

spring
has sprung

on the
inside

Mid-May to Mid-June 1996

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Support Groups.

We want to welcome

Carol Leblanc

as the new
Director of Support
Services
at The AIDS Project.

Welcome Carol and
the best of luck at
your new job.

THE
AIDS
PROJECT

in the **Affirmative**

american
red cross

The American Red Cross, A Donation, and HIV Education

by *Amanda Sewell*

To some it may seem like an odd combination, buy why not? The American Red Cross provides three-quarters of the world's blood supply, and what's one of those four major no-no body fluids we talk about when talking about HIV transmission? BLOOD. Really, they go hand-in-hand.

The blood supply...something that's been wrapped in controversy more than once. Well, let's be honest, what hasn't? The Media? Now that makes me giggle. The Government? Full-fledged belly laugh now. But it's a major concern for those giving and receiving blood to know what risks they are at and where HIV and AIDS falls on that scale of risk.

To explain it thoroughly, let us take a walk through the entire blood donation process, from the point an individual walks through the door to the point where blood is deemed safe for transfusion. Upon walking through the door a person is given a pamphlet explaining high risk behaviors and medical histories which preclude them from donating. If after reading the pamphlet an individual decides that they should not give blood, they may leave at that time without question or comment. If they decide to stay, they are asked to fill out a Blood Donation Record. This will be kept on file as many of our donors are repeats and it is necessary to have a complete and accurate record of where blood comes from in case it ever has to be traced. The donor's next step is to answer a series of questions that read something like this: In the past three years have you had malaria? Have you ever been deferred as a donor or had problems donating? And have you ever donated under another name? The donor is then asked by an American Red Cross staff person a second round of questions face-to-face. These questions pertain more to risk behavior issues and disease history. The questions are asked on a person-to-person level because it's hard for a piece of paper to get a feel for a donor's honesty. (*Continued on page 3*)

in the
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by the way

by Mike Martin

A couple of years ago, Roy Keller and I talked about The AIDS Project putting out a newsletter for people with HIV/AIDS. Roy has long since died from AIDS, but his idea is thriving. In *The Affirmative* is now a monthly publication and, after a long absence, is back strong. We have refocused our goals a bit. We now cater a little more to information about the goings-on at The AIDS Project, but still try to include new information about other organizations and new information about HIV/AIDS. Frankly, filling eight pages a month seemed an imposing task at first, but there is so much to pass on that it is more a case of what can't be used this time, but we'll get to next time.

I am particularly pleased with the article from Amanda Sewell on The American Red Cross, the blood supply, and HIV. Amanda volunteered to contribute to *In The Affirmative* after she had seen some of our previous issues. It seemed the perfect first story for her to have her write about the place where she works as an HIV educator. There is some very interesting information in her article for anyone interested in the nation's blood supply. Her article is well written and worth the read. The Red Cross in Portland also puts out a newsletter that is very good indeed.

As a matter of fact, I am inundated with newsletters, magazines and bulletins about HIV/AIDS. There is a literal ton of information out there. Just in our area there are newsletters from the PWACoalition, PAWS, the NAMES Project/Maine, the AIDS Consultation Service and The AIDS Project's Newslite, to name a few. All offer useful information and I enjoy them all. Still, I hope we fill a niche that the others don't.

Now that spring has sprung and I have actually mowed my lawn, I'm looking forward to warmer temperatures, more sunshine

and being outdoors more often. As a reminder to people with HIV/AIDS who take certain medications, let's be careful out there. Many medications make people more sensitive to the sun and can cause people to burn very quickly. So, get out that sunscreen and the big floppy hat before spending any time outdoors.

