



THE SCOOP



PUBLISHED BY THE PEOPLE WITH AIDS COALITION OF MAINE

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Volume 3 Number 1

Auld Lang Syne

By: June Seamans

An old English phrase "auld lang syne" is part of a song traditionally sung on New Years Eve. The phrase translates "the good old times". Somehow this seemed a good way to start the new year - by thinking about the good old times of the past twelve months.

As the PWA Coalition turned the corner into 1990, we had begun to pick up speed. Our living room space on Cumberland Avenue was becoming a familiar stopping spot for PWA's in Portland, throughout Maine and even for visitors from other states. The phone began ringing with more and more frequency as PWA's, their families and friends called looking for support as they faced the future of living with HIV. The principle of self-empowerment began taking over persons who had previously come to eat lunch began insisting that it was their turn to plan and prepare lunch. Wednesday evening dinners became quite a social event as the word got out that Martin and MaryAnne were now in charge and the menu was guaranteed to be delicious!

The food bank, which at one time was heavily stocked with pumpkin pie filling and green beans, now has expanded to offer a wide variety of foods, as well as paper products and other necessary items such as toothpaste, shampoo and laundry detergent. With the numbers of HIV infected people growing in Maine, these items will certainly alleviate some hardships that arise when there is a need but no funds to meet that need.

The past twelve months have seen persons from the PWA Coalition traveling across Maine to speak to schools, businesses, churches and conferences. Their personalized messages have touched the hearts of many, and their commitment and seemingly tireless efforts have helped in the educating of thousands of Mainers. But travel hasn't been limited to Maine. A regional conference in Provincetown, Massachusetts, a quick visit to Washington, D.C. to pick up an Apple computer, a fact finding trip to San Francisco to streamline our food bank, a long drive to New Brunswick, Canada to share at a visualization workshop and a representative at the Non-Governmental Agencies International AIDS Conference in Paris, France - all brought valuable pieces of knowledge to our coalition so that we could better meet the needs of those persons who have come to depend on us for support.

(continued on page 4)

The Subject of ... Caring

*Reprinted with permission from
PWAC Newslines NY*

Oh, how easy it is for 'healthy' people to say they care when dealing with a friend or relative who is seriously ill. People care only in their own way, oftentimes serving up hollow gestures to make themselves feel better. How well-meaning their intentions are. But the caring I need from others is the kind that will make a difference in my life-and-death struggle. I do not appreciate those shallow telephone calls in which the person on the other end is "just checking in" and has nothing else to say. Please don't waste my precious time any longer! And if I hear one more person mechanically say, 'call me if you need anything,' I am certain to gag. Besides knowing how difficult it is for me to ask, they know by now that very often, I am too weak to pick up the telephone and start calling. Having opened up in the past should make them aware that I do need help. The caring that makes a difference is the person who calls and says:

"I'm on the way to the market; what can I get you?"

"I have some leftovers in the freezer; when can I bring them over?"

"I have a book of stamps for you so you don't have to wait in line at the post office for a half-hour."

"I love to cook; what can I make for you?"

"I'm coming by to get you and we're going out for ice cream!"

I understand this is my personal battle and nobody else's. But if people are going to make an unsolicited offer to help it is time to wake up and display some common sense and intelligence. I acknowledge that everyone has their own life to lead.

However, if each 'healthy' person who said they cared committed only one hour each month to prove it, the quality of my life would be greatly enhanced...and perhaps each individual might feel better knowing he or she made a real difference! It's been a difficult lesson accepting the fact that when some people say they care, they mean from a very different perspective. Of course they care but in a way that serves their emotional needs not mine. To these particular people, I pray they never find themselves on the other side of the fence.

To summarize: How has your declaration of caring made an actual difference in my life? How have your fleeting expressions of concern actually improved the quality of my life? In other words, "what have you really done for me lately?!"

*- a single man battling
AIDS surrounded by busy friends and
relatives who never seem to quite come
through in times of need.*

YOGA CLASSES

"Gentle Yoga for PWA's"

A new "gentle Yoga class for PWA's" will be starting soon. An eleven week session of restorative HATHA Yoga, breathing and relaxation will be offered beginning Wednesday January 9, 1990 at Woodfords Congregational Church. Instructor for the class will be Elaine McGillicuddy from the Portland Yoga Studio. A \$1.00 fee per class is requested for those who can afford it. For more information please contact:

