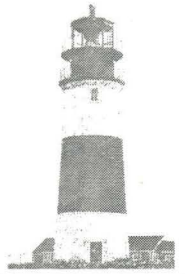


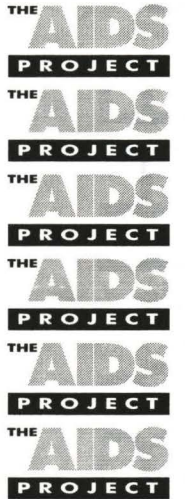
Mid-March to
Mid-April 1999



IN THE AFFIRMATIVE

a newsletter for Maine's HIV/AIDS community

volume VI number III



AIDS Listed In Top 100 News Stories of the 20th Century

by Mike Martin

In a listing of the top 100 news stories of the 20th century compiled by journalists and historians for the Newseum, a journalism museum in Arlington, Virginia, the identification of the AIDS virus in 1981 is listed as the 25th most important story of the decade. HIV's identification is listed after the D-Day invasion of 1944 and before the Civil Rights Act of 1964.

The top ten news stories of the decade are:

- 1) United States drops atomic bombs on Japan, ending World War II, 1945.
- 2) Astronauts land on the moon, 1969.
- 3) Japan bombs Pearl Harbor, 1941.
- 4) Wright brothers make first flight, 1903.
- 5) Women win the right to vote, 1920.
- 6) John Kennedy assassinated, 1963.
- 7) Nazi concentration camps revealed, 1945.
- 8) World War I begins in Europe, 1914.
- 9) Supreme Court decision ends school desegregation, 1954.
- 10) Stock market crash begins Depression, 1929.

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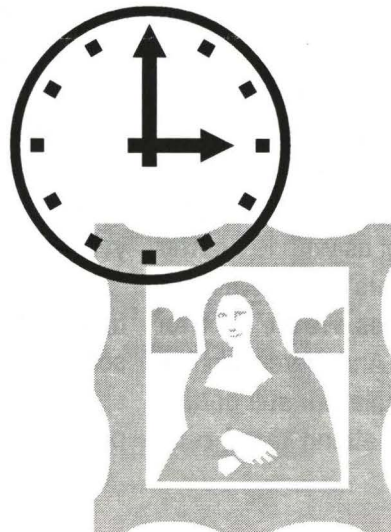
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Client Services. For Your Information.
Support Groups.



The 13th Annual
Spring for Life Art Auction
to benefit The AIDS Project

Sunday, March 21, 1999

Silent Auction begins at Noon
Live Auction from 3:00 to 6:00 p.m.

Art Previews:
Saturday March 20, 5:00 to 8:00 p.m.
Sunday, March 21, 9:00 a.m. to Noon

Holiday Inn By The Bay
Spring Street, Portland

Second Wind

This recent batch of snow that has fallen on Maine in the past two weeks is like a second wind of winter. Just when I had gotten all the ice off my driveway and could safely make my way to the mailbox at the end of the driveway, when I could see pretty substantial patches of the brown grass on my lawn, winter came back with a mighty second wind. The charm of it all is that the snow is very pretty (prettier than brown grass) and there's no longer ice under all that snow. And it's March, so it won't last much longer. It helps to appreciate it when you know it won't last. Sometimes a second wind is just what we need.

Every night about nine o'clock, I get a second wind. The tiredness that has gathered up till then seems to just disappear. This evening second wind of mine has been with me for as long as I can remember. Certainly back to my high school days. (That's about 30 years ago, thank you.) It is a time that feels peaceful and contented to me. I know many people who like to get up early so they have some time to themselves before family or partners arise and they have to rush off to work. For me, the second wind in the evening is a time when I don't feel rushed, or feel that I *have* to accomplish anything. And since I don't feel like I *need* to do something, I actually get quite a lot done.

And as the evening progresses to eleven or so, I sometimes think about stuff. (I'd be more specific, but "stuff" is just the right word for the seemingly random, stream-of-consciousness thoughts that come up.) I've been thinking a lot about HIV during these nocturnal brain sessions. The question I have is much like the question Ronald Reagan asked when he ran against Walter Mondale for President. Reagan would ask people during the campaign if "they were better off now than they were four years ago." I ask myself, "Are those of us with HIV better off now than we were four years ago?" Well, the answer is that for some of us "yes, we are", and for many of us the answer is "no". And therein lies the rub. People are still dying, people are still getting sick from HIV. And this is something that I can't

seem to let go of. It is not OK for some of us to be doing well and for others of us to be suffering. Of course, I can't change that, and I can't change how I feel about that. I am extremely happy for those of us who are doing well, and I am very protective of those who aren't.

