

in the affirmative

a newsletter for Maine's HIV/AIDS community

Mid-July to Mid-September 1998 Volume V Number VII

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RECONSTRUCTION

A series of forums to examine the future of people with HIV.

Forums are held from 6 to 8 p.m.

July 21 - Tuesday

Wake Up and Smell The T-cells!

July 28 - Tuesday

The Tangled Web of Public Benefits.

August 4 - Tuesday

It's Back to Work We Go?

August 6 - Thursday

Next Steps, Where Do We Go From Here?

Presented in the Rines Auditorium of the Portland Public Library. Parking validated for the Public Market Garage, 57 Preble St.

cover story

Prevention Is Key Says AIDS Conference

12th World AIDS Conference is held in Geneva, Switzerland

from The New York Times

The 12th World AIDS Conference ended on Friday, July 3, 1998 in a somber mood. A series of reports about problems with anti-AIDS drugs and setbacks in vaccine trials left many participants thinking that their best hope against the epidemic is the strategy they have had since it began -- prevention. But many of them said this last hope was not being pursued as aggressively as it should be.

The mood was a sharp contrast to the euphoria at the last AIDS meeting in Vancouver, British Columbia, two years ago. There, scientists reported that combinations of new drugs called protease inhibitors had allowed many people infected with HIV, the AIDS virus, to leave their deathbeds, even to return to work. But this year, the talk was of problems. Vaccine researchers gave the disheartening news that a promising candidate vaccine, tested in monkeys, caused the disease rather than prevented it. Doctors told of patients who failed in spite of the new drugs, or who developed side effects while taking them. And even when the drugs offered hope, still other speakers said, it is hope beyond the reach of the vast majority of the 34 million people now infected with the AIDS virus. Those patients cannot afford the treatment. It can cost about \$15,000 to provide the drugs to one person a year, a sum greater than the entire health budgets of many a Third World village.

As Dr. Hoosen Coovadia, of Durban, South Africa, explained it, AIDS affects 40 percent of the children he treats in a large black hospital there. Yet, Coovadia, who is chairman of the next World AIDS Conference in 2000 in Durban, said that he had never used any anti-HIV drugs. His hospital cannot afford them, he said.

Reports like these lead inexorably to the conclusion that the best hope for easing the epidemic is still prevention, speakers said. Yet "over 100 times more money is being spent on therapeutics now than on the development of prevention technologies," said Dr. Catherine Hankins, an epidemiologist at Montreal General Hospital in Canada. Among them are chemicals that could be inserted into the vagina before sexual intercourse to kill HIV. Hankins left the meeting saying she did not feel "terribly optimistic".

Sex education, needle exchange programs, condom distribution, among other preventions, could save millions of people from AIDS, speaker after speaker told those gathered at the meeting. At the same time, though, many of the 13,775 participants from 177 countries concluded that people and their government leaders were not paying enough attention to those relatively simple steps, and that industry was doing too little to develop more effective prevention methods.

Speakers urged that health workers combine preventions as they had drugs and adopt a community-based approach to promote them. They called for more programs to treat sexually transmitted diseases because those diseases can increase the risk of spreading HIV, in part by creating open sores.

by the way

by Mike Martin



It is an interesting time to be HIV infected, from both a global and a local perspective. The 12th World AIDS Conference just ended about two weeks ago and the news out of Geneva was voluminous and somber. In a nutshell, the conclusion of the conference is that things are not as optimistic as they seemed two years ago at the last World AIDS Conference in Vancouver. Of course, there was a fair amount of talk about a "cure" then, but time spent following patients taking the protease inhibitors has dampened spirits a bit.

Proteases were the miracle drugs that were going to turn HIV/AIDS into a manageable, chronic disease, so they said two years ago. It hasn't turned out that way. There are some pretty miraculous cases of people taking proteases who have had wonderful changes in their health. The proteases and other drugs are working wonders for many. Still, many cannot tolerate the drugs, get no benefit from the drugs, or have become resistant to the drugs. And on a global basis, the drugs are simply not affordable to the vast majority of infected people.