Elaine McGillicuddy
(207) 797-5684

OR CALL THE COALITION FOR MORE
INFORMATION OR A BROCHURE

The PWA Coalition of Maine Living Room North

is located at

377 Cumberland Avenue
Portland, ME 04101
(207) 773-8500

Open Hours
Monday-Friday
10:00 am - 4:00 pm

Lunch Served
Mon/Tue/Wed/Fri
11:00 am - 1:00 pm

Wednesday Night Dinner
6:00 pm

Some Extended Hours
Some Weekend Hours
Please call ahead for other hours

Special Events As Noted

Please Check The Calendar

MAILING LIST

To preserve the confidentiality of those on our mailing list, our list is NEVER given out to any other organization. The newsletter is mailed with only the street address as the return address. We encourage anyone interested in the newsletter to join our mailing list. We appreciate your concerns to privacy and will protect those rights by not listing any reference to AIDS on the outside of any mailing.

EDITORIAL POLICY

The PWA Coalition Newsletter may report on events that are going on in the State of Maine and elsewhere, but that does not mean that we agree or participate in all of these events. We encourage all who are affected by HIV to submit articles, stories and information for publication. All articles are subject to editing and are published on a space available basis.

CHARITY

By: June Seamans

One of my favorite books has a chapter describing the qualities of love. It lists that faith, hope and charity shall always abide but 'the greatest of these qualities is charity. (Some other versions of this same writing substitute the term "love" for charity.)

It has been an unexpected pleasure to come to know a person who carries the last name of Charity and see the personification of love in everything he does.

David Charity is a volunteer at the Coalition space and he brings a whole new meaning to the term "volunteer". David came to the Coalition having recently moved to the Portland area, and, though working fulltime, was interested in how he could help and what could he do to work on special projects. Initially, just having him around was truly a help, as his outgoing personality and infectious grin were contagious. He always had time to listen and brighten up what seemed to be the darkest of days. But then David's talents began to emerge. Not satisfied that we had a small stash of canned goods in the basement to share during the coming winter months, David began to ask what plans had been made for our food pantry. Realizing that nothing firm was in place, David went into action. Contacting the Boston Food Bank and the Good Shepard Food Bank in Lewiston, David made arrangements for large orders of food to be picked up whenever we needed them. He investigated other food sources and pretty soon we were on our way to being well-stocked for the cold weather ahead.

With that project under his belt, David began to transform the Living Room space into an area of warmth and beauty. Plants and furniture were rearranged, holiday decorations were skillfully placed everywhere and of course David's grin and laughter lit up the place.

The holiday season is behind

us and the decorations and gifts that symbolized Christmas are stored away. But one of the greatest gifts that we have received at the Coalition is the gift of Charity. A gift that offers support, compassion, laughter, and beauty. A gift to last throughout the year.

WE ARE NOT ALONE

By: Tom Lyons

Suddenly, with little warning, I am alone. It is a strange feeling that I cannot understand. Yet I am somehow aware that there are people around me and I know them.

It has been five months since Al died and my life has been confused, lonely, empty, and mechanical. I am just going through the motions from day to day as if blind. And yet I am not alone. Al is with me in all I do. Our friends are all around me. This is my first holiday season without him in seven years. It will not be an easy time for me, but that is what our friends are for....to help each other through bad times as well as good ones.

Some of us are fortunate enough to have the understanding and support of our families. Some of us are not. That is when our true friendships are so important. We are all brothers and sisters to each other in this life and in the next. We need to remember that.

I have been truly fortunate to have so many people around me with their loving support this past five months. I am going into a new year, still with a sense of loss, but no longer alone and without purpose. No longer with the emptiness I felt at times, but with new strength to go on and build anew.

I have found that we are truly not alone.

*If you see someone without a smile,
give them one of yours.*



FRAN / BETH

By: Rick Brooks, Jr.

Recently I was fortunate enough to attend a dinner to honor Fran Peabody. I have known Fran for two years and knew how much she really cared for people living with AIDS. I did not know the stories behind Fran until the night of the dinner.

The dinner was an outstanding event, and I am sure I will always remember it and the stories it told. Fran's life story was the focus of the readings and started back in time as Fran grew up. The stories told of her life's triumphs and tragedies, and how she took her own personal tragedies and turned them into someone else's triumphs. She is certainly a remarkable person and I cannot thank her enough for all she has done for the AIDS crisis in Maine and for all the caring and compassion she has shown to those of us living with AIDS.

