

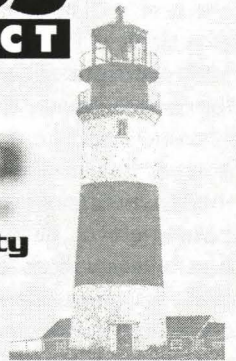
.....A LOT HAS HAPPENED SINCE JULY.....WE'RE BACK WITH NEWS OF TAP'S NEW EXECUTIVE DIRECTOR.....INFO ABOUT STAFF AND BOARD CHANGES AT THE AIDS PROJECT.....UPDATES ON NEW AND RETURNING SUPPORT GROUPS FOR PEOPLE INFECTED AND AFFECTED BY HIV/AIDS.....AND MUCH, MUCH MORE IN THIS EDITION.....

WE'RE
BACK!!!

in the **affirmative**

A newsletter for Maine's HIV/AIDS community

THE
**AIDS
PROJECT**



Mid-September to Mid- October 1997

Volume IV Number VIII

in this **issue**

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Client Services: Everything from treats to retreats.

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Project Inform. Mr. Martin says get on their mailing list. Ah, you didn't say may I.

The AIDS Update.

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The TAP Most Wanted List.

The AIDS Project Hires A New Executive Director *George Friou will start in November*

by Mike Martin

On August 20th the Board of Directors of The AIDS Project voted to hire George Friou as its new Executive Director. The Board acted on the unanimous recommendation of the Search Committee,

George Friou (pronounced "free-u") comes to TAP from an Executive Director position at North of Market Senior Services in San Francisco, which he has held for two years. George is devoted to a career in health and social service delivery, especially, he said, "to people who must call upon the wider community to act with compassion." He also goes on to say that, "providing services to people with AIDS has been a major component of my work here in San Francisco."

George has a Bachelor's degree in Humanities from Sonoma State University in California and an MPH in Health Services from Boston University. He has held some pretty interesting jobs, from his time in the Peace Corps in Africa to working at Upham's Corner Health Center in Dorchester, MA at a time when they were starting one of the nation's first needle exchange programs. He is a past president of the board of directors at the San Francisco Community Clinic Consortium.

George is married with two children and has family in Maine. His family has owned land and a camp in Aroostook county since the late 1800s and on Cranberry Island off Friendship in Knox county. George expressed his desire to continue working in the non-profit arena and in relocating to Maine during his interview with the Search Committee. He will begin his duties at The AIDS Project on or near November 1st. Marjorie Love will continue as TAP's Interim Director until George comes on board. ■

**Effectiveness of HIV Post-Exposure
Treatment May Be Overstated**

Some of the HIV consultants for the CDC and even a CDC employee are questioning the validity of the premise used to establish post-exposure treatment (PET). Post-exposure is usually associated with needle sticks to healthcare workers and is also termed "the morning-after" treatment.

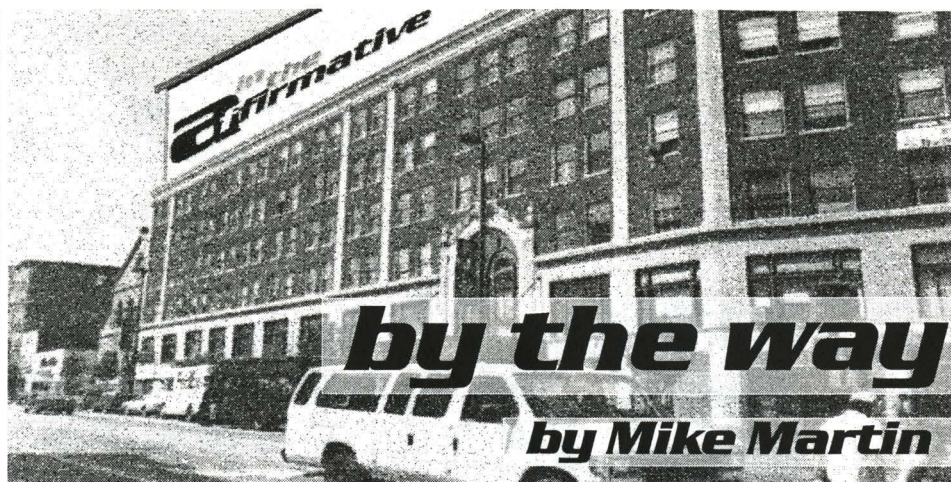
Recommendations for PET are being based on a CDC report that stated healthcare workers accidentally exposed to HIV through needle sticks had a 79% less chance of developing the infection if they were treated with AZT after the exposure. Dr. Alfred Saah, a consultant to the CDC, says that, "there is not a 79% reduction." He and others voiced concern that the data used to draw this conclusion was sketchy at best and that U.S. data was obtained through a "passive surveillance project" which had no strict controls. Dr. Saah is concerned that "we're going to create an expectation (on the success of PET) we're not going to be able to deliver on. We're really flying by the seat of our pants."