And there are some disconcerting side effects showing up in some people who have been on proteases for a while now. News that heart problems, diabetes, and disfiguring fatty lumps are showing up poses the dilemma, do the drugs' benefits outweigh their dangers? Scientists say yes, but very cautiously.

And a couple of cases of a new drug resistant strain of the virus is causing concern. Just as was seen after AZT had been in use for awhile, where people were being infected with a strain of the virus already resistant to AZT because the carrier was resistant to AZT, so too are there a couple of cases of people getting infected with a strain resistant to the proteases and other widely used drugs. What this means for those newly infected with this strain is that they won't receive any benefit from taking the drugs they've never even tried.

Still, all the news was not negative. Lots of research continues on drugs, treatments, and vaccines that may be the breakthrough we're all hoping for. And now that almost everyone agrees in the importance of a vaccine (though not which kind of vaccine) in curbing the worldwide epidemic, greater efforts in that area will result. And now that it is understood that the dosing schedules are often too complicated and cumbersome

for patients, efforts are in the works to make staying drug compliant easier.

The big conclusion, though, is not really new at all. That conclusion is the urgent importance of prevention education. It may sound simple, but keeping people from getting the virus is still the best hope for the future. And with reports in this country that gay and bisexual male youth are not as diligent in practicing safer sex as older gay and bisexual men, prevention education is needed more than ever. Some reports have pointed out the success of small-group prevention education programs, showing that prevention efforts can and do work. The success of many needle exchange programs was also noted as an area of prevention work that needed more attention. The conference said that more money and effort is needed worldwide for prevention education, particularly given the less-than-hoped-for results with drug treatments.

Advances in the understanding of the virus continue and I've tried to include a lot of articles in this newsletter with information from before and during the conference which I think are of interest.

Locally, the Reconstruction forums have started. They are examining what the future holds for people with HIV who are doing well, or better than they were doing before. And as an added bonus, the forums will help local AIDS service organizations examine ways they may need to change to support those clients. The forums continue through the first week of August and I encourage anyone interested in the future of HIV in our area to attend. If nothing else, it is a great learning experience.

It is six years ago this month that Roy Keller died of AIDS. Apart from being a very likable guy, he was the "idea man" behind getting this newsletter from The AIDS Project off the ground. He talked about the need for a local newsletter for clients for long enough, that it finally happened. Our first issue came out in December 1993, six months after his death. In hindsight, it seems like such an obvious idea to have this newsletter, but the obvious is often the hardest to achieve. Perhaps, that is why Roy and his idea deserve to be remembered from time to time.

HIV news

AIDS Medication May Cause Buffalo Humps

Some HIV-infected people have been developing abnormal fatty deposits, called buffalo humps and protease paunches, which may stem from the use of protease inhibitors. While the patients lose fat and muscle from the hips and below, as well as in their arms and faces, they add visceral fat under the abdominal muscles and behind the neck. The FDA is worried that the drugs are also causing an increase in risk for heart disease. Aside from the deforming fat deposits, the drugs may cause an increase in cholesterol. Despite the concerns, most agree that the benefits of the treatment outweigh the adverse effects. One of the makers of protease inhibitors, Merck and Co., asserts that there is no proof that the medication is the causative factor, noting that the fatty deposits could be a previously unseen effect of the virus or a result of the combination of other drugs. However, the FDA contends that the four protease inhibitors now on the market are the primary causative suspects, and it is currently investigating 64 case reports. One Australian study of 75 HIV-infected subjects found that the buffalo humps are a common complication of the treatment. Currently, researchers estimate that anywhere from 5 percent to 64 percent of HIV-infected patients may have the disfigurements to some degree.

Gonorrhea Most Notifiable Infectious Disease Among U.S. Women

Gonorrhea is the most commonly identifiable infectious disease among women 55 years and younger in almost all racial groups, according to the CDC. Analyzed data on 48 infectious diseases among women aged 13 to 55 that were reported to local or state health departments between 1992 and 1994 found that the 10 most common diseases, in descending order of frequency, were gonorrhea, primary/secondary syphilis, AIDS, salmonellosis, tuberculosis, hepatitis A, hepatitis B, shigellosis, Lyme disease, and hepatitis C (non-A, non-B).