We, who are involved with southern Maine's HIV community, are getting our second wind. It is a realization that rather than winding down our activities in the fight against HIV (which we thought would happen with the development of all these new drugs and treatments), we need to work harder than ever. No one I know who has HIV or who works with people with HIV is resting on his or her laurels. The fight is not over by a long shot.

But, at least, with this second wind we have more hope, more knowledge, and more options. The cycle of getting an HIV diagnosis, a fairly rapid progression to AIDS, and eventual death has been slowed for many. It was not so long ago that this cycle was the norm. With this second wind, we can appreciate the advances that have been made, but we know we're not where we want to be. We need a second wind, for many are tired and need a jolt of energy. The need for care and compassion is still here, and I sense people are digging up the reserves necessary to carry on.

I'd be less than truthful if I didn't tell you that there are some times when I can get tired of it all. Another meeting here, another meeting there, time again for blood work, time again to parcel out my day's worth of medications, and time again to remind everyone I can that the job of fighting HIV is not done. Which is exactly why I, and many others, can't stop doing all that we do. Some of us may think we are better off than we were before, but we know that many are not, and, sad to say, others not yet infected will become so.

So, a second wind is upon us, and certainly upon me. It helps that all along the way I've met some extraordinary people. The one true bright spot for me in all this is the people. People get HIV, people fight HIV. It's personal.

Of Interest to Clients

Return To Work

by Daniel Schnorbus
Client Services Coordinator

The HAVEN Project is pleased to announce that it has a limited amount of funds to help people with HIV who are interested in returning to work. Examples of things we can help clients with are aptitude testing, career counseling, resume assistance, interview skills training, school application fees, referrals to vocational services providers, and help with fees, books, etc. Adult education courses and related expenses can also be provided to assist clients in obtaining employment.

If you are considering returning to work and you need some help in the process, please call Doug Bailey, Daniel Schnorbus, or your case manager at TAP at 774-6877. We look forward to your call.

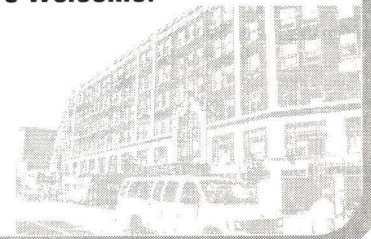
Follow-up to the recent Women's Focus Group

Please come lend your voice in the creation of a women's support group.

Monday, March 22, 2:00 to 4:00 p.m.

The Meeting Room,
The AIDS Project, Portland

All women are welcome.



Mpower
Portland



For all gay, bi, trans, men who have sex with men, in or out, poz or neg, married, old or young.

Meet other men to explore sexuality, dating, communication, coming out, wellness, healthy choices, and community.

Group starts Tuesday night, March 30 at 7:00 p.m. and continues for eight weeks. Groups meets from 7:00 to 9:00 p.m. at 142 High Street, 6th Floor, Portland.

All programs are free and professionally facilitated. Group limited to 10 people. You must pre-register. This group is anonymous if you want it.

For more info: Call Gerry or John at (207) 774-6877. Sponsored by TAP's Wellness Program and supported in part by a grant from the Maine Bureau of Health.

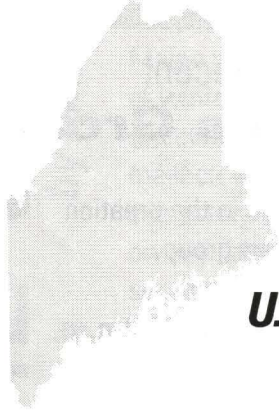
Parents Living with HIV

by Susan Parr
Manager of Support Groups

Are you interested in a parenting group that would look at issues such as talking with your kids about your HIV status, planning for the future, and spending quality time together? If you are interested in learning parenting skills, obtaining education information, and/or support, please contact Susan Parr at TAP at 774-6877. If there are enough parents interested in getting together, we will provide a focus group to find out how a parenting group could be beneficial to you.