Dr. Alastair MacLeod of Vancouver doesn't believe the 79% figure either. "I think it (PET) probably works," he said, "but it's not that good." And he believes that data on the efficacy of PET is many years away.

Effectiveness aside, some HIV workers are concerned that if PET becomes the norm it will undermine prevention efforts. Randy Pope of Michigan's HIV/AIDS Prevention program said, "One of the major fears we have is that guidelines on PET will only further erode the advances we've made over the past decade in behavior change." Pope noted that risky behavior is already on the rise anyway among HIV patients, due in part to new, more efficacious drug therapies.

Dr. Richard Johnson at Johns Hopkins fears hospital emergency rooms will bear the brunt of people seeking post-exposure treatment, and with that the associated costs which might not be covered by health insurance companies (provided the patient has health insurance).

The CDC said it may draft PET guidelines by year's end, with a final recommendation next year. ■



But who's counting?

Numbers tell an awful lot of stories about who and where we are. This is the 24th issue of *In The Affirmative*, totaling 204 pages. Back in December of 1993 when I began putting this newsletter together, the number of AIDS cases in the United States stood at 339,250, now it's at 581,429. That means that 41% of all cases of AIDS in this country have been reported in less than 4 years. Deaths from AIDS in the U.S. stood at 205,390 in December of '93, now that number is 362,004. Which means 43% of people who have died from AIDS in the U.S. did so in less than four years. The personal toll is staggering.

In Maine in December 1993, there were 443 cases of AIDS; now there are 791. 43% of all reported cases in just under four years. Maine AIDS deaths in '93 were 228; now 426. Less than four years account for almost half the deaths (46%) in Maine.

They used to say there were "a million stories in the Naked City"; well there are hundreds of millions of stories about AIDS around the world. All as sad as sad can be.

It's the numbers that temper my enthusiasm as miracles are being pronounced in the fight against AIDS. There is work to be done -- work that may be hampered by a public perception that AIDS is under control. And there are an awful lot of people who must be pretty frustrated that "the cure" hasn't reached them or has passed them by.

It has been 9 years since I tested positive for HIV, and probably 12 years since I was infected. I just turned 43 years old. There was a time when I thought I'd be lucky to live till 40. I've been lucky. I wish everyone could be as lucky as I have been. I'm alive and pretty healthy. I have a great doctor, good medical insurance, and have had a pretty good run with the anti-HIV drugs I take every day. I have a family that watches over me, always ready with the latest good news about HIV from Sally, Jerry, Geraldo, and Oprah, not to mention Tom, Dan, Bernard, and Peter. My real fear is that too many people don't have good medical care, the financial resources to buy the anti-HIV drugs, access to those drugs, a tolerance for the drugs, and the support they need to live as long and healthy as possible. So, in our part of the world, that's why I feel so strongly about the need for The AIDS Project. And that's why TAP is so important to everyone in southern Maine. The work of the agency in supporting clients and in working to prevent the spread of HIV is far from over, despite all the good news. The needs continue to grow, and everyone at TAP is looking at ways to meet those needs and how to grow responsibly.

One of our needs will soon be met, when George Friou arrives to be our new Executive Director. The Search Committee worked hard and diligently to find a good person to fill the job. We think we have found that person in George. While I took August off from putting out *In The Affirmative*, I was working with a really fine group of people -- as chair of the Search Committee. Four staff persons and four board members, along with Marjorie Love as the committee's facilitator, made up the group. We began in June and reached our goal of finding a new Executive Director by mid-August. My thanks to my fellow committee members Charles Dwyer, Doug Eaton, J.C. Edelberg, John Holverson, Marjorie Love, Getty Payson, Anne Romano, and Jill Tacy. They all worked very hard with good humor (and sometimes wicked good humor) to do the job right. Thanks, gang.