I wear many hats at The AIDS Project (of course, most bald men wear many hats!!!), including putting out this newsletter, chairing the Client Advisory Board, being on the Board of Directors and sitting on the Executive Director Search Committee. Paul Draper once said he considered me "half-staff" at the Project. Well, it sounded like "half-staff." Anyway, as far as the search for an Executive Director goes, the Search Committee will very soon be interviewing candidates for the job and we hope to move right along with the process. In the interim, Paul Draper continues to run the store. At the last Client Advisory Board meeting we met the new Director of Support Services. Carol Leblanc replaces Jane O'Rourke, who has left for Rhode Island. We enjoyed meeting Carol and wish her well with her new job.

Like many of you, I recently faced another decision time in the treatment of my HIV. What with all the drugs and options available, it is a far cry from the days of AZT or nothing. It is very hard to decide on the exact combination of drugs to take and to fully understand the different test results. Still, it's nice to have options. Anyway, I'm on a new regimen of medications and tolerating them nicely. I'll just wait and see how the old T-cells and viral load react. I have found that the HIV Drug Book from Project Inform has been very helpful, as well as their PI Perspective newsletters. I strongly recommend that anyone with HIV get in touch with Project Inform and get on their mailing list. Of course, not all my friends believe in drug therapy, but I continue to believe that each of us has to decide for ourselves what is the best way to deal with our HIV infection.

Included in this edition are some visual graphs of AIDS in Maine and the world. I included them because they interested me and I hope will interest you. In particular, the chart on the difference between reported cases of AIDS and the World Health Organization's estimates of AIDS cases was fascinating. Look for the chart on AIDS and Africa for that information.

Finally, it is amazing to me what can be done these days with a computer and a modem. It is now virtually possible for me to put together this newsletter without ever leaving my desk (except for bathroom breaks). Contributors to this newsletter can fax me their stories and information, then I can write, edit, design and layout the whole thing on my computer, and when ready, all I do is contact the printer by modem (phone line) and send the newsletter through to them electronically. Not only does this save a lot of gas and personal time, but the quality of the printing is superior (as you may have noticed with the last newsletter). I hear it is a lot less expensive as well. So I am just flabbergasted by the whole process. Of course, in the end, I love having an actual paper copy of the newsletter in my greedy little hands and love knowing that the newsletter is distributed to hundreds of people.

If you'd like to be a part of this newsletter, call The AIDS Project and leave me a message and I'll get back to you. Till next month, take care of yourself and enjoy the season.

in the Affirmative

In The Affirmative is a monthly newsletter published by the clients and staff of 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.

Contributors to this edition of *In The Affirmative* include:

Douglas Eaton Amanda Sewell
Jill Tacy Charlie Wynott
Mike Martin, Editor

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The second round of questions reads something like this: For males: have you had sex, even once, with another male since 1977?; for females: in the past twelve months have you had sex, even once, with a male who has had sex with another male since 1977? At first glance, I could see how some people could find these questions controversial. They definitely made me step back and say, "Whoa, wait a minute here." For one thing, a man will know who he's had sex with. For a female, how likely is it that she knows what all her sexual partners' gender history of lovers has been? And I probably wouldn't hesitate if the question read: For males: have you had UNPROTECTED sex...but upon further consideration, thoughts such as "Wow, a huge majority of the blood supply is in their hands. Blood that goes to people all over the world; blood that has the possibility, no matter how slight, of making people sick. A blood supply that they're responsible for screening. Would I be willing to take even the slightest risk? Probably not." So while the questions may rub some people the wrong way, it's important to remember who's asking them and why.

Back on track - here we go. The donor is given two bar coded stickers during the process of filling out the Blood Donor Record. One of the stickers is coded for non-donation and the other one is coded for donation. Because the stickers are bar coded, it is impossible to tell which is which once they are peeled off their corresponding base and placed on the Blood Donation Record. This gives the donors another opportunity to decide whether their blood should be used for donation. If they feel it should not be, they may place the non-donation sticker on the Record without embarrassment or explanation. Any blood deemed unacceptable for donation, either through testing or by donor indication, is destroyed. Once the Record is completed and signed to ensure honesty and consent, blood is taken. Because all of the equipment, including the needle and syringe, are sterile and used only once, for that donor, it is

impossible to get infected with HIV when giving blood.