In my lifetime I have never attended a dinner of this nature. I wish to thank Beth who made it possible for me to attend the dinner in honor of Fran. Sitting at the dinner and listening to all the achievements in AIDS history, I thought there should be another seat. In that seat should be Beth. Beth has been an incredible and outstanding person. She never ceases to amaze me with her dedication and compassion to people living with AIDS. She too, is a vital part of AIDS history in Maine. I met Beth this summer at the space. Tuesday's were my medical appointments and from there I would drop by the space. Every Tuesday Beth was there. Fresh garden salads and sandwiches for one person or a group of twenty. She was amazing. But she wasn't a lunch hostess, she was a caring, kind, thoughtful, and compassionate person. She would invite you in and get to know you. You could see all of this in her the first minute you met her.

Thank-You Beth.

Auld Lang Syne

(continued from front cover)

Fundraising has now turned into "fun"-raising! We may need to raise money but at least we know how to throw a great party at the same time! The boat cruise this summer was sold out in record time. The weather was perfect and the volunteers were enthusiastic for the Maine AIDS Walk in the fall. Plans have already begun for a gala Valentine's dance, theater nights and a special concert that has been donated by a very well known entertainer.

So we have had plenty of "good old times" but woven throughout the laughter and fun have been the tears and grief that followed the loss of people in 1990. James, the designer of the PWAC logo; Al, the jigsaw puzzle genius; Joe, a cofounder of the Coalition; Jim, from southern Maine who helped get us off the ground before we even had a place to meet; Bruce, a man who taught us life lessons about dying with grace and dignity...the list could go on and on but, to quote from a comment written anonymously at the AIDS Quilt display, "We are thankful for the pleasure of knowing them and the richness they brought to lives of those who knew and loved them."

1990 was a year of growth, a year of loss, a year of learning about the many talents and skills that we all have been able to share with each other. A year of reaching out to others in our state, to others in our country and to others in our world. A year of living with AIDS.

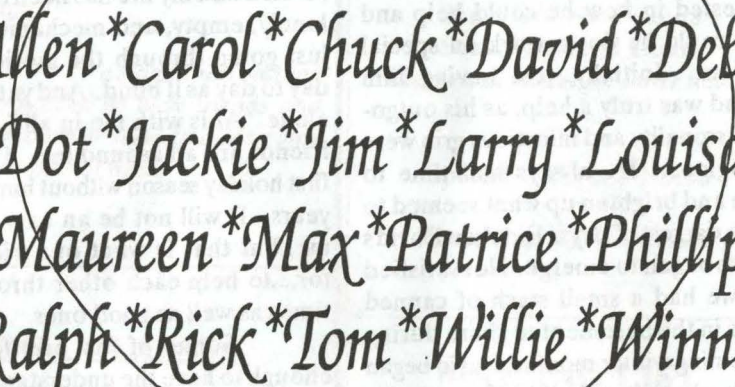
NUNSENCE

January 30, 1991

(See last page for details)

The Names Project/Maine AIDS Memorial Quilt

University of Southern Maine
Portland and Gorham Displays
Nov. 26 thru Dec 1, 1990



Allen * Carol * Chuck * David * Debb
Dot * Jackie * Jim * Larry * Louisa
Maureen * Max * Patrice * Phillip
Ralph * Rick * Tom * Willie * Winnie

**Special Thanks.....
To Special People.....
For A Special Time.**

NATIONAL NEWS

GMHC PUTS CAP ON NEW CLIENTS

(Reprinted from KIPWAC, KY)

The nation's wealthiest AIDS service agency announced last week that it will limit its services due to the strains of an increasing caseload and shrinking resources.

A spokesman for Gay Men's Health Crisis in New York, which has a \$15 million annual budget, said the clinic will accept only 100 new clients per month beginning in December. At current levels, spokesperson Carisa Cunningham said that means GMHC will turn away about 50 new clients each month. Cunningham said the decision is "a short term plan" and that GMHC intends to re-evaluate the effects of the new patient limit six months after it begins.

While it was a hard decision for the clinic to make, Cunningham said, GMHC hopes the decision will fend off even larger problems as the nation's economy heads into recession.

NIH: Blood Heating Worthless Against AIDS

(Reprinted from KIPWAC, KY)

Representatives from the National Institutes of Health (NIH) investigating the claims of two Atlanta doctors concerning an experimental and controversial blood-heating treatment for AIDS have concluded that the treatment appears useless despite early claims of success.

In June, the initial patient, Carl Crawford, 33, of Atlanta, said all his symptoms disappeared after undergoing the blood-heating treatment performed by Drs. Kenneth Alonso and William Logan Jr. on Feb 20. Since

then, two other AIDS patients have undergone the experimental procedure. One patient, Tony Mascio of Chicago, experienced minimal improvement after treatment at Atlanta Hospital, while a 48-year old New York man died 18 hours after treatment by Alonso in Mexico.

