

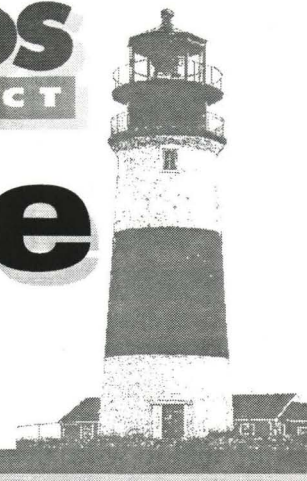
# in the affirmative

THE AIDS PROJECT

a newsletter for Maine's HIV/AIDS community

Volume IV Number V

Mid-May to Mid-June 1997



## THE WORK OF THE AIDS PROJECT CONTINUES

by Marjorie Love

If you read the local papers, you know that The AIDS Project is once again in transition, following the resignation of Steve Moskey, TAP's Executive Director. I was asked to step in as Interim Director, and have been on board since the end of March.

Part of my role is to provide leadership to and coordination of The AIDS Project's staff to assure the continued integrity of the agency's operation and services. I am pleased to report that the important work of this agency goes on, uninterrupted.

Another part of my role is to conduct an informal assessment of TAP's current status and needs, based on my own observations and on conversations with TAP's staff and board, and with a number of clients, volunteers, colleague agencies, and funders. The report of my assessment, coming at the end of the month, will offer an opportunity for the organization to reach a common understanding of where it is and what it needs, something that will serve us well as we move forward into recruiting an Executive Director.

That process will begin with a board-staff gathering to talk about our hopes for TAP's next E.D. A search committee, chaired by Mike Martin of TAP's board and with membership from both the

board and staff, will then carry those hopes into their search process, which I will be facilitating.

If you read the papers, you may also know that TAP had been moving toward an election to decide if TAP employees would be represented by a union. I am pleased to report that this process stopped short of the election. What has resulted instead is a renewed organizational commitment to open communication and constructive problem-solving, a commitment that informs our process as we move forward.

I served as TAP's Executive Director from 1990-93. I return to an organization that has a lot to be proud of. I return at a time when the difficulty of the work, and the difficulty of structuring and sustaining an organization capable of rising to the challenges of prevention and client support in this era of the HIV/AIDS epidemic, is visible in TAP's struggles as an organization. Stay tuned for more from me on this subject in the future. I plan to stay on until a new Executive Director is recruited and on board. I am glad to be here, among the fine women and men who are TAP's staff, our board, our volunteers, our clients, and our friends. ■

## in this issue

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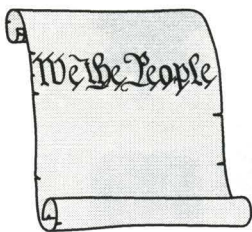
Reminders of some of the things available to TAP clients.

### ◆ PAGE EIGHT

The TAP List. Support groups for people infected and affected by HIV/AIDS.

◆◆◆ All this and much more in this "it must be spring" edition of *In The Affirmative*.





# by the way

by Mike Martin

## a gay disease ???

Don't misunderstand me when I say that AIDS is a gay disease. I'm gay and HIV-positive and well aware that to write that "AIDS is a gay disease" is not politically correct. Still, AIDS *is* a gay disease, but more correctly it is a human disease that does not discriminate.

Given the right circumstances, anyone can get HIV. HIV has struck the world over -- men and women and children, black and white and all the colors of the rainbow, heterosexual and homosexual and bisexual, newborns and the young and the not-so-young and the aged. It strikes the poor, the middle class, and the rich. HIV does not check your credentials at the door.

Still, AIDS is a gay disease. Not everywhere, because we know the United Nations figures show that in the world-at-large 70%-80% of AIDS cases have been in heterosexuals. But in the United States, the CDC says almost 60% of all AIDS cases have been in homosexuals. And here in the state of Maine, almost 70% of AIDS

cases involve homosexuals.