After juice, cookies, and thank you's, the donors are given a card with a number on it to call if after leaving they decide that their blood may not be safe to give to another person. The card has an identification number on it also so that the individuals do not have to give their names over the phone. It is important to note that a person's name is only used for recordkeeping and is not indicated on the blood donation at any point. The only time a name is looked at again is if the blood has to be tracked back to the source. Donors are given a number of opportunities to change their minds during and after the donation process without question or comment. As you can see, a significant part of the initial screening process is based on the honesty and integrity of the donors. This is why it is important to give them the opportunity to walk away if they have second thoughts about whether their blood should be used for donation.

Put on your lab coats because now the testing begins. Blood is tested for a number of things including syphilis, hepatitis, and HIV. In addition to the HIV-1 ELISA test, which has been used since 1985, and the HIV-2 ELISA test, which has been used since 1992, as of March of this year, all blood donation centers are also required to use the newly approved p24 antigen test. Unlike the ELISA tests which look for HIV antibodies, the new p24 antigen test looks for the virus itself. Nearly all cases of transfusion associated HIV transmissions are caused by blood donated within the window period when the body has not yet made detectable levels of HIV antibodies. The average window period is 25 days. The new p24 antigen test can detect HIV infection 2-3 weeks after exposure during the initial bursts of viral replication. The p24 antigen test will reduce the window period of detection from about 25 days to 12-16 days. Approximately one in 450,000 to 660,000 donations per year are infected with HIV but are undetectable by currently available screening tests. This equals about 18-27 HIV infected blood donations out of 12 million donations made nationally per year. The use of combined ELISA and p24 antigen testing will reduce the number of otherwise undetectable infectious donations by about 25% per year.

There are a number of stages within the testing process which may need some consideration. One is that the p24 antigen test has a high false positive rate. If a sample is reactive, meaning it indicates the presence of

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(continued from page 3)

HIV, then it is retested in duplicate. If both duplicates are nonactive, then the blood moves onward in the donation process. If at least one of the duplicate tests is reactive, then the blood is taken out of the donation circuit and tested one more time with a more specific neutralization test. If the test is active, then the donor is notified, counseled, and deferred from further donation. If the tests are non-active, then the donor is notified of their probable negative status, but testing and counseling is offered and recommended.

What if your blood is found to be HIV-positive? The Red Cross has developed the Look Back program which they use to trace any infectious blood back to the donor (this is why proper ID is required and donation records are kept) and to anyone who may have received transfused blood from an infectious donation. Counseling and testing are offered to anyone involved. Any blood that is deemed unacceptable for donation is then destroyed.

It is important to note that no HIV test is foolproof and the nature of the virus itself leads to indetectability. Giving blood is a donation which helps other people in need. Blood donation should not be used as a testing service. No one should give blood in order to find out their HIV status.

In addition to educating our donors about risk

behaviors and the like, we also have a number of HIV/AIDS programs geared toward the community-at-large. Many of our programs are new as of January 1996 and give us much more flexibility within our education and prevention efforts. For starters, we now have a four hour HIV/AIDS Starter Facts course which is a knowledge based course designed to help separate facts from misinformation and opinion. The next step is the four hour HIV/AIDS Facts Practice course which is designed to develop participants' ability to share information and to answer direct questions. The course would be perfect for peer educators, teachers, hot-line operators, or anyone who may find themselves in a question-answer situation. Our largest program is the Basic HIV/AIDS Program: Fundamentals Instructor Course. This is a two full days pretty intensive course designed to make good facilitators. The course emphasizes factual accuracy, nonjudgmental perspective, and cultural sensitivity. The program has recently expanded to incorporate prevention behavior, skills development, youth-related activities and content, and the use of interactive teaching strategies. Stemming from this course is the Workplace Instructor Course which focuses on confidentiality laws, the Americans with Disabilities Act, and dealing with workplace issues. There is also an African-American HIV/AIDS Instructor Course and an Hispanic HIV/AIDS Instructor Course, but due to unavailability of Instructor Trainers, these courses are not yet offered in Maine. They are, however, offered in surrounding states from time to time and are accessible.