If you have any ideas or suggestions for new support groups, please contact Susan Parr, TAP's Support Group Manager, at TAP at 774-6877.

Maine / U.S. AIDS Update



Maine cases of AIDS - 840
Maine deaths from AIDS - 462

U.S. cases of AIDS - 665,537
U.S. deaths from AIDS - 401,028

Maine AIDS Cases by Year

Year	Cases	Deaths
1984	2	0
1985	15	7
1986	20	16
1987	37	10
1988	45	19
1989	65	28
1990	60	40
1991	70	36
1992	89	45
1993	124	69
1994	98	67
1995	112	70
1996	46	27
1997	36	20
1998	21	8
Total	840	462



Maine Cases of AIDS - Transmission Categories

Risk Categories for Adults	Males		Females		Totals	
	since 1/99	total	since 1/99	total	since 1/99	total
Men Who Have Sex With Men (MSM)	18	555			18	555
Injection Drug User (IDU)	1	67	2	28	3	95
MSM and IDU	0	28			0	28
Hemophilia/Coagulation Disorder	1	23	0	0	1	23
Heterosexual Cases	3	23	3	42	6	65
Transfusion/Blood Components	0	5	0	4	0	9
Risk Not Identified	3	42	2	13	5	55
Subtotal	26	743	7	87	33	830

Risk Categories for Children (under age 13 at time of diagnosis)

Hemophilia/Coagulation Disorder	0	2	0	0	0	2
Parent with or at-risk for AIDS	0	5	0	3	0	8
Subtotal	0	7	0	3	0	10

- > Cases with more than one risk factor are tabulated by using the first applicable category above.
- > Heterosexual cases include those who have had contact with a person with, or at-risk for, AIDS and who do not have other identified risks; may also include those born in countries in which heterosexual transmission is believed to play a major role.
- > Risk Not Identified includes patients for whom risk information is incomplete (due to death or refusal to be interviewed), cases still under investigation, and interviewed patients for whom no risk was identified.

Maine Cases of AIDS by Age at Diagnosis

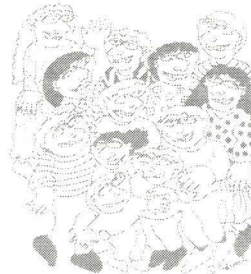
Age	Male	Female	Subtotal	(%)
<13	7	3	10	1%
13-19	3	2	5	.5%
20-29	130	25	155	19%
30-39	331	44	375	45%
40-49	195	11	206	25%
50>	84	5	89	11%
Total	750	90	840	100%

Maine Cases of AIDS by Exposure Categories Category - Percentage - (Actual Numbers)

Child of Parent with AIDS	1%	(8)
Transfusion/Blood Component	1%	(9)
Hemophilia/Coagulation Disorder	3%	(25)
MSM and IDU	3%	(28)
Unidentified Risk	7%	(55)
Heterosexual Cases	8%	(65)
Injection Drug Use	11%	(95)
Men Who Sex With Men	66%	(555)

Maine Cases of AIDS by Gender

Male - 750
Female - 90



AIDS Cases in Maine by Region

Northern Maine - 136

(Aroostook, Hancock, Penobscot, Piscataquis, and Washington counties)

Central Maine - 264

(Androscoggin, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Somerset, and Waldo counties)

Southern Maine - 440

(Cumberland and York counties)

Maine Cases of AIDS by Race

Asian/Pacific	<1%
Native American	1%
Hispanic	2%
Black	3%
White	94%

Includes all cases since reporting began. Maine stats published as of 12/31/98; U.S. stats published as of 12/31/98.
Maine AIDS Cases include only those who resided in Maine at the time of their diagnosis.
Information published by the Maine Bureau of Health, HIV/STD Program.

Gay Men Not Protected Properly From HIV Virus

BBC News Online (02/22/99)

In Great Britain, the National AIDS Trust has said that national health authorities are spending more money on HIV prevention among substance abusers than among gay men, even though homosexual men are at higher risk for the virus. The organization said that about 2,500 people in England contract HIV annually, three-fifths of whom are homosexual men. However, only one-fifth of prevention budgets target gay men, the trust argued.

The National AIDS Trust called on health authorities to re-evaluate their funding process.

