SEATING**

For free tickets to area events as they become available, sign up for "Immediate Seating." Call TAP at 774-6877 for more information.

I.V. **LEAGUE**

Meetings of the I.V. League support group are held on Wednesdays at 11:00 a.m. at the Parkside Community Center, 94 Mellen Street, in Portland.
For more information, call 874-8775.

THE MEETING **PLACE**

This room is used by TAP in Portland for support groups, counseling and testing, and some client/case manager meetings. Located in Suite 632, it provides more privacy for people served by TAP.
Enter from the High Street side of the building.

FOR YOUR INFORMATION

TAP **ON-LINE**

Visit our new website at: "www.aidsproject.org"
To e-mail The AIDS Project,
send your message along to "tap@aidsproject.org"

HIV **WEBSITES**

Check out these websites:
www.hivpositive.com
www.thebody.com
www.projinf.org
for info on HIV and AIDS.

AIDS **HOTLINES**

Questions about HIV/AIDS?
Call toll-free
National AIDS Hotline:
1-800-342-2437
Maine AIDSline:
1-800-851-2437
Maine Teen Hotline:
1-800-851-2437
(on Wednesdays from 6-9pm)

SUPPORT GROUPS

FOR PEOPLE INFECTED
AND AFFECTED BY HIV/AIDS

TUES**DAYS**

Time: 10:30 a.m. to noon
Group: HIV Infected/Affected Drop-In Support Group
A meeting for people living with and affected by the virus.
Location: Portland, TAP, The Meeting Place, Suite 632.
Contact Randy May at TAP at 774-6877 for more info.

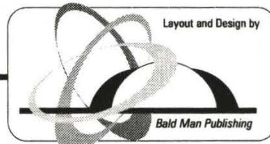
Time: 1:30 p.m. to 3:00 p.m.
Group: People Living with HIV
A drop-in support group for people living with HIV.
Location: Auburn, TAP, One Auburn Center.
Contact Diana Carrigan at TAP at 783-4301 for more info.

THURS**DAYS**

Time: 10:00 a.m. to 11:30 a.m.
Group: HIV Infected/Affected Drop-in Group
A TAP-sponsored meeting for people
living with and affected by HIV/AIDS in southern Maine.
Location: Sanford, Unitarian Church, located at the corner of Main St. (Rte. 109) and Lebanon St. (Rte. 202).
Contact Getty Payson at TAP at 985-8199 for more info.

Time: 12 noon
Group: Open Lunch for TAP Clients/Staff
An informal luncheon gathering of TAP staff and clients.
Location: Portland, TAP, Conference Room.
Contact Randy May at TAP at 774-6877 for more info.

Time: 5:30 p.m. to 7:00 p.m.
Group: People Living with HIV/AIDS
A drop-in support group for anyone with HIV/AIDS.
Location: Portland, TAP, The Meeting Place, Suite 632.
Contact Randy May at TAP at 774-6877 for more info.



IN THE **AFFIRMATIVE**

In The Affirmative is a monthly newsletter published by The AIDS Project for people living with and affected by HIV/AIDS. Letters, articles, or other submissions should be sent to: *In The Affirmative*, c/o The AIDS Project, P.O. Box 5305, Portland, ME 04101, or call (207) 774-6877. Submissions can be printed anonymously as long as the person submitting the material includes his or her name and phone number for verification.

News, information, and features are as up-to-date as possible prior to publication. Any medical information included in this newsletter is submitted for the reader's information only, to be used as the reader so chooses.

Sources for some of the information in this newsletter include:

CDC HIV/STD/TB Prevention News Update

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