So there you have it, the lowdown on the steps we take to protect the blood supply, and the efforts we take to help the community stay informed about HIV/AIDS. The American Red Cross, a donation, and HIV education are a combination which make a sort of three-part melody. Nothing that Bach would have composed, but we certainly like to hum along.

Sources for this article include:

American Red Cross Blood Donation Record.

American Red Cross: What You Must Know Before Giving Blood.

CDC. CDC National Hotline Training Bulletin. *CDC HIV/AIDS Prevention*. 1996;173:1-4.

CDC. U.S. Public Health Service Guidelines for Testing and Counseling Blood Plasma Donors for Human Immunodeficiency Virus Type 1 Antigen. *MMWR*. 1996;45:1-9.

Amanda Sewell is an HIV Educator for the American Red Cross, working out of their Portland office, and a

AIDS in Maine

There have been 712 reported cases in Maine and 335 reported deaths since the beginning of this disease.

Southern Maine 52%

(includes Cumberland and York Counties)

Central Maine 33%

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

Northern Maine 15%

(includes Aroostook, Hancock, Penobscot, Piscataquis, and Washington Counties)

take note

positively-ly social



Positively Social is a group by and for people with HIV/AIDS.

This is your chance to socialize and enjoy the company of others with HIV/AIDS.

These monthly pot-luck socials are held at Williston West Church at 32 Thomas Street in Portland.

Meetings are always on the second Friday of the month and start at 7 p.m. and last through the evening.

The next meeting is June 14th.

For more information write or call

**P.S., RR 2 Box 177A, Alfred, ME 04002
(207) 499-0166**

The AIDS Project presents:

The Women's Network

A monthly lecture series and discussion group for women in the HIV community. Join us on the third Tuesday of the month from 12:30 to 2:30 p.m..

We meet at The AIDS Project's office at 615 Congress St, 6th Floor in Portland. Brown Bag lunch, bring your own. Dessert and beverages provided. Child care and transportation available (Call 774-6877 to request either.)

Next Meeting:

May 21st

HIV and Motherhood

Lisa Carson and other guest speakers

Pride Weekend: BBQ/Lawn Party, Karaoke AID '96, Pride Cruise

Saturday, June 15, Parade/BBQ

Sunday, June 16, Cruise from 6pm to 9pm to benefit

PAWS - Pets are Wonderful Support

Tickets on Sale NOW!

\$10 in advance

\$15 at Casco Bay Lines Terminal

This cruise is sure to be a sell out, so get your tickets early.

For tickets: Send check or money order to:

Cruise Tickets

120B Brackett Street

Portland, ME 04102

RSVP & Ticket Information

Call 775-PAWS or 1-800-416-8769

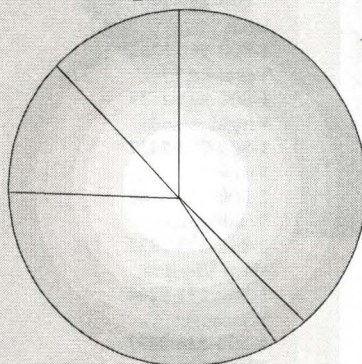


AIDS and Africa

AIDS, rampant in Africa, is vastly underreported.