At the request of Alonso, the National Institute of Health convened a team to investigate the claims being made for blood heating, also called hyperthermia, in the two patients treated at Atlanta Hospital.

In a report released September 12th, the investigators concluded: "From the cases presented, there appears to be no clinical, immunologic or virologic support for use of hyperthermia in the treatment of HIV disease." Both patients treated in Atlanta remain infected with the AIDS causing human immunodeficiency virus, or HIV, the report said. In addition, one has mild immune suppression and the other has severe immune suppression.

The NIH team disputed the Atlanta doctor's diagnosis that Crawford had Kaposi's Sarcoma prior to treatment. Instead, they said the unusual lesions on the patient's shin apparently stemmed from cat scratches. They also attributed the rapid improvement in the patient's general well-being after hyperthermia to the administration of infection-fighting antibiotics, not the procedure itself.

Alonso said 6,000 people have put their names on a waiting list for the treatment and that an Italian medical facility would like the hyperthermia process tested there. A similar program is under way in a Munich, West Germany, hospital, and efforts are under way to find more hospitals willing to test the procedure.

MEDICAL MATTERS INFORMATION

The PWA Coalition receives TREATMENT NEWS and other medical treatment alternative publications. This material is available to view to any interested individual seeking additional information. It is advised to speak with your own Physician before undergoing any treatments listed in these publications.

WISH LIST

(An ongoing list)

FOOD ITEMS

Canned Fruit/ Vegetables
Juices of any kind
Soups of any kind
Spaghetti Sauce
Ensure / Enrich
Dry Milk
Frozen Meals
Cheese
Baked Goods
Breads
Fresh Milk

OTHER NEEDS

Paper Shopping Bags
Plastic Waste Bags
(or biodegradable equivalent)

Floor Lamps
Paper Products (plates/towels ect.)
Coffee
Popcorn
Dish Towels / Detergent
Folding Chairs
Apple Computer Supplies
Apple Laser Printer
Staplers
IBM Clip Art
Laser Paper

SPECIAL THANKS

A special thank-you to all of you who watch our wish list on a regular basis. As the number of people with AIDS grows, so do our needs.

We also wish to thank every-one who helped prepare and serve our holiday dinners. Your generosity and efforts helped brighten the holiday season for us all. We wish to thank you all for your help during the past year and wish you a Happy New Year.

PLEASE NOTE:

The following article was first seen in the AIDS Project Los Angeles Newsletter "THE OPTIMIST" in July 1985. It is now 5 1/2 years later, and the answer to the question: "IS AIDS A CIVIL RIGHTS ISSUE?" is still yes!!!

The only changes in the article are some major statistics:

1. There are now over 200,000 cases of AIDS.
2. We have a new President who at least says the word "AIDS", but little else.
3. Although set in Los Angeles, CA it could be Anywhere, U.S.A.

What is wrong with this picture? When are we going to wake up?

DAVID KETCHUM, PWAC MAINE

THE OPTIMIST

REPRINTED FROM
"THE AIDS PROJECT / LOS ANGELES"
JULY 1985

IS AIDS A CIVIL RIGHTS ISSUE?

The 10,000 cases of AIDS reported since the disease was discovered in 1981 are just the merest tip of the iceberg. What lurks below, no one is really sure of, but it is estimated that at least one million Americans will have been exposed to the AIDS virus by the end of 1986. This coupled with the long incubation period before any symptoms appear, means that the disease will continue to spread. Much has been learned about AIDS in the last four years, but there seems no imminent breakthrough in finding a cure or at least stopping the spread of the virus.

Why then has there been so little outcry or even anxiety amongst the general population? It is the same old story: AIDS is perceived as a strictly gay disease. There have

been some unfortunate statements that AIDS is God's way of punishing gay men for the "sin" of homosexuality. People who make statements like this could learn a lot from viruses. Although viruses are simple organisms, they are light years ahead of some members of the human population when it comes to civil rights. They do not discriminate on the basis of race, creed, sex, age, religion, national origin, marital status or sexual orientation. When a virus invades a body that is all it does. It does not stop and make a decision as to whether this body engages in heterosexual or homosexual practices. The sooner the general public realizes this, the sooner the civil rights of people with AIDS will stop being violated. Anyone associated with an AIDS related organization can tell you horror stories of people losing their families, their friends, their jobs, their apartments and worse yet, their dignity.

Why are persons with AIDS being treated like lepers? Why has AIDS not ignited the national interest the same way Legionnaires' disease did a few years ago? The answer is simple: large segments of the U.S. population are still homophobic and AIDS is perceived as a gay disease. Our electronic media perpetuate this myth with their "film at eleven" stories. They are always shot in West Hollywood (which in itself is a misstatement of fact) and their interviews are usually with a stereotypical gay male, as if this is the only kind of human being who would have any concerns about AIDS.

