

● PAGE ONE

Officially AIDS in the USA is 15 years old, though we know it's older. Included: The AIDS Timeline.

● PAGE TWO

By The Way, by Mike Martin, says "It's all about hope."

Newsbriefs: Water, water everywhere, but should you drink it?

● PAGE THREE

HIV News, compiled by Mike Martin. A look at oral sex, oral testing, a new viral load test and protease inhibitors.

Newsbriefs: The Supreme Court takes a stand on anti-gay legislation. And the President signs a five year extension to AIDS funding.

● PAGE FOUR

Meet some of the Staff Members and Board of Directors at The AIDS Project.

Newsbriefs: The home HIV test is coming. And a comment on safer sex and cruising.

● PAGE FIVE

Take Note: It's a free for all with our listing of things you might like, for free. Plus other announcements.

The AIDS Update in the U.S., Maine and through the years.

Newsbriefs: Some tiny microbes are laying havoc around the world. AIDS is just one of them.

● PAGE SIX

Our Feature Story: Amanda Sewell on Maine's HIV Advisory Committee and the work it does.

Newsbriefs: HIV and I.V. Drug Users and other infection trends. Also, the Question of Odds of getting HIV according to the experts.

● PAGE SEVEN

Feature Story Continued: Amanda Sewell's article on Maine's HIV Advisory Committee.

A look at TAP's hotline time for teens by Tony Silva.

Newsbriefs: Two views on the risk, or non-risk, of a newly isolated strain of HIV to the heterosexual population.

● PAGE EIGHT

Support Groups for people with HIV/AIDS, their families, friends and caregivers.

The AIDS Project's Staff and Board.

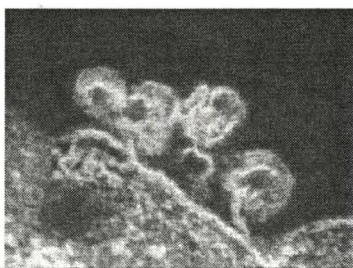
All this in this month's edition of In The Affirmative, a newsletter for Maine's HIV/AIDS community, by and for people with HIV/AIDS or who work with people with HIV/AIDS.

Keep - Keep! - Keep!!

in the **AIDS PROJECT** **Affirmative** A NEWSLETTER FOR MAINE'S HIV/AIDS COMMUNITY

FROM GRID TO AIDS, 15 YEARS OF HIV IN THE U.S.

our cover story



A microscopic view of HIV.

Photo: Luc Montagnier

Fifteen years ago, on June 5, 1981, the AIDS epidemic officially began when federal health officials reported a strange outbreak of disease among gay men. At first labelled GRID (Gay Related Immune Deficiency), within a year it is renamed AIDS (Acquired Immune Deficiency Syndrome).

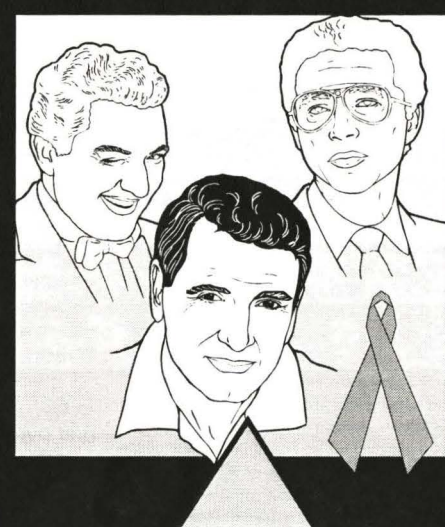
More than 500,000 in the United States have been diagnosed with the virus and more than 300,000 have died since the beginning of the epidemic. Still, there is a growing knowledge of the virus and there are many more treatment options available to fight the virus and the opportunistic infections that strike people with the virus. Where it was once common for doctors to prognose an 18-month life-expectancy, it is now known that it can take ten or more years for symptoms to appear.

The list of drugs now available to fight the virus and the varying combinations used provide more hope for warding off the onset of symptoms and possibly prolonging life. It is a far cry from the days of AZT in high doses as the only therapy available.

So fifteen years later, we know more, can do more, and continue to learn about the virus that has affected and will affect the world for years.

THE AIDS TIMELINE (from USA Today's Kim Painter 6/5/96)

- **1981:** As reports of unusual cancers and infections among gay men come in, the CDC coins a temporary and, ultimately, misleading name: gay related immune deficiency.
- **1982:** The new disease seems to spread through sex and blood. Officials rename it acquired immune deficiency syndrome - AIDS.
- **1983:** Health officials declare AIDS the USA's No. 1 health priority as the U.S. death toll passes 1,000.
- **1984:** American scientist Robert Gallo announces that he has discovered the AIDS virus. French scientist also lay claim to the virus, later dubbed human immunodeficiency virus - HIV.
- **1985:** An HIV antibody test is approved, greatly reducing the risk of getting AIDS from a transfusion. Interest skyrockets with the news that movie idol Rock Hudson has AIDS.
- **1986:** Surgeon General C. Everett Koop launches controversial AIDS education campaign that stresses condom use. The world wide AIDS count hits 100,000.
- **1987:** People with AIDS form activist groups and begin demanding more attention from government, scientists, and pharmaceutical companies. The first anti-HIV drug, AZT, is approved.
- **1988:** Human trials of AIDS vaccines begin, but scientists are pessimistic about their potential. The U.S. death toll nears 50,000.
- **1989:** A drug that can prevent AIDS-related pneumonia goes on the market and is credited with extending lives.
- **1990:** Ryan White, a charismatic teen with hemophilia who helped increase public compassion for those with AIDS, dies of the disease at age 18. U.S. deaths hit 100,000.
- **1991:** It is estimated that 10 million people worldwide carry the virus. Magic Johnson announces he is one of them.
- **1992:** Both major political parties hear moving speeches from women with HIV - Elizabeth Glaser at the Democratic convention and Mary Fisher at the Republican convention.
- **1993:** 40 million infections predicted by the year 2000 globally.
- **1994:** Pedro Zamora, of MTV fame, dies. Tom Hanks wins an Oscar for his role as a gay man with AIDS.
- **1995:** The first of a new class of drugs called protease inhibitors is approved, sparking optimism among patients and doctors.
- **1996:** Worldwide, 20 million have been infected and 4.5 million have developed AIDS. No vaccine has yet looked promising enough to undergo widespread testing.