Distribution of AIDS cases in adults and children from late 70's/early 80's until late 1995:

Reported



United States 39%

Africa 34%

Americas* 12.5%

Europe 12.0%

Oceania 0.5%

Asia 2.0%

***Excluding U.S.**

Africa 75%

Americas* 9%

United States 7%

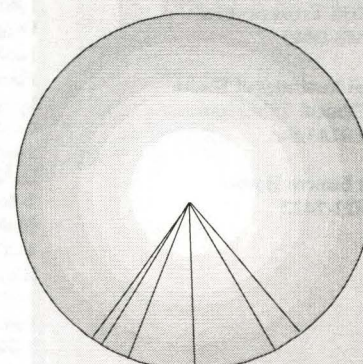
Asia 5%

Europe 4%

Oceania 1%

***Excludes U.S.**

Estimated



Source: WHO Global Programme on AIDS

AIDS hotline

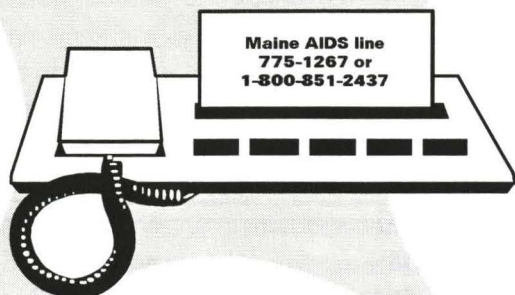
The Maine AIDSline, which is run by The AIDS Project, is looking for Hotline Volunteers for all shifts. If you're a good listener and detail oriented then Douglas Eaton, Hotline/Counseling and Testing Coordinator for TAP, would like to train you to handle calls to the statewide Maine AIDSline hotline.

Volunteers work out of TAP's office in Portland.

The next training for hotline volunteers will be on

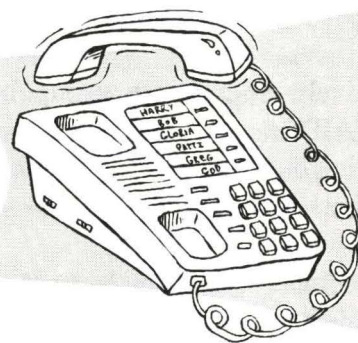
Saturday, May 18 from 9 a.m. to 4 p.m.

Call Doug at 774-6877 to sign up for the training.



People from all over Maine are calling the Maine AIDSline with questions and concerns about HIV and AIDS.

We need you to volunteer your time to the Maine AIDSline.



AIDS Information Hotlines

National Hotlines:

Centers for Disease Control
National AIDS Hotline
1-800-342-2437
National AIDS Clearinghouse
1-800-458-5231
HIV/AIDS Treatment Info
1-800-448-0440

National Institutes of Health
AIDS Clinical Trials Info
1-800-TRIALS-A

Project Inform Hotline
1-800-822-7422

State AIDS Hotlines:

Alabama
1-800-228-0469
Alaska
1-800-478-2437
Arizona
1-602-265-3300
Arkansas
1-800-364-2437
California (North)
1-800-367-2437
California (South)
1-800-922-2437
Colorado
1-800-252-2437
Connecticut
1-800-203-1234
Delaware
1-800-422-0429
Washington, D.C.
1-202-332-2437
Florida
1-800-352-2437
Georgia
1-800-551-2728
Hawaii
1-800-922-1313
Idaho
1-208-345-2277
Illinois
1-800-243-2437
Indiana
1-800-848-2437
Iowa
1-800-445-2437
Kansas
1-800-232-0040

Kentucky
1-800-654-2437
Louisiana
1-800-922-4379
Maine
1-800-851-2437
Maryland
1-800-638-6252
Massachusetts
1-800-235-2331
Michigan
1-800-872-2437
Minnesota
1-800-248-2437
Mississippi
1-800-826-2961
Missouri
1-800-533-2437
Montana
1-800-233-6668
Nebraska
1-800-782-2437
New Hampshire
1-800-752-2437
New Jersey
1-800-624-2377
New Mexico
1-800-545-2437
New York
1-800-872-2777
New York
1-800-541-2437
North Carolina
1-800-342-2437
North Dakota
1-800-472-2180