Swaziland: AIDS Solutions

A member of the parliament of Swaziland has recommended a number of methods to help control the spread of HIV in that nation, including the branding or tattooing of infected individuals. Additionally, he recommended that the country follow the example of countries like Cuba, which quarantines infected individuals, in dealing with the virus. In response to the parliamentarian's comments, several AIDS advocacy groups argued that the tattoos would be a violation of human rights. Swaziland's Minister of Education suggested that all students seeking government scholarships be required to undergo HIV testing, noting that the "government is fully aware that this would be a very painful step to be taken." Swaziland is among the top 10 nations in AIDS incidence.

Flat-Earth AIDS Policy

A commentary published in *The Progressive* asserts that it was almost "criminal" of the Clinton administration to continue the ban on the use of federal funds for needle-exchange programs, while endorsing the scientific data showing that the programs are safe and effective in the reduction of the use of shared needles, the spread of HIV, and do not increase drug use. *The Progressive* notes that soon after the announcement, the Centers for Disease Control and Prevention reported that the number of HIV infections in the United States remain high, with women and minorities at high risk. According to some studies, half of all people infected with HIV contracted the virus as a result of intravenous drug use, sex with intravenous drug users, or births by intravenous drug users. The author argues that the government is "neglecting" the public health and that because of the administration's ban and Congress' permanent ban on funding of needle exchanges "thousands of people will die painful, unnecessary deaths."

C-Section May Reduce Babies' HIV Risk

A new study released at the international AIDS conference in Geneva, Switzerland, indicates that delivery by Cesarean section in conjunction with the use of AZT can almost eliminate the risk of mother-to-child vertical transmission of HIV. Researchers found that the procedure resulted in a transmission rate of less than a 2 percent risk of infection among 8,533 infants born to HIV-positive mothers. Infants born vaginally to mothers who received AZT have a 5 percent chance of infection. The C-sections were performed before the women had begun labor. Approximately 6,000 HIV-positive women give birth annually. About one-quarter of the children had a chance of contracting HIV in 1994; however, short-course AZT regimens can reduce that risk to 8 percent.

Researchers Solve Mystery of AIDS Progression

Researchers from the CDC report that progression rates in people with HIV are linked to co-receptor types. In some people, HIV enters host cells only through the CCR5 receptor, while others carry viruses that can enter the host cell through a number of receptors. A CDC biologist examined virus samples taken from HIV-positive men at various stages of disease progression and found that all of the rapid-progressors in the group and half of the late-progressors had viral variations that allowed HIV to enter host cells through co-receptors other than CCR5. The viruses in long-term non-progressors did not show this variation.

New Drug Mix Would Simplify HIV Therapy

Researchers at the 12th World AIDS Conference in Geneva report that a new combination drug therapy that only requires patients to take three pills a day (as opposed to at least 10 with the now-standard AIDS "drug cocktail") has the potential to improve patient compliance and change the way doctors treat HIV infections. The new therapy combines once-daily Sustiva, which is expected to be approved in the U.S. later this year, with a twice-daily pill called Combivir, which is a combination of two older drugs, AZT and 3TC. Research has shown the drugs to be at least as effective as therapies that include protease inhibitors, which doctors and patients hope to replace because of significant long-term side effects in some patients. Despite the enthusiasm by many researchers, some have cautioned patients about the hype and point out that even the new therapy has some drawbacks; some patients have reported emotional problems while using the drug, and the drugs carry a potential for birth defects.

Continued Risk Behavior Among Young Gay Men in the U.S. Points to Need for Sustained Prevention and Suggests a Focus on Social Influences

A study by the CDC shows that young gay men in the United States are more likely to practice unsafe sex and contract HIV as compared to their older counterparts. The study investigated sexual habits among HIV-negative gay and bisexual men in Denver, Chicago, and San Francisco. Almost two-thirds of the gay men reported that they had engaged in unprotected anal sex in the previous 18 months and 56 percent of gay men aged under 25 years said that they had engaged in unprotected receptive anal intercourse in the same time frame. Comparatively, 46 percent of older gay men reported that they had engaged in the same risky activity in the prior 18 months. The study found that the increased risk habits are associated with perceived peer norms concerning unprotected anal sex. Additionally, young gay men who socialize and meet partners in bars were more likely to have unprotected sex. The researchers suggested that prevention efforts focus on changing peer norms and reaching young men in bar settings.