SILENCE = DEATH

The AIDS epidemic has many symbols. Rock Hudson, the first widely popular celebrity to die from AIDS. Arthur Ashe, who crusaded for AIDS causes after contracting the virus from a blood transfusion. He later died from AIDS. Liberace, the flamboyant entertainer, who never publicly acknowledged his infection before his death from AIDS. The red ribbon, which symbolizes support and awareness of AIDS and the people infected and affected and those who have died from AIDS. The slogan "Silence = Death", a rallying cry from AIDS activists in ACT-UP, the vocal protest groups that brought AIDS out of the closet and made the government sit up and take notice.

NEWSBRIEFS

WATER, WATER EVERYWHERE, BUT SHOULD YOU DRINK IT?

The National Association of People with AIDS (NAPWA) has put out a pamphlet on the topic of drinking water and concerns people with HIV/AIDS should know about.

According to NAPWA, more than 45 million people drank tap water from sources that contained Cryptosporidium, which can cause severe illness or even death. Crypto, for short, is found in the feces of humans and animals and people can become exposed to Crypto by drinking contaminated water or through exposure to the feces of infected individuals.

The symptoms of infection arrive two or three days after ingestion and are severe diarrhea, abdominal cramps, low-grade fever, nausea and vomiting. In most cases it lasts two to three weeks. But for people with HIV, the disease can last months and involve diarrhea that strikes from four to twenty times a day and can be fatal, involving severe dehydration, the inability to absorb nutrients, and the loss of important vitamins and minerals.

NAPWA suggests these precautions for people with HIV:

Drink safe water, which means tap water that has been at a full and rolling boil for one minute. Or drink bottled water that is protected, which means it has been subjected to one of the following: distillation, reverse osmosis or micron filtration. Or use a faucet filter that is NSF certified 53, although this can be expensive and must be changed often.

Change some everyday habits, like not contaminating your beverages with ice cubes that were not made from safe water sources. Do not drink juices made from concentrate or fountain sodas, as processed beverages in cans or bottles are safer. Be careful not to swallow water while brushing your teeth or showering. Wash your hands vigorously after using the toilet, before handling food and after sex, as the motion of the hand washing helps remove Crypto. Do not drink from lakes, rivers or swimming pools. And if you have oral-anal contact, wash thoroughly with soap and water before and after and use a latex barrier.

NAPWA warns that at this time there is no reliable or curative treatment for Crypto and that off-the-shelf medicines are unlikely to help and may be harmful. There are some treatments your doctor may try. These include the drugs Paramycin, Azithromycin, Itraconazole and Metronidazole (Flagyl). Still, prevention measures are the best course of action against Crypto and other contaminants in tap water.

The pamphlet "Should I Be Concerned About The Water I Drink?" is available at The AIDS Project (in limited supply) or can be obtained by calling NAPWA at 202-898-0414, faxing them at 202-789-0435, or by writing to 1413 K Street, NW, Washington, D.C. 20005. ■

by the
way

IT'S ALL ABOUT HOPE

by Mike Martin

According to Webster's Encyclopedic Unabridged Dictionary of the English Language, hope is the "feeling that what is desired is also possible or that events may turn out for the best." To hope is "to believe, desire or trust." Hope is, to my way of thinking, what keeps us all going from day-to-day in the face of the ever-present struggles in our world and in our lives. Hope is often the missing piece in people with depression. Hope is sometimes as fragile as wet tissue paper and, at other times, as strong as any human emotion. Hope is the best reason to get out of bed in the morning.

In this 15th official year in the life of AIDS in the United States, hope is what I hear more and more. At the recent AIDS Symposium in Portland, sponsored by the AIDS Consultation Service at Maine Medical Center, experts on AIDS from around New England talked about the hope that new drugs and treatment strategies offer people with HIV. One expert marvelled at the many options now available to treat HIV and the opportunistic infections that are so insidious. The hope is that people with HIV will live healthier and longer. There is hope in new drug trials, protease inhibitors and vaccine research. There is hope in the fact that so many people are working to conquer this disease.

There is hope in the news, too. The extension of the Ryan White Care Act for five years continues the hope that people with HIV will get the support and services they need. The Supreme Court ruling against Colorado's anti-gay law offers the tantalizing hope of a future more tolerant and fair to gays and lesbians. And though we know that AIDS is not a gay disease, we also know that AIDS has struck the homosexual community hard and the hope is that, partly through this virus, society-at-large is becoming more aware of the issues of equal rights and tolerance.

Closer to home, the search for a new Executive Director for The AIDS Project, now in its 11th year (the agency, not the search!), seems to be near completion. Even as I write this, the Search Committee can see the light at the end of the tunnel. The seven member committee (including myself, three other Board members, and two staff persons) will soon make a recommendation to the full Board of Directors at TAP on who should be the new Executive Director to lead TAP into the future. It is certainly our hope that by next month's issue of In The Affirmative, an Executive Director will have been hired and starting to work.

It will be a challenge in the coming years to adapt to the changing face of AIDS in the world, our country and our state. Already hints of changes in funding and in aid to people with HIV in Maine and the nation have The AIDS Project working to understand those changes and to figure out what needs to be done to ensure that the Project's work and mission is successfully fulfilled. Hope is in the seeing and adapting to the change.

Of course, hope is all around these days, as summer comes to Maine. We all endured a fairly harsh winter and it is a pleasure to see the flowers bloom and the grass grow green. It is the hope of summer's renewal (and the fact that my lawn mower is guaranteed to start on the first or second try!) that gives us energy and desire. It is really a treat to see the sun, the yellow blooms of the dandelions (a pretty little weed), and the purple of the lilacs. It is a joy to throw open the windows and let a fresh breeze of Maine air blow from room to room. There are birds and squirrels and woodchucks to behold from the windows at my house, and up the road after dark, deer congregate in a field (somehow knowing it isn't hunting season!).

On a very personal note, I always tell people that despite the fact that I am HIV-positive and it hangs over me everyday, I take hope and comfort on waking up in the morning and knowing that today is not the day I'm sick or dying. So, today can be a good day. It helps to actually think that everyday. Hope is something to nurture.