Ohio
1-800-332-2437
Oklahoma
1-800-535-2437
Oregon
1-800-777-2437
Pennsylvania
1-800-662-6080
Puerto Rico
1-809-765-1010
Rhode Island
1-800-726-3010
South Carolina
1-800--322-2437
South Dakota
1-800-592-1861
Tennessee
1-800-525-2437
Texas
1-800-299-2437
Utah
1-800-366-2437
Vermont
1-800-882-2437
Virgin Islands
1-809-773-2437
Virginia
1-800-533-4148
Washington
1-800-272-2437
West Virginia
1-800-642-8244
Wisconsin
1-800-334-2437
Wyoming
1-800-327-3577

THE AIDS PROJECT

The AIDS Project
615 Congress Street (Alternate Entrance: 142 High Street)
P.O. Box 5305
Portland, Maine 04101
Phone: 774-6877
Fax: 879-0761
AIDS Hotline: 775-1267 or 1-800-851-2437
E-mail: aidsproj@neis.net

Oxford/Androscoggin County Office
One Auburn Center
P.O. Box 14L
Auburn, ME 04210
Phone: 783-4301
Fax: 795-4084

York County Office
Suite 8
208 Lafayette Center
Kennebunk, ME 04043
Phone: 985-8199
Fax: 985-8199

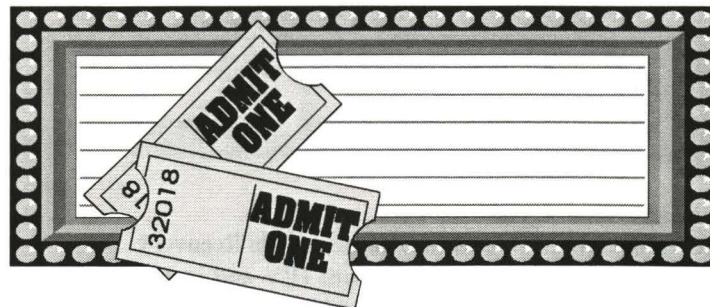
Staff:

Steve Addario - Cumberland County Case Manager
Simon Bogan - Community of Color Outreach Worker
Diana Carrigan - Androscoggin/Oxford County Case Manager
Sequoia Dance - Case Management Intern
Paul Draper - Acting Executive Director/Director of Development
Dougals Eaton - Hotline/Counseling & Testing Coordinator
Banu Friedlander - Case Management Intern
Tamara Harvey - Administrative Assistant
John Holverson - Director of HIV Prevention Education
Michael Kirk - Accounting Assistant
Paul Lavin - HAVEN Project Coordinator/Housing Coordinator
Randy May - Mental Health/Substance Abuse Case Manager
Chris Monahan - Cumberland County Case Manager
Carol Leblanc - Director of Support Services
Susan Parr - Case Management Intern
Getty Payson - York County Case Manager
Victor Rash - Community Educator
Steve Reeve - Staff Accountant
Jill Tacy - Administrative Assistant/Volunteers
Susan Tremblay - Associate Director of Development/Fundraising
Sally Wiles - Case Management Intern

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Stephen Schuit Alan B. Stearns, Esq.
Christopher Warner Roberta M. Wright
Charles N. Wynott



◆◆◆ FREE TICKETS ◆◆◆

The AIDS Project often receives free tickets to events in the Portland area. These tickets are now handled by Steven Coopchik, a TAP volunteer, who is in the office on Thursdays. You can call and ask for Steven or leave him a message at 774-6877 with your questions about and/or requests for tickets.

A FREE LUNCH IS SERVED EVERY THURSDAY AT THE AIDS PROJECT FOR CLIENTS AND STAFF.