Let's face it. If not homophobic, most people really don't care what happens to "them." The recent battle over having L.A. Cares posters on the Southern California RTD busses is a classic example of this. It's mind-boggling that a government agency would oppose what appears to be the only way to slow down the spread of AIDS: public education. Or is it so mind-boggling? It is beginning to sound like bad old days of racial

discrimination when it was socially acceptable to say "I'm not prejudiced but..." and follow it with a blatantly racist statement.

Even the Centers for Disease Control's primary has been on determining who has the disease, and what high risk group they might fall in rather than on a cure or a vaccine. The blood test itself opens up tremendous possibilities for discrimination on many different levels including such basic things as denial of health insurance and employment with a positive test.

The future looks grim. Even when AIDS becomes wide-spread in the heterosexual population, as it will, the general population is still likely to think of AIDS as the disease that the gays brought into the country. Persons with AIDS will probably still be treated like lepers - the outcasts of the 1980's.

As a recent editorial in the Los Angeles Times stated, "Government at all levels should do more to promote research on AIDS and to assist people with the disease. A cure needs to be found. Wiping out AIDS must be at the top of the nation's agenda in deeds as well as in words." Only then can we be sure that people with AIDS do not have their civil rights violated and that they are treated as human beings who need our help and support.

BUDDY PROGRAM TRAINING

A new training session will be help for those interested in becoming a part of the buddy program. Training dates are scheduled for:

January 18-19, 25-26

For more information and an application please contact:

Merrymeeting AIDS Support Services
(207) 725-4955
Contact Person: Brian Allen

HOW TO LOVE YOURSELF

By Louise L. Hay

The following is a ten points list of ways to love yourself.

(1) Stop All Criticism. Criticism never changes a thing. Refuse to criticize yourself. Accept yourself exactly as you are. Everybody changes. When you criticize yourself, your changes are negative. When you approve of yourself, your changes are positive.

(2) Don't Scare Yourself. Stop terrorizing yourself with your thoughts. It's a dreadful way to live. Find a mental image that gives you pleasure (mine is a yellow rose), and immediately switch your scary thought to a pleasure thought.

(3) Be Gentle And Kind And Patient. Be gentle with yourself. Be kind to yourself. Be patient with yourself as you learn the new ways of thinking. Treat yourself as you would someone you really love.

(4) Be Kind To Your Mind. Self hatred is only hating your own thoughts. Don't hate yourself for having the thoughts. Gently change your thoughts.

(5) Praise Yourself. Criticism breaks down the inner spirit. Praise builds it up. Praise yourself as much as you can. Tell yourself how well you are doing with every little thing.

(6) Support Yourself. Find ways to support yourself. Reach out to friends and allow them to help you. It is being strong to ask for help when you need it.

(7) Be Loving To Your Negatives. Acknowledge that you created them to fulfill a need. So lovingly release the old negative patterns.

(8) Take Care Of Your Body. Learn about nutrition. What kind of fuel does your body need to have optimum energy and vitality? Learn about exercise. What kind of exercise can you enjoy? Cherish and revere the temple you live in.

(9) Mirror Work. Look into your eyes often. Express this growing sense of love you have for yourself. Forgive yourself looking into the mirror. Talk to your parents looking into the mirror. Forgive them too. At least once a day say: "I love you, I really love you!"

(10) Love Yourself..... Do It Now. Don't wait until you get well, or lose the weight, or get the new job, or the new relationship. Begin now--do the best you can.

OPEN SUPPORT GROUP

This open group is for people living with AIDS and their friends and families. The group meets to help people share feelings and experiences. It is co-led by Joyce Coburn and Fran Peabody. We invite you to join us at:

*The AIDS Project
22 Monument Square
5th Floor
Portland, ME 04101
(207) 774-6877*

GROUP MEETS TUESDAY'S 10:30 AM TILL 12 NOON

SPECIAL THANKS

DEB
PHIL
STEVE
KAREN
MARCUS
ROSEANNE
X-PRESS COPY
YARMOUTH HIGH SCHOOL

MEMORIAL

December 10, 1990

To all of you;

I wish to send each of you a special thank you and a prayer, for your support to Joe during his fight with AIDS, and during those last couple of weeks when things were so difficult for him and for each member of his family.

There were so many of you, that to mention you all by name would require more space than the newsletter would hold. But you all know who you are, and what you did for Joe and for me, as well as the rest of his family.