Recently, for the first time in at least fifteen years, my mother and her four sons had dinner together, just the five of us. We've often had dinner and holidays with the whole family present, but when my oldest brother came up from Mobile for the first time in two years, he championed a dinner of mother and sons only. We gathered at the old homestead and shared a meal we often had on Saturday nights growing up. Stewed beans, boiled hot dogs, cole slaw, bakery rolls and pickles from a jar. Not terribly fancy, but we sat at the table and talked too loud, laughed too much, argued too much, and dirtied too many dishes. Of course, there was too much love around the table that night, but one can never have too much of that. And it reminded me of what I tell my friends when the day has been too tough or someone has criticized me (unfairly) or not seen my way of thinking. What I tell myself at the end of those kinds of days is that my mother loves me and my brothers love me and my friends love me and my four cats love me and I love them all back. And that's enough love and hope to keep me going.

So, as I get older and live longer with HIV, it is in finding the origins of hope and in appreciating the hope that is there that keeps me going. There are a lot of people, known and unknown to me, who support me and everyone else with HIV. There is a growing number of people who support me and everyone else who is gay. I have a growing sense that life isn't about the number of years one lives, but in the hope that today and the next will be as good or better than yesterday. It is not always easy to hold on to that thought, but hope is sometimes hard to see. Of course, it is easier to see and feel hope if you actually look for it, rather than wait for it to tap you on the shoulder.

Layout and Design by

bald man publishing © 1996

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:

Steve Addario, John Holverson, Joel Martin, Karla McGowan, Frannie Peabody, Amanda Sewell, Tony Silva, and Jill Tacy. Mike Martin, Copy Writer and Editor.

Oral Sex, Oral Testing, and Another Viral Load Test (for free)

Everyday, it seems, come new tests in the field of HIV. The FDA has just approved a test that could replace the now widely used blood tests to tell if someone has contracted the virus. A test called Orasure from Epitope Inc. is the first oral test that appears to be as reliable as the standard blood tests used to diagnose HIV. Orasure uses a treated cotton pad to scrape a tissue sample from between the cheek and gum of a person. The test is said to be 99.9% accurate and has the added benefit of reducing the risk of needle sticks to health care workers who, when administering this new test, don't use a needle at all.

Another new test just approved by the FDA is a viral load test from Hoffman-LaRoche called Amplicor. This test tells how much virus is in the blood of people with HIV. It is now thought that viral load testing is a better indicator of future health and that viral load testing gives a quicker indication of changes in people with HIV than standard CD4 testing. Still, the lessons of viral load testing and the efficacy of new protease inhibitors, used to lower the level of virus in a person's blood, are in the early stages of understanding. Still it is all very encouraging. The Amplicor test will be given free to anyone infected with HIV for 60 days starting on June 17th and for information on getting the free test, you can call 1-888-TEST-PCR.

And new research confirms what many have believed for a long time, there is strong evidence that receptive oral sex puts people at risk of acquiring AIDS. While many have held that oral sex was safe sex, researchers at the Dana Farber Cancer Institute and Tulane Regional Primate Center found that it was "easy" to infect monkeys with SIV, the monkey equivalent to HIV, by placing infected semen in the back of the monkey's throats. The CDC has for many years classified unprotected receptive oral sex as unsafe based on anecdotal reports from people infected with HIV and who recalled only having oral sex.

Michael Isbell, of the Gay Men's Health Crisis in New York, hopes this study will help convince some doubters of the risk of oral sex. He says, "Out on the street, a lot of gay men just don't believe it." In the January 1995 issue of *In The Affirmative*, Sandy Putnam, Nurse Coordinator at the AIDS Consultation Service, talked about the risks of oral sex, particularly, but not exclusively, to people with bleeding gums, mouth sores, or after just brushing or flossing. John Holverson, TAP's Prevention Education Director, spent a good deal of time last year talking about and passing out information on the unsafe nature of oral sex, trying to help people understand the risk of what many want to believe is a safe behavior.

The CDC also emphasizes that the risk involves both men and women performing oral sex on HIV-positive men or women. And as we wrote about here in previous issues of *In The Affirmative*, it is important for people infected with HIV to realize that there is the danger of becoming infected with different and potentially more dangerous forms of HIV by participating in behaviors that are unsafe. Just because someone already has HIV, doesn't mean they can't catch a new strain or mutation of the virus.

Sources:

USA Today 6/7/96, Portland Press Herald 6/7/96 and 6/5/96, *In The Affirmative* 1/95, and *Now That You Know You're HIV-positive* 1996.

Protease Inhibitors

Protease Inhibitors are a new class of drugs used to fight the AIDS virus. They work differently from drugs like AZT, ddI, 3TC and others, but the end goal is the same - lower viral replication and improve CD4 counts.

There are three protease inhibitors on the market and they are: saquinavir (Invirase™), zidovudine (Ritonavir™), and didanosine (Crixivan™). These drugs are best when used in a 2 or 3 drug combination therapy, though you shouldn't be taking more than one protease inhibitor as part of your therapy. It is very important that you and your doctor seriously consider all the combination options to maximize beneficial health.

It is very important to take a protease inhibitor at the times and dosages prescribed, following doctor's orders explicitly, so as to avoid becoming resistant to the drug. So don't skip doses, don't lower doses and, if the side effects become intolerable, just stop the drug and consult your doctor on what to do next. The fear of protease inhibitor resistance is that if you become resistant to one, you might end up being resistant to all protease inhibitors and therefore lose any possible future benefit from these powerful and, so far, very effective drugs.

About the three protease inhibitors:

Saquinavir (Invirase™): Take within two hours of a full meal or substantial snack. Side effects are rare but include diarrhea, stomach discomfort, and nausea. Cost \$5,700/year wholesale or about \$16/day.

Do not take rifampin or rifabutin as they reduce the amount of saquinavir in your body.

Ritonavir (Norvir™): Take in the morning with a full breakfast and twelve hours later with a full meal. Side effects are moderate, but usually fade in two to three weeks and include nausea, vomiting, weakness, diarrhea, tingling or numbness around lips, hands, or feet. Cost \$6,500/year wholesale or about \$18/day.

You must not take the following medicines as they can produce life-threatening drug interactions with ritonavir: Demerol™, Darvon™, Enkaid™, Rythmol™, Mycobutin™, Vasor™, Seldane™, Wellbutrin™, Xanax™, Tranxene™, Valium™, ProSom™, Feldane™, Cordarone™, Tambocor™, quinidine (generic name), Hismanal™, Propulsid™, Clorazil™, Delmane™, Versed™, Halcion™, or Ambien™.

You can take these drugs instead: Tylenol™ (for pain), Percodan™ (for pain), Biaxin™ (for MAI or MAC), Myambutol™ (for MAI or MAC), Claritin™ (for colds, allergies or congestion), Prozac™ (for depression), Norpramin™ (for depression), Restoril™ (for anxiety), and Ativan™ (for anxiety).