We've had our share of Executive Directors at The AIDS Project. (It's a tough job, as are all the jobs at The AIDS Project.) But who's counting? ■

It's too soon to think AIDS is cured

by Jeffrey L. Reynolds,

Director of Policy at the Long Island Association for AIDS Care, Inc.

It was this time last year that people with HIV/AIDS and their advocates were celebrating a long-awaited turning point in a battle marked by 16 years of failed treatments and staggering death rates. Just as hope had begun to wane, the new "wonder drugs" called protease inhibitors promised to transform what was once considered a terminal illness into a chronic manageable condition. As the search for a cure continued in a recharged environment, AIDS would become a disease you could live with, rather than die from. For those with the right body chemistry and the economic, medical, and social support necessary to succeed on the complicated treatment regimens, protease inhibitors have meant better health, increased stamina, and a new lease on life.

AIDS units in local hospitals and nursing homes once filled beyond capacity now sit half empty. And, for the first time since the early 1980s, overall deaths from AIDS not only stopped their upward climb but fell 19% in January to September 1996, according to the CDC report issued in July 1997. While any drop in AIDS deaths comes as good news, it's too early to claim victory -- especially since the gains aren't universal. Consider, for example, that AIDS deaths dropped 22% among men, but only 7% among women. Similarly, deaths fell 28% among whites, but only 16% among Latinos and 10% among blacks.

Protease inhibitors aren't working for everyone, and just as these statistics never made it into recent headlines, the stories of those who have found the drugs inaccessible, toxic, or ineffective have been overshadowed by musings about the end of an epidemic we were slow to acknowledge in the first place. That AIDS has become treatable for some -- especially white men -- also seems to have overshadowed the fact that AIDS is 100% preventable. The same CDC report touting the drops in deaths also estimated that 40,000 people become infected with HIV in the U.S. each year -- a number that continues to rise, particularly among those populations that haven't experienced the benefits of protease inhibitors.

The growing popular notion that living with HIV means popping a few pills each day has given license to abandon already shaky safer sex practices. Indeed, it would be ironic if medical advances designed to solve a public health crisis actually made it worse, but in some ways that's what seems to be happening. A second wave of infections has already emerged among young gay men, and as attention remains steadily focused on treatment rather than prevention, the number of drug users, women, and teens testing positive continues to rise unabated. Perhaps that's why some doctors are reportedly starting to use the powerful drugs to try to prevent infection in patients who show up in their offices the morning after a night of unsafe sex. Though there are no studies supporting the prophylactic use of protease inhibitors, some doctors are hoping the same regimens used to prevent HIV infections in healthcare workers accidentally stuck with needles or splashed with blood can be carried over to those exposed to HIV in other ways. Within a day after stories about the potentially preventive treatments appeared in major newspapers, the phones were ringing off hook at AIDS hotlines with frantic callers asking where they could get "the morning-after pill." Counselors spent hours explaining that the treatments have horrible side effects, cost several thousand dollars, and at this point can't be used to prevent HIV. Still, such details are frequently lost on those looking for any excuse to avoid condoms.

The new drugs have been a godsend to some, a disappointment to others, and an absolute disaster for prevention efforts. Without sustained attention, HIV will destroy whatever gains we've made in a way reminiscent of diseases such as syphilis, gonorrhea, and tuberculosis, which re-emerged -- and thrived -- due to complacency.

The current calm on the AIDS front, like the eye of any storm, can be not only deceiving but downright dangerous if it prompts us to relax our vigilance and lose sight of the continued threat. ■

in the **NEWS**

Rise In Anal Cancer Rates Foreseen Among HIV-Positive Individuals

A high prevalence and incidence of anal dysplasia among gay and bisexual men leads researchers at the University of California in San Francisco to predict that the number of cases of anal cancer could rise sharply in this population, especially among those infected with HIV.

Dr. Joel Palefsky reported at a national gay and lesbian health conference in Atlanta that the anticipated rise is linked to the fact that HIV-infected men are living longer, and anal cancer normally takes 5 to 10 years to develop. He said that those at highest risk for anal cancer are those who engage in anal intercourse and who are thereby at risk for infection with carcinogenic strains of human papillomavirus (HPV). The incidence of anal cancer among all men in the U.S. is less than one in one hundred thousand, but is 35 times higher in men who practice anal intercourse.

