In the Affirmative, Vol.3, No.4 (Mid-July/Mid-August 1996)

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The AIDS Project

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THE AIDS PROJECT HIRES NEW EXECUTIVE DIRECTOR

The AIDS Project's Board of Directors voted to hire Stephen T. Moskey of Cape Elizabeth as its new Executive Director at its June meeting. Mr. Moskey will officially begin working on July 22nd. Mr. Moskey was chosen after an extensive national search which began last October upon the resignation of Deborah Shields.

Mr. Moskey holds a B.S., M.S. and Ph. D. from Georgetown University. Most recently he worked for Aetna Life and Casualty out of their Hartford offices as Director of Consumer Issues in their Corporate Affairs Division. He has had extensive contact with AIDS issues and organizations. Until 1990, he was Aetna's chair of their Corporate Task Force on AIDS. He serves or has served at the National AIDS Council, the Consumer Federation of America, the National Health Council, the Consumer Leadership Coalition on AIDS, the CDC's Business Responds to AIDS program and the Gay Men's HIV Prevention Outreach Advisory Group in Hartford, Connecticut. He has an extensive background in issues like AIDS, women's issues, managed care and health care reform, life and health insurance, and corporate social responsibility and philanthropy.

The Search Committee and the Board of Directors are pleased to have Mr. Moskey coming on board.

Paul Draper has done a great job as the Acting Executive Director, as well as Development Director, since last October and will continue on as the Development Director now that a permanent Executive Director has been hired.

In a recent story about the hiring, the Portland Press Herald erroneously reported that the job of Development Director had been cut in January due to a budget shortfall. That is just dead wrong and no amount of press releases seems to be able to get the Press Herald to realize their mistake.

PEABODY HOUSE REVISITED;
THEY, TOO, HAVE A NEW EXECUTIVE DIRECTOR
by Bethany Roma

Peabody House opened its doors to clients on February 14, 1995. It provides a home-like environment for up to six people in the advance stages of AIDS. Originally conceived of by five people, it is now a non-profit organization run by an Executive Director who reports to a Board of eleven people. Its mission is to enable people in the advance stages of HIV to live with dignity, independence (as their wellness allows) and, as much as possible, to enable residents to direct their own care.

Residents of Peabody House have their own private bedrooms. These rooms were decorated by interior designers who donated their time and talent. There is also a shared living room, kitchen, dining room, and a basement recreation room where smokers are able to indulge. The house is on the Western Promenade of Portland and overlooks the water. The grounds are well maintained with pathways meandering through a tranquil garden.

Currently, Peabody House has a staff made up of an RN, Clinical Director, CRMA's (who are licensed to dispense medications), a Social Worker and a Doctor (who is the medical director of the house). Clients may also have their own private physicians. Skilled nursing is provided by HomeCare, CHS, or VNA/Hospice. In addition, Peabody House utilizes volunteers for everything from direct support to gardening and domestic assistance.

Tom Cathcart has been the Executive Director of Peabody House since June 3rd of this year. Tom was previously the Chief Operating Officer at Mercy Hospital and also held a position with Blue Cross prior (see pg.7).
NEWSBRIEFS

FDA APPROVES NEW AIDS DRUG

The Food and Drug Administration has approved the first in a new class of drugs. These drugs will be sold under the name of Viramune. Nevirapine interferes with the same viral enzyme as older AIDS drugs like AZT and ddi. Used in combination with one of the older drugs, Nevirapine modestly lowers HIV in the bloodstream. Used in triple combination with a protease inhibitor and the results are more dramatic, according to recent studies.

INSIGHT INTO HIV'S PATH

After 10 years of intense research, five different scientific groups hit upon the same key molecule that allows the AIDS virus to infect human cells. It is hoped that this discovery will enable scientists to target animals with HIV, which they haven't been able to do, and therefore do more testing of new drugs and vaccines.

Scientists have long known that HIV could attach itself to a cell by latching onto a molecule called CD4, but CD4 itself didn't seem to let the virus fuse with a cell. The new molecule, called chemokine receptor-5 (CXR5), does allow HIV to fuse. According to scientists, CXR5 is absolutely required by HIV strains in the earliest stages of the disease.

Another molecular find, called furin, was reported in May and appears to be important to HIV's work in the later stages of the disease.