So, the reality at our doors is that AIDS is mostly a gay disease. And it has been the response of gay people in this country and in our state that brought AIDS out of the closet. As someone said to me recently, "You have to be living under a rock, not to know about AIDS." You'd have to be in deep denial not to know that, in the many years of this epidemic, gays have borne the brunt of the epidemic, politically and medically. We've also borne the responsibility of taking care of ourselves and standing up for our rights and dignity in the face of this horrific disease. We did, and do, have pride in our response to HIV, because our response was to bring everyone into the tent, to educate all segments of the population, and to make sure everyone was, and is, treated with respect and dignity. We did not discriminate; everyone was welcomed into the tent to help those with the disease to fight it and to give everyone the chance to be a part of a caring and compassionate

response to the disease. It is this inclusiveness in the fight that has built bridges to segments of the population who had never had real, meaningful contact with homosexuals.

Some would argue, as I do now, that our journey with HIV, our visibility in the light of this epidemic, our realization that we need to care and be cared for, and our determination not to be dismissed by the world around us, are some of the very important reasons gay rights came to the forefront.

The passage of the gay rights laws in Maine and New Hampshire is something that many people, gay and straight, have been working on for a long time. It is an historic time for us and for our states. I am ecstatic.

I do believe that, while not wholly responsible, this is in some part due to the epidemic bringing many of us out of the closet and our bringing many people into the tent.

We have arrived. ■

**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 issue include:

**Marjorie Love, Getty Payson,  
Tamara Harvey, and Jill Tacy.**

**Mike Martin, Copy Writer / Editor.**

Layout and Design by



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# the york county AIDS network

by Getty Payson



**T**he York County AIDS Network (YCAN) is an organization which has been meeting for the past two years with the intention of creating rotating anonymous HIV testing sites in York County, and also creating a database of York County HIV resources. We are comprised of area agencies including The AIDS Project, AIDS Response of the Seacoast, Hospice of York, Coastal Counseling Center, and the Visiting Nurses Services of Southern Maine.

YCAN recently hired Dawne Rekas as our Project Coordinator. Dawne spent eight years coordinating Maine's anonymous HIV testing sites on behalf of the State of Maine's Bureau of Health - HIV/STD Program.

She brings lots of experience to YCAN, and we are extremely pleased to have her aboard.

Our main focus right now is getting our first testing site up and rolling, but our other high priority is to broaden the network of people involved with YCAN. On the 2nd of June at 3 p.m., we will present the history of YCAN, as well as discuss our future. We are hoping to get many service providers and people living with HIV to attend.

If you are interested in attending this meeting, have questions about the meeting, and/or want information on where it will be held, please contact Getty Payson, The AIDS Project's York County Case Manager, by phone at 985-8199. ■

## AIDS Vaccines

A vaccine made from a virus that causes a pox in canaries, but is harmless to humans, has shown promise in blocking the AIDS virus.

The vaccine has been injected into a group of healthy volunteers and been found to cause a powerful surge of killer T-cells, a type that protects the body from HIV.

A different study using a vaccine made from HIV genes has protected chimpanzees for more than a year.

Two chimps got the vaccine and then a stiff dose of HIV -- 250 times the amount needed for infection.

So far, there has been no sign of HIV infection in the chimps after 53 weeks. Preliminary tests on humans have already begun to look for side effects and to see how the vaccine affects the body's defenses against the disease.

Both of the studies cautioned against over-optimism, as they have more work to do before they know how effective the vaccines might be and if they work over time. ■

Sources for some of the information in this newsletter include:

CDC National  
AIDS Clearinghouse  
Portland Press Herald



WORLD WIDE WEB  
<http://www.com>



**in the  
affirmative**





## **AIDS Treatment Controls Virus in One Twin, But Not Other**

Two years of treatment have resulted in apparent control of the AIDS virus in a baby girl, but failure in her twin brother.

Treatment with three AIDS drugs started when the babies were 10 weeks old and has continued for 24 months. The drug combination includes AZT, ddI, and nevirapine.

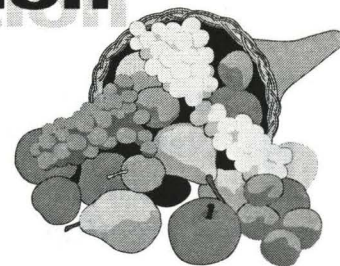
Six other babies were given the same treatment and it failed in all of them, still after using the most sensitive tests available, the baby girl's blood shows no sign of HIV infection.