In a study of 600 men at UCSF, Dr. Palefsky reported findings that showed 20% of HIV-negative men had pre-cancerous anal dysplasia compared to 75% of HIV-positive men. After four years, the dysplasia had worsened in twice as many HIV-positive men than HIV-negative men. Even those HIV-positive men with relatively high CD4 counts were more likely to develop advanced disease, and antiviral therapy boosts to CD4 counts apparently do little to reverse pre-cancerous lesions. Dr. Palefsky's study showed that after three months of anti-HIV drug therapy there was no effect on abnormal cells.

HIV-positive women studied were also reported to be at higher risk for anal cancer. Women were tested for cervical and anal HPV, and it was found that HIV-positive women were far more likely to harbor HPV at both sites. Immunocompetent women usually eliminate HPV by age 40; those who retain the virus after age 40 are most likely to develop cervical cancer.

It is recommended that all men and women who practice anal intercourse be tested, and, if found to have lesions, surgical removal is considered to be the best treatment. ■



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!



TAP and the Internet

To contact The AIDS Project on the world wide web, visit our site at

"www.neis.net/aidsproject"

To e-mail The AIDS Project, send your message along to "aidsproj@neis.net"



Ryan White/ Client Assistance Funds

An important reminder to clients:

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

Routine Dental Care,
Routine Eye Care and Eyeglasses,
Vitamin Supplements,
Non-Prescription Skin Care Products,
and
Non-Medicaid Medication Co-pays.

There is a dollar limit to how much an individual client can receive in any fiscal year. Contact your case manager for assistance by calling TAP in Portland at 774-6877, in Auburn at 783-4301, or in Kennebunk at 985-8199.

client services

Men's Drop-In Discussion Group

Portland, 142 High Street, 6th Floor
Thursdays, September 18-November 6
7-9 p.m.

This is an 8-week drop-in discussion group for all gay, bisexual, married, and other men who have sex with men. Open to all men; HIV status not important. Come and meet other men to share experiences around sexuality, coming out, relationships, HIV transmission, etc. This is a free program designed to provide a safe, confidential, and supportive space for all men who have sex with men.

For more info, call Gerry at 774-6877.

3-Week Support Groups for HIV-Negative Men

Meet other men to share experiences around sexuality, dating, coming out, etc. Groups are open to all HIV-negative men who have sex with men: gay, married, bisexual. Groups are safe and confidential opportunities to talk about and get support for staying HIV-negative, dealing with testing issues, etc.

This is a free program, but you must pre-register.

Call Gerry at 774-6877 to sign up.

Meetings held in Portland at 142 High Street:

Series A: Tuesdays, September 16, 23, 30 from 7-9 p.m.

Series B: Tuesdays, October 7, 14, 21 from 7-9 p.m.

Meetings held in Kennebunk at Lafayette Center:

Series A: Tuesdays, November 4, 11, 18 from 7-9 p.m.

Series B: Thursdays, December 2, 9, 16 from 7-9 p.m.

client services



The Meeting Place

This separate room is used by TAP in Portland 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.



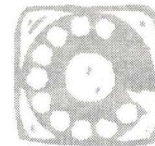
IMMEDIATE SEATING

For free tickets to area events as they become available, sign up with Robert D. 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.



Med Express Mail Order Pharmacy

When you order your pharmacy needs from MedExpress, 5% of the purchase 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 at 1-800-808-8060.



AIDS Hotlines

Questions about HIV/AIDS? Call toll-free for answers.

National AIDS Hotline:
1-800-342-2437

Maine AIDSline: 1-800-851-2437

Maine Teen Hotline: 1-800-851-2437
(on Wednesdays from 6-9pm)

Invitation

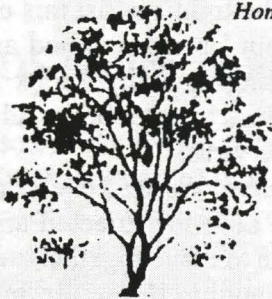
for all gay, bisexual, married, and other msm*

Community Dinner

this is a free event. just bring your fabulous selves

Willow Tree Restaurant

*Homestyle Cooking in Our Childhood Home
Cottage Rentals*



Albert Austin

Route 1 & 9B
Wells • Maine 04090

Saturday, Sept 20th, 1997 7 pm
RSVP if you can call Gerry (207) 774-6877

sponsored by The AIDS Project Portland
*MSM men who have sex with men

Gay Men Together

Community Building for the Next Century

October 17-19, 1997

Pilgrim Lodge - West Gardiner, Maine

The Gay Men Together weekend retreat is held twice a year at a wonderful, rustic, turn-of-the-century lodge in central Maine. The weekend provides an open environment where gay men can make new friends, share experiences, develop trust, and gain a better understanding of ourselves and others.