Researchers suspect that a variety of chemokine receptors may play a role in the process. John Moore of the Aaron Diamond Center, one of the discoverers of the receptor, says, "I think we still have a lot to learn...but knowing more about how HIV gets into cells is a useful first step in finding ways to stop it from doing this."

1st U.S. CASE OF RARE HIV STRAIN

Scientists have identified a Los Angeles area woman as the first person in the United States to carry a rare strain of the AIDS virus. The finding could force changes in HIV screening tests to protect the nation's blood supply.

The rare form of HIV is called Group O and it escapes detection by current antibody tests in about one of every five cases, according to the CDC.

Antibody tests failed to detect the virus in the woman even though she had AIDS symptoms. Only when the CDC did more sophisticated tests was the virus found. The woman had immigrated to the U.S. from West Africa in 1994. The CDC says this is a very rare form of HIV and that it is the only known case in the United States. The strain does not appear to be any more deadly than the more common form of the virus.

Fewer than 100 Group O infections have been reported worldwide and is most common in West Africa. Improved testing will be available within the year and there is no added danger posed to the U.S. blood supply.

by the way

CAUTIOUS OPTIMISM

by Mike Martin

Once again we are being bombarded with news from the International Conference on AIDS, this time it's the 11th annual affair in Vancouver, British Columbia, Canada. Every year the newspapers and TV are filled with the latest from these conferences. And every year, I steel myself for the onslaught. It's not that I don't want to believe everything I hear, it's just that the story of AIDS is a delicate imbalance between euphoria and disappointment. So as the 15,000 people from 125 countries meet in Vancouver to talk about the state of AIDS, I choose to remain cautiously optimistic and a shade bit skeptical of the hype. I have hope, to be sure. Still, I agree with Larry Kessler of Boston's AIDS Action Committee when he says, "We see a glow at the end of the tunnel, but we don't see the light."

Will I live long enough for a cure for HIV? Could be. Certainly I'm more optimistic now than even a year ago. Have we got a cure yet, or even treatments that promise long life? Not yet. With treatments of combination drug therapies and the new class of drugs called protease inhibitors, optimism in the medical world is high. New viral load testing is a better indicator of how much virus is in a person's blood giving doctors hope of more informed and quicker treatment decisions. But what does all this mean in the long term? The truth is only the long term holds the answer. And some of my friends may not have a long term in their future. It is hard to be totally optimistic when my friends are dying and nothing we know of so far will change that. I wish it were not so.

And there is the global picture to think about. While drugs to combat HIV are more numerous, they come with a pretty stiff price tag. In the places of the world where HIV is most prevalent, Africa and Asia, these drugs are simply too expensive for the vast majority of people with HIV. Even in the U.S., long term therapy on these drugs could force many people into poverty and onto Medicare and Medicaid. The cautiously optimistic experts also worry about the virus, which has been pretty adept so far, becoming resistant to the latest, greatest drugs. Add in those people who will suffer serious side effects and reactions to these new drugs and you now know why a cure is not yet a reality. We're getting closer, but we ain't there yet.

Not that I want to rain on anybody's parade, I would like nothing better than to sit down and write a column about how this terrible scourge is under control and how the millions infected with HIV are out of danger. I am a fervent believer in the power of hope, as I wrote in this column last month. Still, it is hard to work myself up into a frenzy every year when the International Conference is held, when news is fast, furious and promising, and then reality checks in on the Hotel Life and Death and much of the good news is reworked to a lower pitch of excitement.

In The Affirmative is a monthly newsletter published by the staff and clients of TAP. It is distributed to everyone working 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 sees fit.

Contributors to this edition of In The Affirmative include:

Douglas Eaton, Getty Payson, Bethany Roma,
Amanda Sewall, Alan Stearns, Susan Tremblay and Jill Tacy.
Mike Martin, Copy Writer and Editor.
What is a viral load test?
A viral load test is a measurement of the number of viruses floating around in the bloodstream. After taking a blood sample, the doctor will send it to the lab where they will count how many copies of the virus there are per milliliter of blood.

There are two types of tests, PCR and bDNA. The first type uses PCR to make millions of copies of the virus's operating instructions known as RNA. This type of test is approved by the FDA. It can accurately measure viral loads above 400 per milliliter. There are variations of this test but they use essentially the same method.