In a related story, doctors now say the AIDS virus floods babies' bodies so quickly that all infants born to HIV-positive mothers should be quickly tested and treated.

From 350 to 1,400 infants are born with HIV in the U.S. each year. Viral load tests have shown infants with very high levels of the virus -- anywhere from 150,000 to 3.5 million particles per milliliter. Viral suppression is important in stopping AIDS progression. ■

# **food for thought HIV and nutrition**

**H**ealthy eating means eating a variety of foods that you like. Variety is important because no single food is perfect. Each food has one or more important nutrients that your body needs. Choosing a variety of foods will help ensure that you get the basic nutrients your body needs for good health.



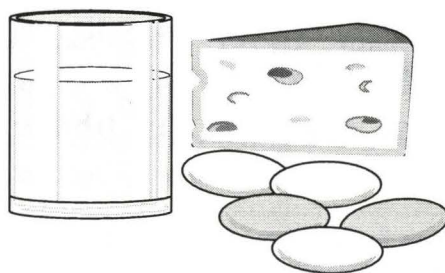
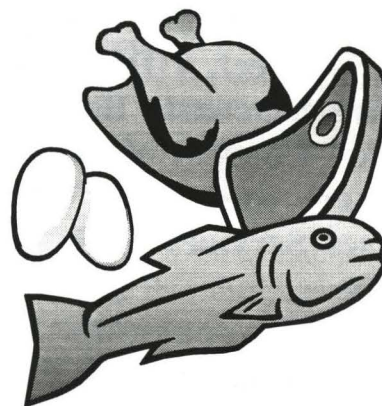
**T**he recipe for healthy eating is this: Choose a variety of foods that contain calories, protein, and other nutrients. Combine with plenty of fluids, and serve in a pleasant atmosphere.

**T**he nutrients that are important for good health include: water, carbohydrates, protein, fats, minerals, and vitamins. Water is a very important nutrient. All foods contain water.

**T**he Food Group: Meat, poultry, fish, eggs, dried beans and peas, nuts and seeds. At least 3 servings each day.

A serving is:

- 2 to 3 ounces of cooked meat, fish, or poultry
- 2 cooked eggs
- 4 tablespoons of peanut butter (or other nut butter)
- 1 cup of cooked dried beans or peas
- 1/2 cup of nuts or seeds
- 5 to 6 ounces of tofu



**T**he Food Group: Milk, yogurt, and cheese. At least 3 servings each day.

A serving is:

- 1 cup of milk
- 1 cup of yogurt
- 1 cup of ice cream or frozen yogurt
- 1/2 cup of cottage cheese
- 1 to 2 ounces of cheese

**T**he Food Group: Vegetables (potatoes, carrots, corn, lettuce, spinach, etc.). At least 4 servings each day.

A serving is:

- 1 cup of raw leafy vegetables (washed thoroughly)
- 1/2 cup of other vegetables, cooked or chopped raw (wash thoroughly)
- 3/4 cup of vegetable juice





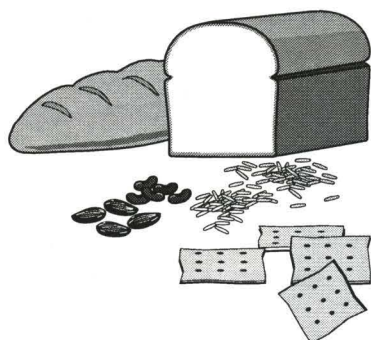
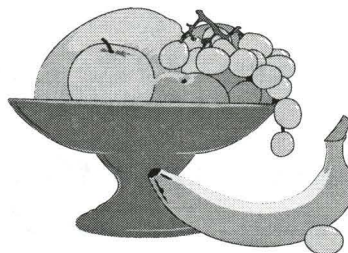
# food for thought

## HIV and nutrition

**T**he Food Group: Fruits (apples, bananas, oranges, etc.). At least 4 servings a day.

A serving is:

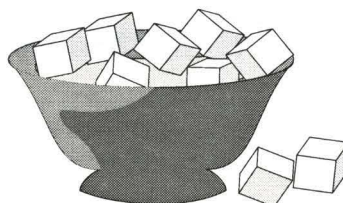
- 1 medium-sized apple, banana, orange, or other whole fruit (washed well and peeled)
- 1/2 cup of chopped, cooked, or canned fruit
- 3/4 cup of fruit juice
- 1/2 cup of dried fruit



**T**he Food Group: Bread, cereal, rice, and pasta. 8 to 11 servings each day.

A serving is:

- 1 slice of bread
- 1/2 of an English muffin, bagel, or bun
- 1 cup of flake-type cereal
- 1/2 cup cooked pasta or rice
- 2 flour or corn tortillas
- 6 saltine-type crackers
- 3 squares of graham crackers



**F**ood Safety: Food poisoning can occur when you eat foods that contain large amounts of harmful bacteria. Food poisoning is of special concern to a person with HIV infection or AIDS, because it can cause diarrhea, nausea, and vomiting, all of which can make it difficult to eat and can lead to weight loss.

Proper food storage is a key step to ensuring food safety. Proper refrigeration, freshness dating, and common sense will go a long way to ensuring the safety of your food. Always thaw frozen foods in the refrigerator, not at room temperature.

When preparing food, wash your hands often and keep kitchen utensils and food preparation areas clean, before, during, and after use.



**W**ater. It is important for everyone to drink clean, safe water. If you're not sure about your own tap water, have it tested.

Better still, drink bottled water (distilled or other truly safe water) at home and away from home, whether at work, visiting friends, or on vacation.

Source: *Living Well with HIV and AIDS: A Guide to Healthy Eating*  
Sharon B. Solomon, MS, RD - Margaret Davis, MBA, RD - Cade Fields Gardiner, MS, RD  
The American Dietetic Association

in  
the  
news

### Therapy Promising for AIDS

A new study of powerful AIDS drugs shows they devastate HIV in one of its favorite hangouts, while another study suggests that curing an infected person would take at least two to three years -- if it can be done.

The three-drug "cocktail" stops HIV from reproducing, so it can't infect new cells as previously infected cells die off. Scientists found HIV plummeted 99% in both the bloodstream and in tissues like the tonsils and lymph nodes where the virus is produced and stored.

In another study, Dr David Ho looked at the time it would take for the drug treatment to rid the body of HIV. He estimates it would take from 2.3 to 3.1 years to eliminate the virus from the hiding places considered.

But it might take longer to eradicate the virus from the body because HIV could linger in the brain or in unknown hiding places.

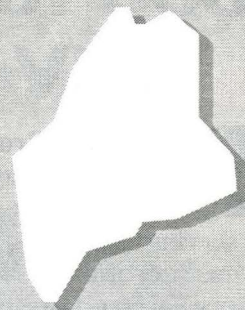
Dr. Ho cautioned, "It would be wrong to believe that we are close to a cure for AIDS." ■