You must be pre-registered to attend. The cost is \$45 for the weekend. For more information contact: Gay Men Together, 7 Cat Tail Lane, Alfred, ME 04002, or call (207) 499-0166.

Sponsored by:

Eastern Maine AIDS Network, Down East AIDS Network, Dayspring, AIDS Coalition of Lewiston/Auburn, Waldo-Knox AIDS Coalition, and The AIDS Project.

AIDS *update*

Since the Beginning of the Epidemic:

AIDS Cases in the U.S. (as of 12/31/96):
581,429

AIDS Death in the U.S. (as of 12/31/96):
362,004

AIDS Cases in Maine (as of 6/30/97):
791

AIDS Deaths in Maine (as of 6/30/97):
426

AIDS Cases by Maine Region:
Southern Maine - 415
Central Maine - 252
Northern Maine - 124

AIDS Cases in Maine by Gender:
90% Men
10% Women

HIV/AIDS in the U.S. (from the CDC):

About 30,700 Americans died of AIDS between January and September of 1996, down from 37,900 during the same time period in 1995.

Deaths among men dropped 22%, but women dropped just 7%.

Deaths among black Americans dropped 10%, Hispanics dropped 16%, while the decline was 28% among whites overall.

Last year black patients accounted for the largest proportion of AIDS cases at 41%.

Heterosexual AIDS cases in the U.S. are increasing at 15% a year, compared to 5% or less among gay men and injecting drug users.

AIDS Around The World (from UNAIDS):

It is estimated that by year's end a million of the world's children under age 15 will be HIV-positive -- more than 90% in developing countries.

It is estimated that the 9 million of the world's children have lost their mothers to deaths from AIDS. ■



J. E. Boone Joins The Staff At The AIDS Project

J. E. Boone recently joined the staff at TAP as an HIV-Prevention Outreach Coordinator working with Maine's community of color. He introduces himself in the following message.

Call To The People by J. E. Boone

As the new staff member at The AIDS Project, I would like to say "hi", and that it is my pleasure to formally join the fight against this epidemic. I not only add a little color to the Project, but I bring a varied and diverse background of working with people and bringing parity. I look forward to working with the people of color communities to get a better advantage in the battle to stem the spread of the HIV/AIDS virus.

Please, please, please, please, please, please! We need everyone's help in fighting HIV/AIDS. This call goes out to both the infected and affected members of our community who would like to come together and focus on the issues that are important for this community. If you are interested in becoming a member of a focus group that is willing to work on the issues as you see them, give me a call. If I'm not in, leave a message for me, and I will get back to you. I am really interested in helping to meet the needs of the community as you see them. The war goes on in the U.S. and other countries, but with everyone attacking the issues together and not attacking each other, we can win this battle here in our state and our communities. I'm available for workshops and seminars. If you have a place you think I should be going to with the message, the literature, condoms, needles, etc., let me know what you think.

Thanks, thanks, thanks.

J. E. Boone can be telephoned at 774-6877 or faxed at 879-0761.

PROJECT
inform

For information you need to know if you're HIV-positive, Project Inform of San Francisco is a most valuable national resource. On the cutting edge of the AIDS epidemic, Project Inform has the most up-to-date information on HIV/AIDS and its treatments. The information is free for the asking (although donations are accepted).

You can contact Project Inform:

by calling 1-800-822-7422 (M-F, 6am to 3pm EST; Sat., 7am to 1 pm EST.)

by the internet at www.projinf.org, by e-mail at pinform@hooked.net.

Ask to be put on their mailing list for their newsletter called *PI Perspectives*.

This is not a paid advertisement, but rather a recommendation of the editor to others, like himself, who are HIV-positive.

THE AIDS PROJECT News at TAP

by Mike Martin

TAP to continue service in Androscoggin and Oxford counties through its Auburn office

Recently TAP announced that it will stay in Androscoggin and Oxford counties for another fiscal year (starting October 1997) pending expected funding from the state of Maine. Diana Carrigan will continue to provide services to people with HIV/AIDS in those two counties, as she has done for many years.

The AIDS Project announces changes in its staff

J. E. Boone has joined the staff of TAP in the role of HIV-prevention educator for the community of color. J. E. introduces himself elsewhere in this newsletter. Welcome aboard!