The second type, bDNA, directly measures the amount of HIV RNA. Because it counts the number of pieces of RNA without copying it first, initially it was accurate for viral loads above 10,000 per milliliter. Scientists have developed better versions of this test accurate to 500 per milliliter and they will be available soon. In fact, many new tests will be available soon. It is important to know that they all measure the same thing.

What do the results mean?
There are two measurements of how severe HIV is. One is T-cell counts and the other is viral load. T-cell counts tell how much damage has been done to the immune system at any given time. If T-cells are low then some type of therapy is indicated to prevent the infection from moving too quickly and beyond the use of one antiviral at a time. Before starting a new drug therapy get a viral load first, then after a month of therapy get another. If the therapy is working you're second viral load should be significantly lower than the first. In this case you are on an effective therapy and should stick with it, monitoring viral load every three months. If the viral load doesn't go down, then the doctor should probably switch treatments.

Treating which drug viral load are usually associated with better results, and it seems that the more powerful the reduction in viral load and the more sustained, the better for you.

What to watch for?
As HIV illness develops the levels of virus can go up and down. Sometimes after flu shots or when you are sick, the results of viral load tests can sometimes go up very high; so in such cases wait a full month and get the test redone. It is unclear what these short-term rises in viral load mean, but this is one reason why no treatment decision should be based on only one test. In the case where you have one high test that is not consistent with past results, wait one month before checking viral load again. You need more than one test over a period of time so that when it comes to using viral load tests as part of your treatment decisions your doctor has an accurate picture of how you are doing.

Other uses of viral load tests.
When it is established how well a viral load test can predict a person's long term health, it could be used to drastically shorten drug studies. This may mean more and better drugs available sooner to those HIV-positive's who need them. Viral load tests are being used to measure the drug effectiveness in all current protease inhibitor trials. Measurements of viral load were considered with T-cell counts at the FDA hearings when deciding to grant approval for d4T, saquinavir, and the AZT/3TC combination. There are additional possibilities for viral load tests in the future. A PCR test which measures viral load down to 20 is now in development. A variation on the viral load test could be used to screen blood products for HIV if the FDA approves it for that specific use, and might also be used to predict the risk of transmission of HIV from mother to fetus. And since every person responds differently to antiviral therapies, viral load tests will effectively individualize the treatment of HIV disease. Viral load tests make it possible to find the best drug combination for each person.
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 20 board members and 20 staff persons at TAP and we’ll publish four responses each month.

Douglas Eaton, Hotline/Counseling

Douglas is TAP’s Hotline, Counseling and Testing Coordinator. He lives in Portland and has been with TAP about a year. He has a M.M. from the University of Colorado.

His goal is to expand the hotline service to targeted groups, such as teens, women, and men who sex with men. He hopes to expand TAP’s counseling and testing to twice a week. His reason for being involved is the “impact AIDS has had and is having on close friends.”

He enjoys reading, cooking and traveling. His favorites are: books, Zora the Greek and the Pentitent; movie, Witness; magazines, Cooking Light and Yankee; TV show, Jeopardy; play, Painting Churches; color, blue; actor and actress, Richard Dreyfuss and Katherine Hepburn. His fantasy vacation would be to travel to New Zealand on a steamship. His best trip was to the Mozart festival in Salzburg. He calls a salmon dinner at the Roma Cafe c. 1980 the best.

He most admires Frannie Peabody and Dennis McLaughlin. Douglas was a founder of the Boulder County AIDS Project (1985) in Colorado and its Board President for two years. He sighed the Serenity Prayer as a philosophy to live by.

FDA ASKED TO HALT NORPLANT

An advocacy group petitioned the FDA to halt sales of the contraceptive Norplant, saying it is too risky.

Some 1 million American women use Norplant, which is six matchstick-sized rods implanted under the skin of the upper arm. The rods release a synthetic hormone that prevents pregnancy for as long as five years.

Norplant’s approval was hailed in 1990 as the first major new contraceptive since the birth control pill 30 years earlier.

But about 200 lawsuits have been filed over Norplant, including class actions representing some 50,000 women. Most claim they weren’t adequately warned about side effects, such as headaches, weight gain, prolonged menstrual bleeding, ovarian cysts and depression.

The Population Research Institute, a non-profit organization that lobbies against Norplant, said the FDA that those health problems show Norplant is “seriously flawed.”