HIV news

Where the Female Condom Is No Joke

The female condom, manufactured by Female Health in Chicago, had a poor debut in the United States when it was introduced in 1994, but found much more support in the developing world. The Joint United Nations Program on HIV/AIDS (UNAIDS) has been heavily advocating the female condom as a method of preventing pregnancy and sexually transmitted diseases. In addition, thanks to a volume discount negotiated by UNAIDS the cost of the female condom went from about \$2.50 to under \$1, and African nations have purchased millions of the condoms in an effort to help control the spread of HIV. South Africa has bought 1.5 million female condoms, while Uganda bought 1.2 million and Zambia and Zimbabwe also made significant purchases. According to the president of Female Health, one-fifth of Botswana's sexually active population has AIDS and the average lifespan has dropped by about 20 years. More women than men are infected with HIV in Uganda, with the most infected group aged 20 to 30 years old. While the female condom does not seem to be as popular as the male condom, studies with female sex workers in Thailand found that among women who had both options available to them, there was a 34 percent decrease in the rate of sexually transmitted diseases and a 25 percent decrease in the number of unprotected sex acts, compared to women who only had male condoms available to them. The female condom, a prelubricated, disposable polyurethane sheath that is inserted into the vaginal canal prior to intercourse, allows women to control contraception without male consent, providing another option for women with limited contraception choices.

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Toward HIV Eradication or Remission: The Tasks Ahead

Dr. David D. Ho of the Aaron Diamond AIDS Research Center at Rockefeller University in New York City, describes the current state and future goals of HIV/AIDS treatment and eradication. Despite the substantial declines in AIDS incidence and mortality over the past two years, latent reservoirs of HIV cells remain in the host body during combination therapy. Ho calculates that given the estimated decay rate of infected memory CD4 lymphocytes, combination therapy would have to be maintained for a minimum of five to seven years in order to eliminate the latent reservoirs of HIV infection. Regimens lasting 10 or more years would be required for larger reservoir sizes. Given the toxicity, cost, and complexity of combination treatment, a regimen lasting this long is "unacceptable," according to Ho. Increasing the decay rate while maintaining antiretroviral therapy may be a viable strategy. Ho notes that to achieve this, it may be required to activate the latent reservoirs. Introducing antigens or cytokines may result in the activation of sufficient resting T cells. Many of the activators, though, are associated with clinical toxicity. Another strategy may be to induce remission. This could be achieved by increasing the threshold level at which the immune system can control the HIV infection through the use of a vaccine or through the intermittent disruption of antiretroviral therapy in order to increase specific immune responses.

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HIV news

AIDS Groups Stunned by New York's Passage of HIV Tracking Bill

News that New York State had approved an HIV tracking bill surprised AIDS activists, who had not expected the legislation to be passed in this session. The measure mandates the name reporting of HIV-positive individuals to the state and requires that government workers contact the sexual partners of those infected. However, some advocates say the legislation will make some people even more reluctant to be tested. According to Jeffrey L. Reynolds, of the Long Island Association for AIDS Care, "We have enacted a law that will drive people from testing because of the fear of being identified in their community and the fear of having the Health Department at your front door." Under the bill, individuals who refuse to name their sexual partners will not be penalized and some anonymous testing sites will be maintained.

Bill to Criminalize Knowingly Spreading of HIV Is Vetoed

Alaska Governor Tony Knowles vetoed a bill that would have made it a felony to knowingly spread HIV. The measure, approved last month by the state legislature, would have made it a crime to sell tainted blood or to have sex with someone who is unaware of their partner's infected status. In explaining his decision, Knowles said the bill "would for the first time criminalize a disease in Alaska," noting that the state's current laws against reckless endangerment and several forms of assault already protect its citizens.