AIDS Drugs May Rehabilitate the Immune System

Business Week (02/15/99)

Researchers in Madrid and Barcelona investigated *Pneumocystis carinii* pneumonia (PCP) rates in patients who were removed from anti-HIV therapy. The study involved 332 HIV-positive patients whose CD4 cell counts had increased since beginning treatment. About half of the patients in the study had stopped their drug regimen. None of the patients in the study developed PCP after six months of follow-up, indicating that the patients may have recovered some immune function. The results were reported at the Sixth Conference on Retroviruses and Opportunistic Infections recently held in Chicago.

United Nations: AIDS and the Young

New York Times (02/26/99)

The United Nations has initiated a new campaign designed to fight the spread of HIV in young people. According to the agency, almost 600,000 children under the age of 15 and 2.5 million people aged 15 to 24 contracted the virus last year. This averages to six new HIV infections among young people every minute.

The AIDS Race

Village Voice Online (02/10/99-02/16/99)

A growing number of HIV-infected individuals taking drug cocktails that include protease inhibitors are now failing treatment, and researchers are unsure what consequences such failure will bring. While some thought that there would be an increase in the number of people developing AIDS as a result, many of the patients have maintained their infections without progressing to AIDS. Meanwhile, in some patients in whom the drugs suppress HIV only partially, or in whom the virus is pushed to undetectable levels and then it returns, there has been sustained improvement. One theory regarding these "partial responders" is that they have mutated HIV in their system that is moderately resistant to drugs. Some scientists believe that the strains will continue to develop resistance until they are strongly resistant; but a Canadian study found the strains to be somewhat less virulent in the presence of protease inhibitors, regardless of the drugs' ability to affect replication. Partial responders face the decision whether to continue treatment -- and possibly develop multi-drug resistant strains of HIV -- or to abandon treatment and face potentially higher viral levels.

Finally, research is also focusing on the immune system's control of HIV, without using drugs. Three U.S. research groups have started trials in which certain patients are taken off all therapy in the hopes of stimulating the immune system.

Short Course of AZT Cuts Mother-to-Child AIDS Risk

Reuters (03/05/99)

Three new studies in this week's issue of the *Lancet* indicate that short-course AZT treatment in HIV-infected pregnant women can significantly reduce the number of infants who contract the virus from their mothers. According to Dr. Nathan Shaffer of the Centers for Disease Control and Prevention, transmission risk can be cut by about 50 percent with the treatment, given good adherence and the absence of breast feeding. The placebo-based study involved nearly 400 women in Thailand. The findings were supported by two other AZT studies in Africa, one in the Ivory Coast and the other in Burkina Faso.

Meeting Seeks to Close Black-White AIDS Gap

Philadelphia Inquirer (02/27/99)

Approximately 1,000 health care providers and activists convened last week for the first medical conference on AIDS among African-Americans. Statistics show that African-Americans make up 12 percent of the U.S. population, but represent 45 percent of new AIDS cases. Participants at the conference discussed finding practical ways to fight HIV in drug-infested and impoverished neighborhoods. They also debated the issue of preventing and treating HIV in prisons. Cornelius Baker, of the National Association of People With AIDS, explained that the meeting's primary objective was to empower workers on the front lines of AIDS, noting that "we need to make care more culturally appropriate."

Outsmarting the Virus

Business Week (02/22/99)

Due to HIV's propensity to develop drug resistance, scientists and physicians are attempting to create methods to treat patients infected with resistant strains. While anti-HIV medication may fail in as many as half of all patients, researchers have developed a method that may increase treatment success. With resistance testing, physicians may be able to determine if patients will succeed on a regimen before they even begin taking the drugs. Two types of tests exist: genotypic and phenotypic. The genotypic test is fast and relatively cheap, but results can be difficult to interpret. The phenotypic test offers clearer results, but can take several weeks and costs about twice as much. Both tests appear to be cost-saving, however, as they can prevent patients from spending money on expensive drugs to which their HIV strain may be resistant. Recent research shows that the tests are fairly effective in helping determine if patients have a resistant strain and what drugs they are resistant to, thereby helping their physicians plot an appropriate regimen. Although there are still doubters in the medical field and insurers have not yet agreed to pay for the service, the cost-effectiveness and initial indications of the efficiency of the tests should change this.