Indinavir (Crixivan™): Take on an empty stomach, one hour before or two hours after meals, and with a large glass of water. You can take with a very light meal if necessary, such as toast with juice or skim milk. Side effects are low and include nausea, abdominal pain, headache, diarrhea, vomiting, weakness/fatigue, trouble sleeping, dizziness, rash, sore throat, flank pain, taste changes, acid regurgitation, back pain, and blood in the urine. Also, kidney stones in dehydrated people, so you must drink at least 48 ounces of liquids daily to maintain hydration. Cost \$4,380/year wholesale or about \$12/day.

You must avoid taking the following medicines when on indinavir: Seldane™, Hismanal™, cisapride (generic), triazolam (generic), midazolam (generic), Rifadin™. With rifabutin and ketoconazole your doctor must adjust the dose or use an alternative drug. If you are taking ddI, take it at least an hour apart from indinavir.

As always, consult your doctor, tell him all the medicines you're taking (prescription or non-prescription), and follow the doctor's orders on dosage and timing.

Sources:

Protease Inhibitors: How to Use Them the Right Way 5/96, National Minority AIDS Council. **PI Perspective** 12/95 and 4/96, Project Inform. **Protease Inhibitors: A New Family of Drugs for the Treatment of HIV Infection** 1996, Martin Markowitz, MD, International Association of Physicians in AIDS Care.

NEWSBRIEFS

SUPREME RULING

The Supreme Court of the United States of America struck down Colorado's anti-gay law, which banned any laws that protected homosexuals from bias.

In an historic 6-3 decision by the court, Justice Anthony Kennedy wrote the majority decision and said, "A State cannot deem a class of persons a stranger to its laws."

Justice Kennedy went on to write, "It is not within our constitutional tradition to enact laws of this sort."

The six justices in the majority are Kennedy, John Paul Stevens, Sandra Day O'Connor, David Souter, Ruth Bader Ginsburg, and Stephen Breyer. In the minority are Antonin Scalia, Clarence Thomas and Chief Justice William Rehnquist.

Justice Scalia, writing the dissent, equated homosexual behavior as "conduct reprehensible" like "murder...or polygamy...or cruelty to animals." He wrote, "The Court's opinion contains firm, disapproving hints that Coloradans have been guilty of 'animus' or 'animosity' toward homosexuals, as though that has been established as Unamerican."

The size of the majority was a surprise to many, particularly the votes of Kennedy and O'Connor, both appointed by President Reagan in the 1980's.

Ten years ago the court refused to strike down Georgia's anti-sodomy laws by a one vote margin. Former Justice Lewis Powell, the swing vote, has since said he probably made a mistake.

And while this victory is indeed historic, the ruling is not a sweeping endorsement of gay rights and many battles lay ahead. Still, Harvard law professor Laurence Tribe says that when future cases brought by gays arrive at the Supreme Court "they will not have the door slammed in their face...but they won't have a red carpet, either."

It is also important to note that people with HIV/AIDS, or even people perceived to have the virus, are protected from discrimination by the Americans With Disabilities Act. ■

RYAN WHITE CARE ACT EXTENDED

President Clinton signed the five-year extension of the Ryan White Care Act on May 20th. The law devotes \$738 million to help communities cope with the AIDS epidemic. The President awarded \$350 million that day, the remainder having already been allocated.

Maine should be receiving an increase in its share of Ryan White funds.

Ryan's mother, Jeanne, was present at the signing of the bill and the President gave her one of the pens he used to sign the legislation. The President praised Ryan White, an Indiana teenager who died in 1990, "as a brave young man who taught Americans the truth about AIDS." ■

NEWSBRIEFS

HOME HIV TEST COMING

It won't be too much longer before a person will sidle up to the pharmacist and ask for a take-home HIV test that involves taking your own blood sample and getting the results by phone. The tests will be available in Texas and Florida in June and could be available nationwide by early 1997. It will cost around \$40 and has been approved by the FDA. The test is called Confide and is made by Johnson & Johnson.

Steve Michael of ACT UP believes this "empowers people to take control and get tested when and where they want." Many, but not all, AIDS experts are not happy about the test. They worry not so much about the test itself, but the counseling that should accompany any HIV testing.

With the test comes a counseling pamphlet written by former Surgeon General C. Everett Koop and the materials needed to do the test. The blood samples are sent to a lab by mail and results are available by phone seven days later by using a toll-free number. If the result is negative, a recording will say so and offer advice on how to stay negative. If the result is positive, a counselor will come on the line immediately. Critics argue that people will know their results as soon as they either get a recording or a live voice and are afraid a lot of people will hang up at that moment.

Phone counselors will offer referrals to doctors, counselors and other services using the same nationwide list used by the federal government's AIDS hotline.

The test is said to be well over 99% accurate, according to Dr. Gary Noble, a vice president at the company that makes the test.

The company has chosen Texas and Florida to see how many calls it gets and how much staff it needs to handle them before going nationwide. In both states the kits are also available through a toll-free number, but will require an address and a credit card number.

The company says that it is their intention to let people buy the test in the most confidential way possible.

Some observers say the kit may start a wave of coercive testing by spouses, lovers and employers. "With this technology, it may be unpreventable," says Michael Isbell of the Gay Men's Health Crisis in New York. ■

SAFER SEX AND CRUISING

John Holverson of the AIDS Project said to the Casco Bay Weekly that people involved in cruising were no more or less likely to engage in unsafe sex than other people. Holverson said, "Where you meet people isn't the issue. It's the behavior afterwards."

Holverson, Director of Prevention Education, said in TAP's Newsline that his department is more than an information office, but also works to help people identify and change risky behaviors and make healthier choices around their sexual activities. ■

people TAP

A reader suggested that it would be interesting to learn a bit about the people on the staff and the board of directors of TAP. So, we asked the staff and board to fill in a little questionnaire that asks them to tell our readers a little something about themselves. Some of the questions are serious and some are just for fun, and each staff or board member was encouraged to skip any questions that didn't cause an answer to flow from brain to pencil easily. There are 21 board members and 18 staff persons at TAP and we'll publish four responses each month.

Steve Addario, Case Manager.

Steve has been a case manager for over four years. He has a B.S. in Education and is currently working on his MSW at Boston University. He has previously worked for the Department of Human Services, The Center for Grieving Children and Hospice of Maine.