The group played a 1995 BBC broadcast that accused some international studies of coercing women into testing Norplant. It also charged that Norplant made women more vulnerable to the AIDS virus, citing a May study that found a hormone in Norplant thinned the vaginal wall of monkeys so that HIV could more easily penetrate.

Alan Stearns, Board Member

Alan lives in Portland and has been on the Board since February. He has a B.A. from Brown University, an M.P.A. from the University of Maine, and a J.D. from the University of Maine. Asked about family or relationship, he dryly replied, “Indeed.” Alan is an attorney.

His goal is to “allow TAP to retain its status as stable, yet growing, respected and yet cutting edge.” He says, “The concept and reality of HIV makes inactivity not an option,” as his reason for involvement in HIV/AIDS.

His favorites: book, Cien Anos De Soledad; movie, Cinema Paradiso; magazine, Vanity Fair; TV show, Twin Peaks; play, Midsommer Night Dream; color, walnut; singer, Joe Jackson; actor and actress, Matthew Broderick and Bernadette Peters; fantasy vacation, Indonesia. His favorite meal is breakfast at a diner before a hike.

His quotes and philosophies to live by are: “Mediocrity sucks,” “Money can wait,” and “The world won’t end if I say ‘No’.” He most admires Nelson Mandela and Mahatma Gandhi. Asked to pick three roommates (real or fictional), he chose Gromet, Babe’s singing mice and Hobbies.

Susan Tremblay, Development

Susan is the Assistant Director of Development at TAP and has been with TAP for three and a half years. She lives in Portland with her significant other, Eric Lindstrom.

Her goal is “to raise lots of money to keep TAP a vital organization.” She says of HIV/AIDS, “It is a challenging field that allows me to do good work for deserving people.”

She enjoys musical theater, movies, reading, travel and food. Her favorites: book, The Fountainhead; movies, Mary Poppins and Brazil; magazine, Gourmet; TV show, E; plays, (musical) Cabaret, (non-musical) anything by Tennessee Williams; actor and actress, Harvey Keitel and Judy Garland; fantasy vacation, a European tour. Her best trip was to Akumzul, Mexico. Her best meal is pizza at Pizarra Regina’s in Boston (where she used to live).

She most admires her mother and her sister. Her quote is “Eat, drink and be merry!”

Asked to pick three roommates, she chose: Her grandmother, who was the world’s most fabulous cook and food authority; Luciano Pavarotti, who could sing me to sleep every night; And John Travolta, “for those occasions when I must absolutely, positively disco dance!”

Susan has previously done similar work for an AIDS service organization in Atlanta and did marketing for a computer software company in Boston.
ANNOUNCEMENTS OF INTEREST TO PEOPLE WITH HIV/AIDS

URGENT MESSAGE TO PERSONS RECEIVING SSI OR SSDI PAYMENTS

Due to legally mandated changes in Social Security, persons receiving SSI or SSDI payments due to alcoholism or drug addiction will no longer be eligible for these payments. Benefits will be terminated in January of 1997, as will the benefits of Medicare or Medicaid. If you are receiving these benefits because of alcoholism or drug addiction, or if you are unsure, contact your case manager immediately. The AIDS Project will work with its clients to do all that is possible to help.

CALL YOUR CASE MANAGER IMMEDIATELY AT 774-6877

Lunch
As always, people with HIV/AIDS are invited to share a free lunch and good company at The AIDS Project every Thursday at Noon. These are healthy, nutritious, and filling meals lovingly prepared by volunteers, led by the gracious Sylvia. So come and join the good time and fellowship.

A big "Thank You!!" to the Big Sky Bread Co. for donating a wide and varied and delicious selection of breads on the 2nd Thursday of every month for the noon lunch at TAP.

Correction
In the last issue of In The Affirmative figures on Maine's cases of AIDS were incorrectly attributed by year. Rather than the figures being attributed to March 1996, I inadvertently put March 1995. My mistake.

HELP !!! HELP !!! HELP !!! HELP !!!
An AIDS Project client needs dogwalker(s). The dog needs to be walked and the owner is unable to do it. Here's a chance to really help out. Dogwalker(s) needed for Monday, Wednesday, Friday and Saturday. Call Jill Tacy at 774-6877 ASAP, please.