Joe wasn't always easy at times to get along with, that's why it is extra special that you all came through for him so beautifully those last few months. You all are a very special group of people and I wish that I could do more for you than just say "Thank You". But along with thanks, are many special prayers for Special People.

Thank-you once again for being there for him and for his family.

God Bless each and every one of you!

Ramona McKenzie & Family

Joe George Vancelette's Mom

CONDOMS

(Consumer Reports '90)

From the U.S. Surgeon General on down, public-health officials have been advocating the use of condoms to halt the spread of AIDS. (*1) In the cause of saving lives, explicit advice once reserved for military recruits is now placed regularly in public-service announcements. And in the same interest, we convey here the essential findings of our report on the same once-shunned topic, based on laboratory tests designed to reveal which brands and models of condoms offer the best protection against sexually transmitted disease.

Condom testing. In principle, as long as they remain intact, latex condoms should be almost totally effective against sexually transmitted diseases. (*2) (More than 95 percent of all condoms are made of latex, the remainder being fashioned largely from lamb intestine.) Under a scanning electron microscope at a magnification of 30,000 times, the surface of a latex condom appears somewhat bumpy but shows no pores. When stretched, the latex remains a continuous pore-free membrane. A number of research experiments—including some that mechanically stress the condom in a manner similar to intercourse to check whether physical stress affects porosity—have confirmed that intact latex condoms won't allow passage to even the smallest microbes. So compelling is that kind of evidence that, since 1987, the U.S. Food and Drug Administration has let manufacturers list a roster of diseases that properly used condoms can prevent:

syphilis, gonorrhea, chlamydia, genital herpes, and AIDS.

Obviously, however, the principle has not always been fulfilled in practice. When latex condoms came into popular use in the 1930's, many were found to be defective. That discovery prompted Congress to ask the

FDA to begin testing condoms, a project in which the agency has been engaged for 50 years, but never so vigorously as since the emergence of AIDS as an urgent public-health issue. Since April 1987, FDA inspectors have stepped up their efforts, conducting surprise on-site examinations at condom factories and running a standard water test on thousands of samples to check for pinhole defects. Over the first 15 months of the intensified program, in the course of checking more than 150,000 samples from lots representing 120 million condoms, FDA agents rejected about one lot of condoms in each 10 tested. (If the water test, in which condoms are filled with about 10 ounces of water, reveal leaks in the equivalent of more than four samples per thousand, the entire lot must be destroyed.) An investigation of imported condoms exposed even worse lapses in integrity; one lot in five of all foreign condoms had to be rejected.

Condom quality is improving. Since 1987, defect rates in the lots examined by the FDA have halved. Condom manufacturers say that they get only one or two consumer complaints per million condoms sold, and not all of those complaints involve breakage. In a survey of reader-volunteers, approximately one respondent in four reported at least one incident of a condom breaking in the year preceding. On the basis of our survey, we calculated that about one condom in 140 broke during some form of intercourse, including anal intercourse.

TEST FINDINGS. The samples that we checked, numbering some 16,000 latex condoms, represented 40 brand models. First, like the FDA, we ran a standard water test on 250 samples of each model. While we did turn up one or two leaky samples from the test batches of 18 different models, the overall leakage rate projected from those failures fell within the Government's tolerance of four failures per 1000 condoms.

But these tests merely determine one facet of the integrity of the product. They saw very little about the performance strength of condoms, as

it's reflected by the ability of the latex materials to withstand stresses without breaking. For a measurement of that vital performance characteristic, we turned to "airburst" testing—not part of the required test repertoire of domestic condom makers, but a method used routinely in Canada, Australia, and several European countries.

In airburst testing, condoms are inflated under controlled conditions until they break, often with a loud bang after having attained watermelon size. To pass our airburst test, a condom had to withstand inflation to a minimum volume of 15 liters of air at a minimum pressure of 0.9 kiloPascal (roughly 0.13 pounds per square inch), two values proposed for an international standard now under discussion. For most models, we tested 100 samples. For all models, we took the total number of samples tested into account statistically in order to project the model's overall breakage failure rate. We also tracked lot representation in an effort to gauge lot-to-lot consistency.

Our test findings split the test field into three distinct performance groups. Listed in groups by projected failure rate in airburst testing, adjusted statistically for number of samples tested; within groups, listed in order of decreasing test volume and pressure withstood before bursting. Differences between closely ranked models were judged insignificant. The top Ratings group was by far the biggest, comprising 32 models. We projected that only 1.5 percent or fewer of the condoms in that top performance group are likely to fail the airburst test. That, we judged, constitutes a realistic level of performance, considering the relatively high stresses imposed by the test. In general, models ranked toward the top of the first Ratings group withstood double, and sometimes triple, the minimum test values of volume and pressure. But even condoms toward the bottom of that group exceeded the minimum values, typically by at least 40 percent.