His reason for working in the field of HIV/AIDS: "My peers were dying, there seemed to be no better way for me to help people survive."

Asked if there was anything he liked to share about himself, he said, "My life is focused on my relationship, work, school and fighting oppression. I was heavily involved in Maine Won't Discriminate and I work with the Maine Chapter of Equity Institute, an organization devoted to educating about and defeating the barriers of oppression. I grew up in the 50's and 60's. The homosexual community was finding a collective voice. The face of discrimination, and the battle against it, was changing. I feel fortunate to live today in a part of the world where the gay community is openly struggling to be more a part of mainstream society. My dream is that more gay-lesbian-bisexual-transgendered human beings will continue to strive for and gain a more visible and embraced part of society."

Karla McGowan, Board Member.

Karla McGowan lives in South Portland and has been a board member since January of this year. She has a B.A. in English Literature/Anthropology from New York University. She's "always been in P.R., from lipstick and movie stars to cat food and politicians!"

Asked what about HIV/AIDS interested her and why she joined TAP's board, she said, "The commitment and enthusiasm of everyone I've ever met affiliated with TAP as staff, volunteer, client or board member."

She likes "gardening, upholstering, etc... Anything that will increase the resale value of my home!!!" Asked her favorites, her answers are: Book, *Wild Asses Skin/Balzac*; Movie, *The Mission*; Magazine, *Vanity Fair*; TV Show, *Absolutely Fabulous*; Color, green; Singer, Van Morrison.

Her fantasy vacation would be Thailand, Burma and "the rest of my life exploring the South Pacific Islands." The best trip she's taken is a toss-up between the Greek Islands and Buzios in Brazil. Her best meal was eaten on the island of Ibiza in a renovated church and she's "still looking for that wine 10 years later!"

Her philosophy to live by is, "Live in the moment. Do what you can, and try not to postpone joy and dreams till you think you're ready."

Karla provides news clippings on issues related to HIV/AIDS to the board of directors and I've used some of those news items in the "Newsbriefs" sections of this newsletter.

Frannie Peabody, TAP Founder and Board Member.

Frannie Peabody is one of the founders of The AIDS Project and a member of its board of directors since the Project's beginning back in 1985. She's 93 years old and says she's been around "since horse and buggy days to living in space." Her oldest grandson died of AIDS in 1984; she has 4 children, 8 grandchildren and 6 great-grandchildren.

Her goal for TAP is "that TAP at all times fulfills its mission." Asked why she's so involved with HIV/AIDS, she says, "I was working with The AIDS Project from its beginning because I knew there would be an epidemic." Her other activities include preserving museums, houses, and properties.

Her best trip was "to Africa, probably." and her best meal was "too many to remember." Her philosophy to live by is "When tragedy strikes, look for someone else who has or is experiencing worse tragedy."

When asked to pick three ideal roommates, she replied that she "chose to live alone" many years ago. Asked to share more, she said, "I am something of an 'idea' person and when I get an idea, usually I pursue it until it is a reality." What can we say, Frannie is a legend in her and our times.

Joel Martin, Board Member.

Joel lives in South Portland and is a lawyer. He's been on the board for over four years and has a B.A. from Harvard and a J.D. from the University of Chicago. He's married with two grown children.

His goal as a TAP board member is his "participation in TAP's growth to a mature and powerful social service agency." He is the board's Secretary and on the Development Committee.

Asked his interest in working with HIV/AIDS, he answered, "This disease hits a lot of good people and is overlooked and ignored by other good people."

He enjoys music, gardening and reading. His favorites are: Book, *The Denial of Death*; Movie, *The Year of Living Dangerously*; TV Show, *Seinfeld*; Play, *King Lear*; Color, blue; Singer, Maria Callas; Actor and Actress, Ralph Richardson and Vanessa Redgrave.

His best trip was "to Costa Rica, cloud forest and Western beach." His best meal was "at a Michelin 1-star restaurant in southwest France. Can't imagine what a 2 or 3-star place is like!" The person he most admires is Johann Sebastian Bach and Joel's philosophy to live by is, "Simplify."

Asked to pick three ideal roommates, he chose, "Shakespeare because he understood it and could say it. Bach because he understood it and could hear and play it. And my wife Joyce, just because."

Asked if he had anything else he'd like to share about himself that hadn't been asked, he replied, "I've said too much already."

The National AIDS Hotline ☎ 1-800-342-2437
The ME AIDSline ☎ 1-800-851-2437

FREE FOR ALL and other announcements

FREE LUNCH

Thursdays at noon at TAP. A free lunch for TAP clients and staff is provided. Come join the gang for good food and good company.

FREE TICKETS

Tickets to area events are sometimes available. To get information on free tickets through TAP, call 774-6877 and ask for Steve Koopchik or leave a message. He is in on Thursdays.

FREE SPEECH

The AIDS Project Client Advisory Board (CAB) meets on the second Thursday of each month. Any and all clients make up the Board and are encouraged to attend these meetings. The CAB meets again on July 11th at 1:30 p.m. at TAP.

FREE BARBEQUE

Positively Social, a social group by and for people with HIV/AIDS, will hold its July social at a home in Alfred, Maine. It will be a Sunday afternoon, July 14th, barbeque on Kennebunk Pond. For more information call 499-0166 or 774-7630. A map to the party and information will be sent to you.

FREE TIME

Got free time on your hands, or can make free time? The AIDS Project is always looking for volunteers. To connect with Volunteer Coordinator Jill Tacy, call TAP at 774-6877.

FREE ADVICE

The AIDS Project operates Maine's AIDSline. Call 1-800-851-2437 or 775-1267 to get answer to your questions about HIV/AIDS.

FREE BOOKLET

There is a valuable booklet called "Now That You Know You're HIV-positive" available from TAP. This is a valuable resource guide for people newly diagnosed or infected or affected by HIV. It's free. Just call 774-6877 to ask for a copy.

FREE APOLOGIES

In the last edition of this newsletter, we goofed. We spelled Douglas Eaton's name wrong; we didn't have the right title for Diana Carrigan; and we didn't include Sequoia Dance on the staff list. We've corrected and amended things, sorry about that! My apologies.

FREE BEDS !!!!! URGENT!!!!

You move it - it's yours! Free beds may be available from The Holiday Inn By The Bay between now and July 1, 1996. Please call Steve Addario at 774-6877 for more information.