AIDS around the world

Estimated mid-1996 distribution of people living with HIV/AIDS according to UNAIDS

5 Important Facts You Need To Know To Stay Healthy

by Steve Frankel, A&M Magazine

Understanding Hypermetabolism.
Studies show that all people with HIV become hypermetabolic. This means your body uses 10% more calories and nutrients to maintain basic body functions like respiration, heartbeat, and rebuilding immune cells. A lot of symptoms associated with HIV progression may be due to nutritional deficiencies from hypermetabolism. Some studies suggest that T-cell count drops are largely due to deficiencies in nutrients like vitamin A, Zinc and Copper, which are needed to build T-cell counts.

Ridding Your Body of Free Radicals.
Free radicals are highly unstable by-products created naturally as your cells use oxygen. They can do damage to your cells if unchecked. Studies show that HIV creates an overabundance of free radicals and they play a major role in killing the immune system. Free radicals are neutralized by anti-oxidants like beta carotene, vitamins A, C, and E. Eating foods rich with anti-oxidants is recommended.

Making Sure That What You Eat Is Easily Digested.
HIV tends to cause an inflammation of the gastrointestinal tract preventing the absorption of nutrients and causing diarrhea, loss of appetite, fatigue, insomnia, and susceptibility to various infections and diseases. Avoid foods that further irritate your bowels. Some culprits are meat, dairy, citrus fruits, wheat, white bread, spicy foods, fried or greasy foods, fast foods, vegetable oils, black pepper, tobacco, alcohol and coffee. Foods that soothe the bowels include grains like millet, barley, and oatmeal, steamed or boiled vegetables like carrots, turnips, broccoli, cabbage, Brussel sprouts, kale, white fish and fresh garlic. Some supplements also help soothe your bowels, like non-dairy acidophilus, echinacea, golden seal root, rose hips and pau d'arco.

Supplementing Your Immune Boosting Diet.
It is important that you consult your doctor or nutritional consultant to set up a regimen of good quality vitamins, minerals and amino acids to boost your immune system.

Keeping A Positive Outlook.
Keeping a positive attitude every day is absolutely essential to staying healthy, especially for a person living with HIV. Research has shown that a positive attitude can actually boost the number and aggressiveness of your fighting immune cells, as well as create endorphins that further boost your mood and health. In addition, findings of long-term survivor studies show the significant impact your mind has on your health. This means you should actively create support systems among friends, family and groups to nurture and support and inspire your path to good health.
AIDS RISK DECREASES IN BLOOD SUPPLY

The risk of catching the AIDS virus from a blood transfusion is calculated to be just 1 in 1 million.

"The safety of the blood supply has dramatically increased over the past decade. While there still is a risk, it is exceedingly small," said George Schreiber of Worcester Inc., a company in Rockville, Md., that figured the latest odds.

Blood banks routinely find most tainted donations when they check blood for the AIDS virus. However, infected pints occasionally slip through if the donors are newly infected and have not started producing antibodies.

Records of almost 600,000 repeat donors were used to estimate how many newly infected people give blood during the approximately 22-day "window period" before a person begins making detectable amounts of antibodies. Donations in that period can also infect donors of HTLV, a cancer virus, as well as hepatitis B and C. To get to zero tainted donations, the AMA endorsed mandatory testing from 22 to 181, and it carries no legal weight, but may influence the thinking of physicians and policymakers. Those opposed worry that mandatory testing would discourage women most at risk from seeking prenatal care.

The position taken by the AMA was criticized by the American College of Obstetricians and Gynecologists. President Clinton signed a law in May that requires testing of all pregnant women and newborns for HIV, the AIDS virus. The AMA had long favored voluntary testing because it led to job discrimination. The CDC has estimated that 80 percent of all pregnant women and newborns are being tested as part of their routine prenatal care.

AIDS activists, civil libertarians and medical organizations favor mandatory testing because it would "give everyone who needs testing the chance to get it," said Alice Tremont, director of the AIDS Fund of Greater New York. "We believe in giving people choices. But with voluntary testing, people choose to pass the risk on to others."
PEABODY HOUSE REVISITED; THEY, TOO, HAVE A NEW EXECUTIVE DIRECTOR
by Bethany Roma

(continued from page one) to what he thought was his retirement. Tom’s retirement plans included the usual travel plans, hobbies and volunteer activities. He spent two weeks in Guatemala on behalf of *Witness for Peace*. Tom worked on the *Maine Won’t Discriminate* campaign and was a speaker for *Maine Speak Out*, a statewide program through the Augusta Unitarian Church that “puts a face on discrimination.” His leisurely life of retirement ended when a friend told him of Peabody House’s mission and search for an Executive Director. As he would say, he was “hooked.”