Teens Underestimate Risk of Sexually Transmitted Disease, Survey Finds

Milwaukee Journal (03/08/99)

A new survey of teenagers, conducted by the Kaiser Family Foundation in conjunction with MTV and *Teen People*, found that many sexually active teens underestimate their risks of contracting a sexually transmitted disease. The researchers surveyed 400 teens aged 15 to 17, finding that 42 percent were sexually active. Most of the sexually active teens reported that they had only been with one or two partners, although about 45 percent said they had three or more. Only 4 percent of the sexually active respondents reported having an STD, but experts assert that about a quarter of the teens are probably infected. About three-quarters of those surveyed underestimated the risk of contracting an STD, which may put them at greater risk for contacting one. Approximately 4 million teens acquire an STD every year. Tina Hoff, director of public health information and communication for the Kaiser Family Foundation, said that "many young people assume they and their partners are not at risk, and therefore, may not always take the precautions they should, or get the care they need."

According to the survey, nearly 60 percent of the sexually active teens said that they had never talked about STD's with their health care provider and 70 percent reported that they had never been tested.

HIV Mutation Thwarts 'Cocktail'

Deseret News Online (03/07/99)

Brigham Young University researchers found that HIV is quickly mutating to become resistant to drugs used in "AIDS cocktail" regimens. The researchers studied eight HIV-infected patients on combination therapy and found that five who were drug resistant had identical mutations. Evolutionary biologist Keith A. Crandall, of BYU, said that the observations indicate that there are a limited number of ways that HIV can mutate to become resistant. "While it's bad news that it is getting resistant, it is good that there are a limited number of ways it can do it," said Crandall.

More Americans Get AIDS Drug Help, Study Shows

Reuters (03/09/99)

A study published by the Kaiser Family Foundation indicates that more Americans are receiving assistance to help pay for anti-HIV medication. The number of people taking the drugs has increased by 22 percent in the past year, with spending on the medications up 38 percent. However, 11 states have had to restrict access to anti-HIV drug funding programs, and 14 states expect to run out of money for the programs before the end of the fiscal year on March 31. AIDS drug assistance programs spend an average of \$747 per month per client, according to the study.

Genes Are Tied to Speed of AIDS Development

New York Times (03/12/99)

New research from the National Cancer Institute indicates that genes may be behind why some HIV-infected individuals progress to AIDS faster than others. According to Mary Carrington, who was involved in the study, the finding has no immediate benefit, but its impact on researchers' understanding of how HIV attacks could eventually lead to new drugs or an HIV vaccine. The study, which included about 500 HIV-infected patients, revealed that variations in the inherited pattern of H.L.A. Class I genes explained who became sick sooner and who did not progress to AIDS. The findings are reported in an issue of the journal *Science*.

Swiss Study Confirms Effectiveness of AIDS Drugs

Reuters (03/12/99)

Swiss researchers report that highly active antiretroviral therapy (HAART) lowered the mortality rate and HIV progression in a study of nearly 2,700 patients. The findings, reported in the *Lancet* medical journal, indicate that it is more beneficial to commence treatment with a cocktail of at least three drugs, instead of administering drugs one after the other, noted Bruno Ledergerber, who led the Swiss HIV Cohort Study. The triple-drug therapy, which included at least one protease inhibitor, was most effective in subjects who were treatment naive. The researchers noted that side effects or the failure to stop viral replication forced them to switch the initial three drugs for about two-thirds of the subjects.

Study Finds H.I.V. Infection Is High for Young Gay Men

New York Times (02/16/99)

A large-scale study conducted in New York City found that HIV infection rates among young gay men are high. The Young Men's Survey found that 12 percent of the 15- to 22-year-old men who have sex with men that they surveyed are infected with HIV. Young gay African-American men had an 18 percent infection rate, while young Hispanic men had a 9 percent rate and young white men had a 3 percent rate. Young gay men of mixed race had a 16 percent infection rate.

The study, reported at the Sixth Conference on Retroviruses and Opportunistic Infections in Chicago, was conducted by the New York City Health Department and the New York City Blood Center and financed by the Centers for Disease Control and Prevention. Men who had previously acquired a sexually transmitted disease had a 23 percent HIV infection rate, compared to 10 percent of men who had never had an STD. Forty-six percent of those surveyed said that they had participated in unprotected anal sex in the previous six months, although researchers do not know if high-risk behavior is rising in the city. They added that the racial and ethnic disparities were indicative of differences found nationwide.