# the AIDS update

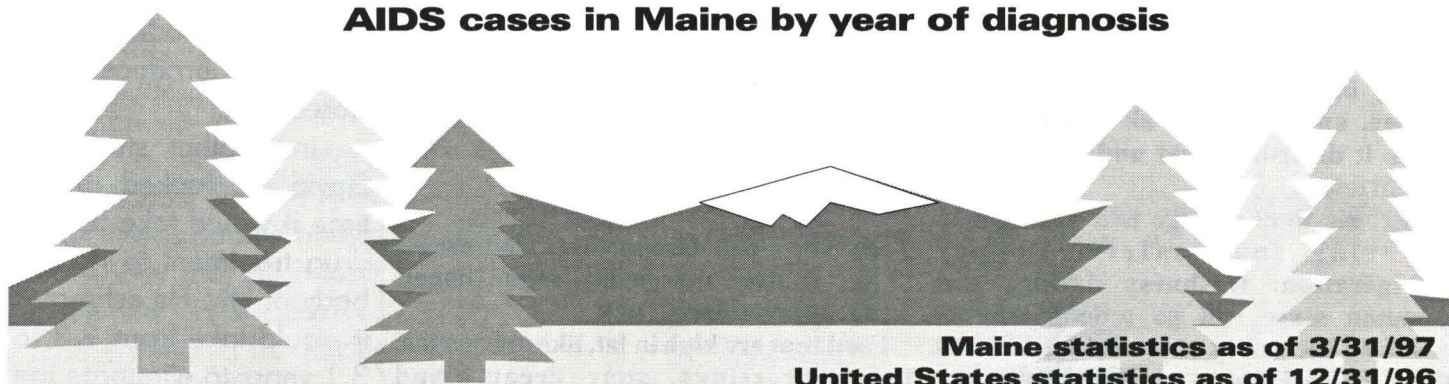
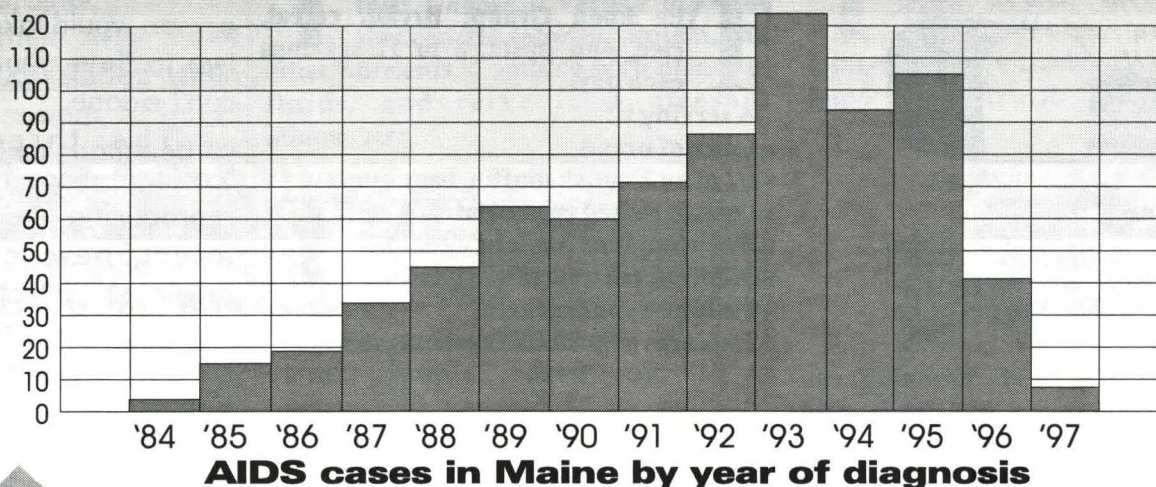
## Maine cases of AIDS

since the beginning: 778; deaths: 425.



## United States cases of AIDS

since the beginning: 581,429; deaths: 362,004.



Maine statistics as of 3/31/97  
United States statistics as of 12/31/96

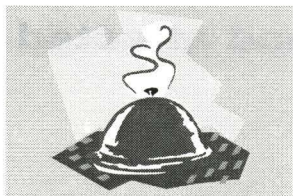
## Ooops !!!

It has come to our notice that we gave out an incorrect e-mail address for TAP in the last newsletter.

The correct address is: [aidsproj@neis.net](mailto:aidsproj@neis.net)

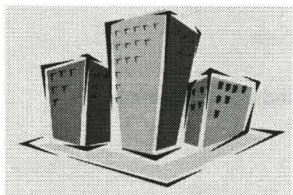
We apologize for the mistake and thank our friend who found it -- the hard way.





## Free Lunch

Enjoy a free lunch at The AIDS Project every Thursday at noon. Join other clients and TAP staff for a great meal, good conversation, and good company. Drop on by!



## The Meeting Place

This separate space is used by TAP for support groups, counseling and testing, and some client/case manager meetings. Located in Suite 632, this room provides more privacy for people served by TAP. Enter from the High Street side of the building.



## Immediate Seating

For free tickets to area events as they become available, sign up with Robert Diamante for "Immediate Seating". Robert can be contacted directly on Friday afternoons by calling TAP at 774-6877, or you can call other times during the week and leave a message for him.