LUNCH IS SERVED AT NOON

COME AND ENJOY A HEARTY MEAL AND THE COMPANY OF OTHERS.



client meeting

The Client Advisory Board meets at 1:30 p.m. on the 2nd Thursday of each month at TAP's office in Portland. Any and all TAP clients are invited to attend these meetings between staff and clients to discuss the needs of clients and the work of The AIDS Project.



The next meeting is:
**Thursday,
June 13th**

support groups

Mondays

5:30-7:00 p.m. - HIV and Substance Abuse Recovery

A safe space for people living with HIV and in the process of recovery from alcohol and drug addiction. Small Group Room, TAP.

Tuesdays

10:30a.m.-Noon - HIV Infected and Affected Drop-in Support Group

A place for both persons infected and affected to express feelings, share experiences and receive support. Large Group Room, TAP.

Thursdays

Noon - Open Client Lunch

Informal gathering of TAP staff and clients. Large Group Room, TAP.

NEW Group - HIV and IDU Recovery

Discovery House and The AIDS Project is cosponsoring a safe and supportive place for people living with HIV, who are also in recovery from intravenous drug abuse. It is not necessary to be a client of either agency. Contact Randy May at TAP 774-6877 or Willie Willette at Discovery House 774-7111 for more information about the group.

1:30-3:30 p.m. - (2nd Thursdays) - TAP Client Advisory Board Meetings

A forum for clients to offer suggestions and express ideas. Large Group Room, TAP.

5:30-7:00 p.m. - People Living with HIV

Drop-in support group open to anyone with HIV/AIDS. Large Group Room, TAP.

Other Support Groups - Other Counties

Androscoggin/Oxford Counties

Tuesdays, 1:30-3:00 p.m. - People Living with HIV

Drop-in support group. 3rd Tuesdays of the month also open to partners. Group Room at TAP Office at 1 Auburn Center, Auburn. For more information contact Diana Carrigan at 783-4301.

Groups Resuming in the Fall:

Mixed HIV Status Gay Male Couples

A closed, time-limited support group that provides a space for both positive and negative partners to explore issues specific to their relationships. This group is limited to five couples, so please contact Victor Rash at TAP 774-6877 to sign up. Because of the success of this group, if we have enough interested couples, we will run a second group. This group will begin the second week of September.

Heterosexual Couples Group

A closed, time-limited support group for couples with one or both partners living with HIV. This group is limited to five couples, so please contact Randy May at TAP 774-6877 to sign up. This groups will also begin the second week of September.

Polarity Yoga

An open morning drop-in support group for anyone living with HIV. "Polarity yoga is based on the premise that the least amount of effort can produce the greatest results. Using movement, sound and breath, Polarity Yoga exercises the body, mind and spirit, allowing our vital energies to flow freely, bringing harmony, balance, and insight into our own truths."

Videos and Safer Sex for Men

An open discussion group for gay, bisexual and questioning men of all ages. This safe and confidential educational group will focus on safer sex today, barriers to safer activity, and skills development for healthier choices. Contact John Holverson at 774-6877 for more information.

New Groups Starting in the Fall:

Heterosexuals Living with HIV

A drop-in support group for straight men and women who are living with HIV.

HIV Negative Partners

A time-limited closed group for HIV-negative gay male partners, offering a time and place to share experiences, clarify feelings and needs, and gain strength and hope toward living and loving someone infected with the virus.

*Any suggestions or questions about
support groups,
Contact Randy May
LMSW, Mental Health/Substance Abuse
Case Manager
at The AIDS Project
774-6877*

AIDS update

1995 U.S. AIDS Cases

U.S. AIDS cases in 1995 declined to 74,180 from 79,897 in 1994, a rate of 27.8 per 100,000 population, from 30.2. States with the highest/lowest rates per 100,000:

HIGHEST

Washington, D.C.	185.7
New York	68.4
Florida	56.9

LOWEST

Montana	2.9
South Dakota	2.6
North Dakota	0.8

Source: Centers for Disease Control and Prevention