OTHER ANNOUNCEMENTS:

EVERY PENNY COUNTS

Every Penny Counts is one way that The AIDS Project raises money for client assistance funds. Cannisters are placed in stores and patrons can drop money into the cannisters. TAP is looking for 12 volunteers who will each take care of 2 cannisters, collecting the money weekly and delivering the money to TAP's office. Needless to say, TAP is looking for honest, reliable persons to provide this needed volunteer service.

VERMONT WEEKEND FOR PEOPLE WITH HIV/AIDS

The Vermont People with AIDS Coalition invites all people with HIV/AIDS to attend their 1996 Gathering. It will be held from Thursday, July 25 to Sunday July 28, at the Gray Ghost Inn in West Dover, Vermont. The deadline to register is Monday, July 8. For more information and to receive an application contact Carol at 1-800-698-8792 or 1-800-229-5754. The cost is \$100 and a limited number of scholarships are available on a first come, first served basis.

NEWSBRIEFS

DANGERS TO HEALTH AROUND THE WORLD

In the 50's and 60's, scientists believed that with an arsenal of antibiotics they would conquer infectious diseases. In the 90's, they know better, so reports USA Today.

The World Health Report 1996 reports that 52 million people died from all causes in 1995, 17 million of these were killed by infectious diseases. The ten biggest killers were:

Accute Respiratory infections - 4.4 million.

Diarrheal diseases - 3.1 million.

Tuberculosis - 3.1 million.

Malaria - 2.1 million.

Hepatitis - 1.1 million.

HIV/AIDS - 1 million.

Measles - 1 million.

Neonatal tetanus - .50 million.

Whooping Cough - .35 million.

Round worm and Hook worm - .17 million.

Many of these problems are related to the fact that bacteria are outsmarting the antibiotics. And diseases are transported more readily thanks to the modern transportation systems in place virtually around the world. With the ability to travel quickly from country to country, many diseases are dangerous stowaways.

Dr. Thomas C. Quinn, of John Hopkins University School of Medicine, says that these diseases have an big impact on society-at-large. He says that no example of this is clearer than AIDS. "It has affected us as a society because of its rapid spread and its various modes of transmission. If an individual is developing a sexual relationship, one has to think about AIDS."

It also affects the economic growth and stability of developing countries. He says, "AIDS causes social upheavals, societal unrest, destitution and increasing poverty, all of which increase the spread of HIV."

An estimated 5 million people have died from AIDS in the last 15 years, 75% to 80% in Africa alone and it's spreading wildly in Southeast Asia. It is estimated that 4 million people were infected with HIV in the last five years in Southeast Asia, whereas, in the U.S., 1 million have become infected in the last 15 years. It is expected that 8 to 10 million people will be infected in Southeast Asia by the year 2000 and that does not include China, where no one knows the extent of the virus.

Worldwide, drug-resistant strains of microbes that cause tuberculosis, malaria, diarrhea and pneumonia are having a deadly impact. Some bacteria are resistant to 10 different drugs. Resistant bacteria are responsible for up to 60% of hospital-acquired infections in the United States.

The good news is that some diseases have been nearly eradicated, such as polio, leprosy, Guinea-worm disease, river-blindness and Chagas disease, most of which affect developing nations in Africa, Southeast Asia and South America. ■

AIDS update

Since the beginning:
U.S. Cases of AIDS* - 513,486 / Deaths - 319,849
Maine Cases of AIDS - 720 / Deaths - 347**

Maine Cases by Year of Diagnosis:		
1984: 2	1985: 15	1986: 20
1987: 37	1988: 45	1989: 65
1990: 60	1991: 70	1992: 84
1993: 119	1994: 95	1995: 102
1996: 6**		

*as of 12/31/95 **as of 3/31/95

Source materials used in the writing of some features in this newsletter.

Water, Water Everywhere:

"Should I Be Concerned About The Water I Drink?", NAPWA Pamphlet.

Supreme Court Ruling and Ryan White Care Act Extended:

USA Today 5/21/96.

Home HIV Test:

USA Today 5/16/96.

Safer Sex and Cruising:

Casco Bay Weekly 5/23/96.

Dangers To Health Around The World:

USA Today 5/21/96.

AIDS Update:

Maine Bureau of Health 4/96.

HIV and I.V. Drug Users:

USA Today 5/16/96.

A Question of Odds:

Wall Street Journal 5/1/96.

The "E" Strain and ...On The Other Hand:

Bay Windows 3/28/96, Wall Street Journal 5/1/96.

NEWSBRIEFS

HIV TRANSMISSION AND I.V. DRUG USERS

According to a detailed study of infection trends in 96 urban areas, it is believed that half of all new HIV infections are due to people sharing drug needles. The study in the American Journal of Public Health states that "the HIV epidemic is now clearly driven by infections occurring among injection drug users, their sex partners and their offspring."

Still, young gay men and young, poor women trading sex for drugs are getting infected at high rates, according to the Centers for Disease Control and Prevention. Dr. Helene Gayle, the CDC's top AIDS official, says, "This epidemic is a collection of sub-epidemics."

The study estimates 700,000 are HIV infected and that overall the rate of new infections may be falling.

Some of the figures cited in the Journal's report say that 14% of intravenous drug users carry the virus and a further 1.5% get infected each year. In New York, 41% of I.V. drug users have the virus; in Seattle only 2.4% do.

18% of men who have sex with men have the virus and a further 0.7% get infected each year. In San Francisco that figure is 41%; in Gary, Indiana 11%.

2.3% of heterosexuals at high risk - chiefly the sex partners of I.V. drug users and bisexual men - are infected. Another 0.5% get infected each year. In Newark, New Jersey it's 6.4; in Gary 0.7%.

Gary Rose of the AIDS Action Council in Washington, D.C. says, "Numbers like this will give local people ammunition" to fund prevention programs. ■

A QUESTION OF ODDS?

From the Wall Street Journal comes a list of activities and their risk to becoming infected with HIV. These are estimates only and shouldn't be used to calculate individual risk. Risk to any one person depends on many factors and can't be reduced to a single number.

For (unprotected) vaginal intercourse, the risk is 1 infection per 1,000 acts with an HIV-positive partner.

For receptive anal intercourse (with no condom use), the risk is 5 to 30 infections per 1,000 acts with an HIV-positive partner.

For intravenous drug infection with an infected needle, the risk is 10 to 20 infections per 1,000 needle uses.