For the six models in the middle Ratings group, we projected a

(continued on next page)

CONDOMS

(continued from previous page)

maximum failure rate of 4 percent. For the bottom Ratings group, made up of *LifeStyles Nuda Plus*, We projected a failure rate of more than 10 percent. The samples of that model came from five different lots; in some of those low-rated *LifeStyles* lots, close to half the tested samples failed.

Before our magazine report was published, the manufacturer of *LifeStyles* condoms, Ansell Inc., had issued a voluntary recall for defective lots of its spermicidal *LifeStyles Extra Strength with Nonoxynol-9* model, which ranked in the bottom Ratings group in our original report. In the spring of 1989 however, two of the five stores we visited still had the recalled product on their shelves. By now, all recalled product should be off retail shelves. Because we couldn't assess performance of non-recalled lots by themselves, we have removed this model from the Ratings. The *Nuda Plus* was not recalled. (Note, though, that *LifeStyles Extra Strength Lubricated*, the model without spermicide, compiled the second best performance in the top Ratings group.)

Nonoxynol-9 is the spermicide that some condoms have in their lubricant. It has been shown to kill not only sperm but also various organisms that cause sexually transmitted diseases, including AIDS. Concentrations of well under one percent have inactivated the AIDS virus in the lab. So condoms that come with Nonoxynol-9 may provide extra safety should the latex break, although nothing of a guarantee.

RECOMMENDATIONS.

Use of condoms is part of what public-health authorities now call "safer sex". It makes sense then to choose from among condoms that performed well in our airburst tests. No in-use research has shown conclusively that the better a condom performs in lab tests, the better it will resist breaking in real-life use. But we think that it would be wiser to assume the truth of that conjecture than to deny or ignore it.

(*1) AND OTHER S.T.D.'S

(*2) IF USED PROPERLY, ACORDING TO INSTRUCTIONS.

CONDOM COMPARISON

BRAND & MODEL	PRICE	LUBE	COMMENTS	VARIAB
**These models had a maximum failure rate of 1.5 percent				
Gold Circle Coin	\$2.75	---	B, J, O	a
LifeStyles Extra Strength Lubed	\$5.63	D	B	---
Saxon Wet Lubricated	\$4.47	W	K, L	a
Ramsey Non-Lube Reservoir End	\$5.96	---	P	a, d
Sheik Non-Lube Reservoir End	\$3.43	---	P	a, f
Embrace Ultra-Thin	\$3.36	D	G, K, M, P	c
LifeStyles Stimula Vibra-Ribbed	\$5.08	D	F, K, M	d
Ramsey Extra w/Spermicidal Lube	\$5.80	D	A, J, M	f
Lady Trojan	\$5.25	W	A, H, J, P	a
Trojan Plus 2	\$5.25	W	A, G, J	a
Protex Arouse	\$4.00	D	F, G, M, R	b, d, e
Lady Protex w/Spermicidal Lube	\$4.14	D	A, H, M	h
Sheik Fetherlite Snug Fit	\$5.42	D	G, M	a, f
Trojan Naturalube Ribbed	\$5.30	W	F, G, H	---
Lady Protex Ultra-Thin	\$3.97	D	H, M	a, b
Trojan-Enz Lubricated	\$4.41	W	---	---
Trojan Ribbed	\$5.15	D	F, N, S	---
Life Styles Conture	\$4.28	D	G, K, M	---
Trojans	\$3.74	---	E	---
Trojans Plus	\$5.07	D	G, N, S	---
**The following had maximum failure rate of 4 percent.				
Sheik Non-Lubricated Plain End	\$4.08	---	E	---
Ramsey Sensitol Lubricated	\$5.82	D	G, M	a, d, f
Pleaser Ribbed Lubricated	\$3.46	D	F, G, M, P, U	---
Ramsey NuFORM	\$6.26	D	I, J	---
LifeStyles Nuda	\$4.69	D	G, M, K	---
**The following had a maximum failure rate of more than 10 percent.				
LifeStyles Nuda Plus	\$5.40	D	A, D, G, J, M	g

KEY NOTES

Key to Variability. (As listed in chart of comparison).

- a Not enough lots tested to assess lot-to-lot differences.
- b Color varied among or within packages.
- c Lubrication varied within packages.
- d Shape varied among or within packages.
- e Texture varied among or within packages.
- f Individual packets judged hard to separate from strip.
- g Large differences in airburst performance among lots.