## TAP and the Internet

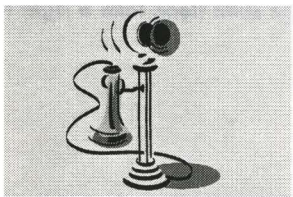
To contact TAP, you can e-mail to: [aidsproj@neis.net](mailto:aidsproj@neis.net)

To check TAP out on the world wide web, visit our site at: [www.neis.net/aidsproject](http://www.neis.net/aidsproject)



## MedExpress Mail Order Pharmacy

When you order your pharmacy needs from MedExpress, 5% of the price of your order is "given back" to TAP and put into the Client Assistance Fund. Make sure you identify yourself as being affiliated with The AIDS Project of Portland, Maine, when you place your order. Call toll-free: 1-800-808-8060.



## AIDS Hotlines

National AIDS Hotline: 1-800-342-2437

Maine AIDSline: 1-800-851-2437

Maine Teen Hotline: 1-800-851-2437 (Wednesdays, 6-9 p.m.)



## A REMINDER TO CLIENTS

There are funds available to TAP clients with financial need for:

**Routine Dental Care**

**Routine Eye Care**

**Non-Medicaid Medication Co-pays**

There is a limit to how much an individual client can receive in any fiscal year.

**Contact your case manager for more information.**



## The AIDS Project

615 Congress Street  
(or 142 High Street)  
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Portland, Maine 04101  
Phone: 774-6877  
Fax: 879-0761  
AIDS Hotline: 775-1267  
or 1-800-851-2437  
E-mail: [aidsproj@neis.net](mailto:aidsproj@neis.net)  
website: [www.neis.net/aidsproject](http://www.neis.net/aidsproject)

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

York County Office  
Suite 1/208 Lafayette Center  
Kennebunk, ME 04043  
Phone: 985-8199/Fax: 985-8646

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## support groups

for people  
infected and affected  
by AIDS

### Support Groups in Portland

#### Ongoing Drop-In Groups

##### **Monday 5:30 to 7:00pm**

##### **HIV and Substance Abuse Recovery**

A supportive and safe space for people in the process of recovery around alcohol and other drug abuse.  
TAP Office, Small Group Room.

##### **Tuesday 10:30am to noon**

##### **HIV Infected/Affected Drop-In Support Group**

A meeting for people living with and impacted by the virus.  
TAP, The Meeting Place, Suite 632.

##### **Tuesday 7:00pm**

##### **The Color of Light**

A meeting by and for people with HIV/AIDS using the 12-step book "The Color of Light" by Hazelton.  
TAP, The Meeting Place, Suite 632.

##### **Thursday noon**

##### **Open Lunch**

An informal gathering of TAP staff and clients.  
TAP, Conference Room.

##### **Thursday 5:30 to 7:00pm**

##### **People with HIV/AIDS**

A drop-in support group for anyone with HIV/AIDS.  
TAP, The Meeting Place, Suite 632.

#### Time-Limited Groups

##### **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 at 774-6877 to sign up for the next group.

##### **Heterosexual Couples Group**

A closed, time-limited support group for couples (whether one or both is positive) to find support, gain information, and explore issues around living with HIV as a couple. This group is limited to five couples. If the response is greater, we will start another group. Please contact Victor Rash at TAP at 774-6877 to sign up for this group.

**Directions: 142 High St. (State Theatre Bldg.); take the elevator to the sixth floor, take a right to reach TAP's office in Suite 601 or The Meeting Place in Suite 632.**

### Support Groups in York County

#### **Heterosexual Women and Men Living With the Virus**

This ongoing drop-in support group is now forming to begin in Biddeford.

#### **Gay, Lesbian, Bisexual Persons Living with HIV.**

This ongoing drop-in group is now forming in Wells, and will focus on living well, empowerment, and support.

**Please contact Getty Payson at the Kennebunk office at 985-8199 or Victor Rash at the Portland office at 774-6877 to register for either group. When we have six people that are interested, we will start the group and post the day and time for others to join. Both are to be evening groups.**

### Support Group in Androscoggin County

#### **Tuesday 1:30 to 3:00pm**

#### **People Living with HIV**

An ongoing drop-in support group at TAP's office at 1 Auburn Center in Auburn.

**For more information contact Diana Carrigan, TAP Case Manager for Androscoggin and Oxford counties, at 783-7301.**

**If you have questions or comments about support groups, contact Victor Rash, Manager, HIV Prevention Education, at 774-6877.**