For accidental sticks in a medical setting with an infected needle, the risk is 3 infections per 1,000 sticks.

For a transfusion of screened blood, the risk is 1 infection per 450,000 to 660,000 donations.

Recent research indicates that infectiousness is likely to be high at both the onset of the infection before symptoms appear and a few years later. Also, women are more likely to become infected through vaginal intercourse than men. ■

our feature story

MAINE'S HIV ADVISORY COMMITTEE ...A STORY OF CREATION by Amanda Sewell

The Maine HIV Committee...and on the seventh day the Governor of Maine decided to form a Committee which would be mandated through legislation to advise all state departments and agencies of the State on HIV education, prevention of HIV, crises which may develop related to HIV, services to people with HIV and their families, HIV related policy, planning, rules or legislation, and all fiscal matters related to HIV. In other words, all things HIV.

Made up of thirty-six members (give or take a few) who sit voluntarily and without compensation, the HIV Advisory Committee meets every month, not only to fulfill the mandate of legislation, but also because they're a bunch of people who care a lot about keeping some of the voice where it belongs - with the people. They are a group of people chosen by the Governor to represent a spectrum of those infected and affected by HIV, who are willing to sit once a month in a little room in Augusta and present the opinions of the community they represent. And once it's all said and done, we find a piece of what life's all about - compromise. And those of us who stayed home that day are thinking "thank God somebody's doing it."

Then there's me, the only paid staff support, and I divide my time between all Red Cross Chapters, Portland HIV outreach and education, and the HIV Advisory Committee. The Committee gets no funds from the state and I'm paid for through a combination of United Way and Center for Disease Control grants to the Red Cross. The theme for the up and coming fiscal year is "hmmm, money. Who's gonna give us some?" But the work continues and it's always important. The Committee's dealings have become a strategic tackle of issues looking for a forum, usually because the issues get kicked out of the one they were in. We give them a home and some mental disco and hopefully send them onward, better for the wear, to a place where they can benefit those affected.

It seems that lately committee meetings revolve around the Injecting Drug Users (IDU) here within the State of Maine. The actual current guesstimate is 1,200 to 4,200 IDU's, but I've seen figures that range all the way from 9 to 4,200. Not only is it a little more humorous, but it gives the reader a better idea just how aware we are of the IDU population in the State. A doctor by the name of Patricia Case, a research associate from the Harvard School of Public Health, came to the March Advisory meeting to tell us about some research she got a grant to do here in Maine. Dr. Case, as a part of her study, called 221 pharmacists in Maine and inquired about their activity in selling non-prescription hypodermic needles and syringes. Part of some legislation that the Advisory Committee was an advocate for allows all pharmacies to sell non-prescription needles and syringes. Most of the pharmacists interviewed stated that they had no problem selling non-prescription needles as long as it wasn't to customers who were suspected IDU's. The question trying to be answered by Dr. Case's study, besides "What does a suspected IDU look like?, and, Does it differ from county to county?" is: How effective has this legislation been in providing IDU's with clean and sterile equipment and how effective has this legislation been in reducing needle sharing and the possible transmission of HIV? Well, the study is interesting to say the least. Out of the 221 pharmacists interviewed, one-third felt that they lived in a high drug use area. There were no geographical restrictions to the study and pharmacists were interviewed all over the State. Many pharmacists reported selling needles to people who had an excuse, but when asked if the prevention of HIV was a good excuse, many felt that it was not a justifiable excuse for the sale of a non-prescription needle.

One of the major problems is that it may be legal for pharmacies to sell a syringe, but it isn't legal to be in possession of a syringe which is intended for illegal drug use. So, for instance, say I'm a concerned IDU and I'm looking for some clean equipment and I go into my local pharmacy to buy some clean works, and with a little smooth talking and a few judgmental side glances, I get out of the pharmacy with a big sigh of relief. Then, I bump into a cop who arrests me on the spot for possession of paraphernalia. Whoops. This is a major problem in Maine and one that has received much of the Committee's time and mental power. All the what's, who's, how's, where's, why's and logistics are in process and when Dr. Case's study comes out early in the fall, the Committee hopes to direct a full day's time and energy to discussing the indications of clean needle availability with all those parties which may be involved.

The Criminal Justice Subcommittee has been another group of the Advisory Committee that gets a gold star for using its time constructively this year. With the help of Sheila Lorenz, a nurse and drug outreach coordinator for the Thomaston State Prison, the Subcommittee has been able to thoroughly review at least one of Maine's prisons in regards to what they do and don't do under the category of HIV/AIDS. The Advisory Committee was asked by the Justice Committee (here a committee, there a committee, everywhere a committee) to review current HIV/AIDS policies (continued on pg. 7)

MAINE'S HIV ADVISORY COMMITTEE ...A STORY OF CREATION

(continued from pg 6) and issues within the Department of Corrections. This task was confronted with dedication, vigor, and no small amount of curiosity by the Criminal Justice Subcommittee. Ms. Lorenz came to one of the full Committee meetings and presented what she knew and then fielded questions about Thomaston and their HIV/AIDS policies. The final stages, which meant dealing with facts like 10% to 90% of inmates are sexually active, consisted of creating a final report and list of recommendations on how HIV/AIDS services could be implemented or improved.

Well, I'm sure you don't need me to tell you that the words "HIV" and "incarceration" create quite a bit of controversy and a whole lot of door slamming. This is a population of people who ten years ago would have been impossible to reach. A population of people who encounter risks on a daily basis that "citizens" are only beginning to glimpse and confront. Risks which get answers like, we're not going to make condoms available in prison because it would encourage gang rape, and, no, there's never been a gang rape incident reported here. As with all other facets of life, HIV is a factor. So we typed up the completed and thorough report and recommendations, the final steps of months of research and time, and sent it off with a cover letter to Commissioner Lehman at the Department of Corrections.

Another thing the Committee has been playing with lately has actually been a huge research task given to the Ad Hoc Committee on Counseling and Testing. The controversy around whether counseling and testing can be considered a prevention method is one that has been coming to a slow boil over the last few years. Most research indicates that counseling and testing alone are not enough, but that in conjunction with other programs supporting behavior change can be used as a piece of an effective prevention strategy. The members of the Ad Hoc Committee addressed the issue using three different sub-groups or categories: 1) counseling and testing in regards to parental testing, 2) cost accessibility, 3) as well as behavior change as it pertains to primary prevention and early diagnosis and treatment. The initial draft has been completed and a public hearing was held June 7th in Augusta so that the public's concerns about testing, such as the mandatory testing of all pregnant women or the mandatory testing of all children, could be addressed and discussed. Written comments about the report will be accepted until July 5th and will be addressed and considered in relation to the final document of the Ad Hoc Committee.