Key to Comments. (As listed in chart of comparison).

- A Contains Nonoxynol-9 in lubricant.
- B Thicker than most (0.08 mm or more).
- D Had some thin spots.
- E Plain tip.
- F Textured, with ribbing or stippling around shaft.
- G Contoured
- H Odor judged unpleasant.
- I Comes with applicator and adhesive.
- J Instructions judged better than most.
- K Instructions judged worse than most.
- L Individual packets hard to open.
- M Translucent packets; could hasten aging.
- N Transparent packets; could hasten aging.
- O Individual packets not sealed; could hasten aging.
- P Many packets not airtight; could hasten aging.
- S Comes in golden yellow.

FEATURES IN COMMON. EXCEPT AS NOTED, ALL: WERE SEALED IN INDIVIDUAL OPAQUE PACKETS, PACKED IN STRIPS; ARE OF NATURAL LATEX COLOR; HAVE RESERVOIR TIP; HAD SLIGHT ODOUR. LUBRICATION. D = "DRY" LUBRICATION, TYPICALLY A SILICON BASED OIL; W = "WET" LUBRICATION, USUALLY WITH A WATER BASED SURGICAL JELLY.

NUNSENSE

Tired of sitting home on a cold Wednesday night?

Join us for a "fun" raiser with
The Portland Players at the Phyllis Thaxter Theatre
420 Cottage Road, South Portland
and enjoy the performance....

"NUNSENSE"

*A performance to benefit
The People With AIDS Coalition of Maine
and
The Names Project / Maine The AIDS Memorial Quilt*

January 30, 1991 8:00 PM

Ticket Price: \$13.00

for tickets or more information please call....

**The PWA Coalition of Maine at (207) 773-8500
or**

Chuck Sawyer at (207) 657-4252

A wine and cheese reception will follow the performance

*We will be sharing the theatre with the Zonta Group
(a professional womens group)*




A - Z

By: V. Kingsley

A is for AIDS under which so many fall.
B is for BIGOTRY which is worst of all.
C is for CHILDREN, the innocent victims.
D is for DOLLARS put into research systems.
E is for EVERYONE who loses someone to the disease.
F is for FRIENDS helping PWA's die in peace.
G is for the GOVERNMENT which turns its back.
H is for HEROIN which brings a deadly smack.
I is for INCURABLE which AIDS is now.
J is for JOY when a cure is found.
K is for the KINDNESS of artists which never ends.
L is for LESBIANS helping gay and straight friends.
M is for MOTHERS who pass AIDS to their kids.
N is for NO words to describe how it is.
O is for OPENLY which is how we must talk.
P is for PWA's who sometimes can't walk.
Q is for the QUILT where we cried in D.C.
R is for RULES on how safe sex can be.
S is for SCHOOLS where sex education should begin.
T is for TOLERANCE for people in the world we live in.
U is for UNDERSTANDING in learning the facts.
V is for the VIRUS not caused by casual contact.
W is for WISDOM to help fight the fears.
X is for the EXAMPLE we set for our peers.
Y is for YOU to help in your own way.
Z is for the ZEAL with which we'll stop AIDS someday.

January 1991

PWA COALITION OF MAINE

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1 8:00 PM POSITIVLY SOBER AA MEETING	2 6:00 PM DINNER 7:00 PM EXECUTIVE BOARD OF DIRECTORS MEETING	3	4	5
6 QUILT WORKSHOP	7 5:15 PM Significant Others Support Group	8 8:00 PM POSITIVLY SOBER AA MEETING	9 NEWSPAPER ARTICLE DEADLINE 6:00 PM DINNER	10	11	12 7:30 AM BOARD RETREAT 
13 6:30 PM BRIDGES CHOIR REHEARSAL 	14 5:15 PM Significant Others Support Group	15 8:00 PM POSITIVLY SOBER AA MEETING	16 6:00 PM DINNER 7:00 PM BOARD OF DIRECTORS MEETING	17	18	19
20 QUILT WORKSHOP	21 5:15 PM Significant Others Support Group	22 8:00 PM POSITIVLY SOBER AA MEETING	23 6:00 PM DINNER	24	25	26
27 COMEDY CAN CAN LIMELIGHT	28 5:15 PM Significant Others Support Group	29 8:00 PM POSITIVLY SOBER AA MEETING	30 6:00 PM DINNER 8:00 PM NUNSENSE 	31		

377 CUMBERLAND AVENUE
PORTLAND, ME 04101

ADDRESS CORRECTION REQUESTED