Paul Lavin, coordinator of HAVEN and housing, has cut back his schedule from full-time to half-time.

And as we mentioned on page one, George Friou will begin the job of Executive Director in November.

TAP's Annual Meeting held

In August, TAP's Board of Directors held its Annual Meeting at St. Mary's Church in Falmouth. Tamara Harvey and Anne Romano coordinated the event, which was open to all staff, board, and advisory board members. They did a great job with the food and decorations and other essentials.

The board said goodbye to board members Paul Albert, Mary Anderson, Michael Quint, and Alan Stearns.

Also the board noted, with an appropriate sense of ceremony, the loss of three long-time board members and officers. Celeste Gosselin, who had served for several years as board Treasurer; Pat Pinto, who had been the Vice-President; and Leo LaPlante, who had been President of TAP for four years, were each thanked wholeheartedly for their years of service to TAP and to people infected and affected by HIV/AIDS.

Three new board members were voted in during the meeting. They are Dino Giamatti, John Wade, and Verne Weisberg, M.D.. They will attend their first board meeting this month.

It was also voted that Joel Martin would become President of the board; Mike Martin will serve as Vice President, Anne Romano as Treasurer, and JoAnne Peterson will be the Secretary. Committee chairs are: Charles Dwyer for Client Services; Anne Romano for Finance; Karla McGowan for Fundraising and Public Relations; Judi Mansing for Nominating; and Steve Schuit for Personnel. ■



In The Affirmative is a monthly newsletter published by clients and staff at 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:

J. E. Boone
Marjorie Love,
Gerry Scoppettuolo,

Tamara Harvey,
Jill Tacy,

and
Mike Martin, Editor

Sources for some of the material in this newsletter are:

CDC National AIDS Clearinghouse
Maine Bureau of Health
Portland Press Herald

PROJECT
inform

USA
TODAY

World Wide Web

support groups at TAP

for people infected and/or affected by HIV/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 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 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 meeting in Biddeford at Southern Maine Medical Center. Mondays 6:00pm to 7:30pm.

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 TAP's Portland office at 774-6877 to register for either group. When we have six people who are interested, we will start the group and post the day and time for others to join. Both are to be evening groups.

Prevention Education Groups for Gay, Bisexual, Married, Questioning, and Other Men Who Have Sex With Men Summer/Fall Programs:

Mixed-Status Drop-in Discussion Groups

For all men regardless of HIV status. Eight-week, time-limited groups in Portland, Ogunquit, and Kennebunk. Meet other men in a comfortable, supportive atmosphere to discuss topics including sexuality, dating, safer sex, coming out, etc. An eight-week group begins Saturday, June 28th, 4 to 6pm, at the Willow Tree Restaurant, Route 1, Wells. Meets every Saturday until August 26th. Portland groups begin in September. For more info, call Gerry at 774-6877.

Community Networking Dinners (York County)

Quarterly gatherings designed to provide networking and meeting opportunities for all married, gay, bisexual, transgender, and all other men who have sex with men regardless of HIV status. Events are free and open to all men with an interest in promoting healthy and safe sexuality. Next program is a cookout/dinner on Saturday, July 12th, 4pm, at the Willow Tree Restaurant, Route 1, Wells. For more info, call Gerry at 774-6877.

Safer Sex Workshops for HIV-Negative Men

For gay, bisexual, and other men who have sex with men, designed to support HIV-negative men in staying negative. Meetings will be held in Portland and southern York County. The first series meets at TAP, The Meeting Place, Suite 632, on three consecutive Tuesdays - July 1st, 8th, and 15th. This workshop series will be offered once a month through the end of the year. Pre-registration is required. For more info, call Gerry at 774-6877.

All programs are free.

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 The AIDS Project at 774-6877.

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

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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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Declan Buckley,
York Cty Outreach Worker
J. E. Boone,
HIV-Prevention Outreach
Diana Carrigan,
Andro/Oxford Cty Case
Manager
Janine Collins,
Cumberland Cty Case
Manager
Sequoia Dance,
Street Outreach Worker
Douglas Eaton,
Program Coordinator of
HIV Prevention
Tamara Harvey,
Development Associate
John Holverson,
Director of Policy &
Program
Paul Lavin,
HAVEN Project
Coordinator
Housing Coordinator
Carol LeBlanc,
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