Most of our up and coming scenarios deal with legislation. The Legislative Subcommittee plans to be busy and will be getting an intern who will be in charge of tracking legislation which may be of concern to the Committee. The biggest umbrella the Committee convenes under is the broad and ever present theme of legislation. One of our fondest past accomplishments is LD 321 which was a legislative response to a request by the Joint Standing Committee on Judiciary of the 116th Legislature to review the HIV testing laws. One of the many things LD 321 does is it requires face-to-face post-test counseling be offered. It also increases the sanctions of releasing test results in violation of the HIV testing laws. On the up and coming legislative agenda are plans to create an ad hoc committee specifically designed to address insurance, and the lack of it, and to work with the Legislative Subcommittee in presenting legislation. A glance at the paraphernalia law will also be in order.

In conclusion, besides just being plain busy, the Maine HIV Advisory Committee takes all those things that they're mandated to do and stretches what resources they have as far as they will go and in the end pat each other on the back and wish their purses and their watches were as big as their hearts and hands. ■■■

Amanda Sewell is an HIV Educator with the Portland office of the Red Cross. As a very appreciated volunteer, she writes regularly for In The Affirmative.

"TEEN AIDSLINE, CAN I HELP YOU?" by Tony Silva, Student Intern

After months of planning and training the Teen AIDSLine went into operation on May 29th of this year. The planning included numerous meetings with students as to how they wanted the line to run. The training took the form of role plays, discussions and hotline shadowing. The hotline is a fixed time each week, when teens can call to talk to other teens about issues relating to HIV and AIDS. The hotline operates from 6 p.m. to 9 p.m. on Wednesday nights. It is staffed by teens from area high schools, including Waynfleet, Gorham, Deering, and Cape Elizabeth. The students are out spreading the word. Currently they have appeared on WGME, posted flyers all over greater Portland in schools and hang-outs, and written to all the major print media. When asked about the success of the teen line, some of the teens voiced that they feel there is a real need for education. "Many people just don't know the facts about AIDS. I want to help educate them, so that with the facts they can make better choices about sex, drugs, and life." As the student advisor to the group, it is my hope that I can keep the interest alive through the summer months and keep the teens entertained and informed. And I will keep you informed of our progress, too!

NEWSBRIEFS

THE "E" STRAIN OF HIV

It is known that there are different subtypes of HIV, known as A, B, C, D, and E. The E strain is newly isolated and has a 50 percent chance of reaching epidemic levels in the United States in the next decade. The E strain is more easily spread by heterosexual contact. And none of the vaccines currently under development to treat HIV are likely to curb it, according to Dr. Max Essex at the Harvard AIDS Institute.

Dr. Essex says he is very concerned about subtype E as "we are not screening for it. We are not on top of it enough to know when a new epidemic takes hold."

Around the world, Essex says, there are two simultaneous epidemics of HIV. The American subtype B has infected 1.5 million people worldwide. Other subtypes, A, C, D and E, are responsible for at least 20 million infections mostly in developing countries outside the U.S. and Europe.

Subtype E is primarily found in Thailand and readily infects the cell lining of the cervix, vagina and foreskin, whereas the subtype that has devastated American gay men does not. E is rapidly spreading in Southeast Asia and Africa mostly through heterosexual sex.

Dr. Essex and two other doctors expressed their concerns at the 8th National AIDS Update Conference. They are very concerned that the United States is not prepared for this possible epidemic and that vaccine research is ignoring this problem of the spread of HIV in the developing world. They warned that vaccine work being done is only aimed at areas where a profit can be made - America and Europe. ■

...ON THE OTHER HAND

A Wall Street Journal article says some scientist are not convinced that Dr. Essex and his colleagues are right. Dr. Lyle Petersen, formerly of the CDC, says that, "over 90% of the population is heterosexual (in the U.S.), and most people are at zilcho or very low risk." Other scientists believe that heterosexual transmission in developing countries is tied to wide spread prostitution and the greater numbers of people with venereal diseases.

One Oxford professor finds the idea of a subtype of HIV that is more readily transmitted through heterosexual sex as "plausible but, as yet, scientifically unsubstantiated." And says that even if the subtype exists, it probably wouldn't lead to a heterosexual epidemic in the U.S. or Western Europe.

Still, the Wall Street Journal notes, this doesn't mean heterosexuals should not take precautions, including using a condom, as there have been documented cases of people in the U.S. contracting HIV from a single heterosexual encounter. So despite conflicting opinions of the danger to the greater population, individuals should still minimize their own risk. ■

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

10:30 a.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.

NEW !!!! 6:00 p.m.-7:30 p.m. - An Exploration of Spirituality (July 2 to August 6)

An eight week group (limited to 8-10 people) designed for people living with HIV to explore their sense of what spirituality means in a safe and non-judgmental atmosphere. Open to anyone interested, whether Buddhist, Atheist, Taoist, Christian, Nature Enthusiast, or whatever. Open to anyone! Kennebunk Office. Call Getty, TAP's York County Case Manager, for more information at 985-8199.

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 group 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, Case Manager at The AIDS Project - (207) 774-6877.

THE AIDS PROJECT

The AIDS Project

615 Congress Street

(or 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

Simon Bogan

Diana Carrigan

Janine Collins

Sequoia Dance

Paul Draper

Douglas Eaton

Tamara Harvey

John Holverson

Michael Kirk

Paul Lavin

Randy May

Christopher Monahan

Carol LeBlanc

Getty Payson

Victor Rash

Steve Reevey

Jill Tacy

Susan Tremblay

Board of Directors:

Leo J. LaPlante, CPA, President

Patricia M. Pinto, Vice President

Celeste R. Gosselin, Treasurer

Joel C. Martin, Esq., Secretary

Paul Albert

Charles Dwyer

Jerrold C. Edelberg, Ph.D.

Mark Loring

Judi Mansing

Michael Martin

Karla B. McGowan

Frances W. Peabody

JoAnne Peterson

Michael W. Quint

Anne M. Romano

The Hon. Michael Saxl

Stephen Schuit

Alan B. Stearns, Esq.

Christopher Warner

Roberta M. Wright

Charles N. Wynnott