As Executive Director, Tom sees his job as one of a support person. His job is to support the mission of Peabody House. In order to accomplish this, he plans on building on the in-place infrastructure to assure its strength. His priorities are to: 1) assure the quality of care provided; 2) raise funds to ensure the continuation of services; 3) maximize sources of revenue and assistance; and 4) tend to the daily administration in order to protect the mission of Peabody House. Priority number three is already progressing as they are now an approved Medicaid service. This means that Medicaid will reimburse Peabody House for some of the services provided to residents.

Peabody House is a remarkable place with an admirable mission. Hopefully the day will come when the services of Peabody House will no longer be necessary and AIDS will be a thing of the past. However, until that time, Tom Cathcart will ensure that Peabody House continues to serve people infected with AIDS, as it was originally envisioned to do.

Bethany Roma is a volunteer contributor to IN THE AFFIRMATIVE. This is her first article for the newsletter and I look forward to many more excellent stories from Bethany.

AIDS

AIDS in Maine* since the beginning. Southern Maine: 382 Central Maine: 227 Northern Maine: 111

*as of 3/31/96

The National AIDS Hotline 1-800-342-2437
The Maine AIDSline 1-800-851-2437
Teen AIDSline (Wednesdays 6-9 pm) 1-800-851-2437

MAINE HURRICANE INFO

As the hurricane season is upon us, The Maine Emergency Management Agency and Central Maine Power issued the following information about Maine’s hurricane season.

- Hurricane Season: June 1 - November 30.
- Peak Months: August and September.
- Wind Speed: up to 150-200 mph.
- Typical Wind Speed: 74-90 mph.

- Hurricane Watch: Hurricane effects will probably occur within 36 hours.

- Hurricane Warning: Strong probability that hurricane effects will occur within 24 hours. Take protective action immediately.

- As a hurricane approaches, structures may be damaged.

- Transportation, stores have long lines, heavy winds begin, light objects blow around, small links fall, businesses close early, heavy rains begin, small streams flood, heavy seas are on the horizon, downed trees are on the horizon, power lines come down, people and animals are injured by flying objects, beaches erode, buildings near the shore are damaged, large trees are downed blocking streets and damaging buildings, moorings break and boats collide, a temporary calm occurs when the eye moves overhead, winds shift to the opposite direction and rapidly increase, possibly stronger than before as the eye passes, larger rivers flood, and finally the hurricane passes.

- When a Watch is issued:
  - Listen to weather reports regularly.
  - Fill car gas tank (pumps run on electricity).
  - Get extra cash (ATMs run on electricity).
  - Check flashlights, radio, batteries, first aid kit.
  - Obtain 2-week supply of prescription drugs.
  - Check supply of plastic/wood for repairs.
  - Move boats to safety.

- When a Warning is issued:
  - Board up large windows.
  - Bring movable items inside.
  - Tie down objects too big to bring inside.
  - Listen to TV, radio, and local news for information.
  - Leave mobile homes for sturdy shelter.
  - If ordered to evacuate:
    - Leave immediately.
    - Leave utilities on (unless told otherwise).
    - Turn off major electrical appliances.
    - Bring medications, disposable diapers, baby and diabetic foods.
    - Bring flashlights, radio, batteries, sleeping bags, snacks, books, games, toiletry articles, sturdy shoes, and extra clothes.
    - Do not bring alcohol or firearms.
  - Remember:
    - Most shelters do not allow pets.
    - Usually shelters provide minimal meals.

- While the worst damage is usually near the coast, high winds and heavy rains can cause problems well inland, too.

*Editors note: I was born during Hurricane Carol on August 31, 1954. It’s listed as a notable hurricane in the Weather Almanac. During my formative years, my parents always introduced me as “Mike, the hurricane baby.” Except for excessive wind, I have nothing else in common with hurricanes.

Amanda Sewall is an HIV educator for the American Red Cross and her territory is the entire State of Maine. She works out of their Portland office. This is her third article for IN THE AFFIRMATIVE. Her contributions are voluntary and greatly appreciated. Note: In past issues I’ve misspelled her last name and am pleased to correct it in this issue.
**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.

**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.

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