The survey also found that about one-third of 15- to 18-year-olds had a partner who was 30 years or older in the previous six months, while approximately 45 percent of 19- to 22-year-olds had a partner older than 30. Dr. Mary Ann Chiasson, of the New York City Health Department, noted that "it's more likely that older men are HIV infected than younger men so they may be at a higher risk of transmitting HIV. You see this pattern in sexually transmitted diseases, particularly in young women who are more likely to have older partners."

Attention York County Clients

York County Clients of TAP can use the computer at its Kennebunk office to access the internet. Call Getty Payson at 985-8199 to set up a time to use the computer.

Also, clients can now e-mail TAP's Kennebunk office at:

www.tap2@mail.javanet.com



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E-mail: tap@aidsproject.org
Website: www.aidsproject.org
AIDS Hotline: 775-1267
or 1-800-851-2437

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Androscoggin and Oxford Counties
Case Manager
Janine Collins,
Cumberland County Case Manager
John Cronin,
MSM Outreach Worker
Carolyn Curtis,
Case Management Intern
Sequoia Dance,
Street Outreach Worker
Douglas Eaton,
Program Coord. of HIV Prevention
Denise Ferer,
York County Case Mngmt. Intern
Jill Frame,
HAVEN Case Manager
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Executive Director
Demetra Giatas,
Development Director
John Green,
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Community HIV Prev. Educator
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Annette Lemek,
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Randy May,
Director of Support Services
Rebecca Neel,
Cumberland and York Counties
Case Manager
Susan Parr,
Cumberland County Case Manager
Getty Payson,
York County Case Manager
Steve Reeve,
Manager / Finance & Administration

Daniel Schnorbus,
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Gerry Scoppettuolo,
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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.

Source for some of the information in this newsletter include:

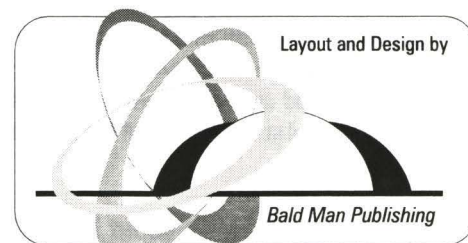
CDC HIV/STD/TB Prevention News Update

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Gerry Scoppettuolo

People Art © David Cedrone

Kerry S. Tardiff, Distribution
Mike Martin, Editor



SUPPORT GROUPS FOR PEOPLE INFECTED AND AFFECTED BY HIV/AIDS

MONDAYS

Time: 5:00 p.m. to 6:30 p.m.

Group: HIV and Substance Abuse

Location: Portland, The Meeting Room, Suite 632.

Contact Carolyn Curtis at TAP at 774-6877, or David Gordon at Portland Public Health at 874-8784.

TUESDAYS

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 Room, Suite 632.

Contact Susan Parr at TAP at 774-6877 for more info.

THURSDAYS

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 Daniel Schnorbus 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 Room, Suite 632.

Contact Susan Parr at TAP at 774-6877 for more info.

>>>>New Group<<<<

When: Day and Time to be announced

Group: Expressive Therapy

Explore your creativity through art, music, movement.

Location: Portland, The Meeting Room, Suite 632.

Contact Susan Parr at TAP at 774-6877 for more info.

WELLNESS AND YOU PROGRAM

A stress reduction and physical activity program designed for people living with HIV/AIDS. In this program individuals can participate in a variety of supervised physical activity, education, and specialized stress management segments. Contact Daniel at TAP at 774-6877 for more information.

For more information about The AIDS Project, call Susan Parr, TAP's Support Group Manager, at 774-6877.

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.

IMMEDIATE SEATING

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

I.V. LEAGUE

Meetings of the I.V. League support group are held on Thursdays from 10:00 to 11:30 a.m. at The Resource Hub, 441 Congress Street in Portland. (Next to First Parish Church)

For more information, call Steve Farrell at 874-8775.

THE MEETING ROOM

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.

THE
AIDS
PROJECT

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@aidspj.org (Portland) or tap2@mail.javanet.com (Kennebunk)

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)