Drug May Offer Hope for AIDS

A top AIDS researcher said Thursday that certain monoclonal antibodies, such as Ortho Biotech's OKT3, may be effective in flushing the body of HIV that often remains in a patient's body after treatment with drug cocktails that have eliminated all signs of infection in some patients. Even though the infection is not evident, experts believe HIV can hide in resting immune cells for years. In a commentary in the journal *Science*, Dr. David Ho, of the Aaron Diamond AIDS Research Center in New York, said that activators such as bacterial superantigens or a certain class of monoclonal antibodies may be able to stimulate the immune cells where HIV is hiding and completely flush HIV from the body.

House Calls Help Curb TB

In Sacramento County, Calif., health officials are making house calls to patients with tuberculosis to ensure that they take their medicine. Directly observed treatment, short course (DOTS), has proven to be the best way to control TB and drug resistance, which can develop when treatment regimens are not completed. A recent study in the *Journal of the American Medical Association* reported that over 90 percent of patients with tuberculosis will complete treatment through DOTS. California recommends, but does not require, counties to deliver and observe patients taking their drugs; currently, about 30 percent of patients statewide do receive the therapy. Nearly 50 percent of the 115 TB patients in Sacramento County are receiving DOTS, which is credited for the success in treating virtually all of the county's cases.

FDA Approves New Treatment for Tuberculosis

The FDA has approved the marketing of rifapentine for the treatment of TB, marking the first new drug for the condition in more than a decade. Doctors and researchers are applauding the new drug, which remains in the blood stream for longer periods, allowing the number of weekly doses to be reduced by half. The new drug should make it easier for patients to complete treatment and help prevent the development of resistant strains. In clinical trials, one group of patients was administered rifapentine twice weekly for two months and then once a week for four months, while a second group was given the standard therapy, rifampin, twice a week in the final four months; about 82 to 88 percent of the patients in both groups were cured. In the early months of therapy, patients in both groups were given three other tuberculosis drugs to help lower the possibility of drug resistance.

Antiretroviral Drug Resistance Testing in Adults With HIV Infection

A panel of scientists convened by the International AIDS Society/USA Panel has concluded that plasma HIV RNA levels and CD4 cell counts are the main values that should be employed to determine when to start antiretroviral therapy and subsequent changes in therapy. In addition to drug resistance as a cause of treatment failure, the team said that adherence, drug potency, and pharmacokinetic issues should also be reviewed.

After reviewing data from published reports and material presented at research conferences, the team said genotypic and phenotypic testing for HIV resistance to antiretroviral drugs may also be beneficial in managing individual cases. In particular, emerging evidence indicates that in drug-experienced patients, genotypic and phenotypic signs of resistance to the drug in vitro implies poor virologic response in vivo. In these cases, resistance testing will be beneficial in identifying drugs that will not be useful in some regimens. However, the lack of phenotypic or genotypic evidence does not necessarily mean that patients will respond favorably. Furthermore, the researchers said assays that are currently being developed need to be validated and standardized, and developers need to determine a clear definition of the assays' clinical roles. Researchers should also track the prevalence of drug resistance in populations where the resistance is most common, especially among antiretroviral drug-naïve pregnant women or individuals with primary HIV infection. A pattern may help physicians choose initial antiretroviral therapies for such groups.

Public Health Implications of Antiretroviral Therapy and HIV Drug Resistance

The widespread use of antiretroviral therapies and the rising incidence of strains of HIV that are resistant to those therapies have opened the door to a number of important concerns, ranging from the relationship between drug resistance and treatment failure to public health ramifications. Among the issues are: the frequency with which resistant strains are transmitted through sexual contact, intravenously, or from mother to child; the ability of drug-resistant strains to be transmitted; and the usefulness of antiretroviral therapy in reducing viral levels in blood and genital fluids. The importance of patients sticking to drug regimens is also important. As well as the relationship of adherence to drug regimens to sustained reduction in viral load to minimize the possibility of transmitting a drug-resistant strains through blood or genital secretions. If the issue of preventing the development of drug-resistant strains and the spread of such strains are not addressed, researchers expect the possibility that drug-resistant strains can replicate will help to maintain the epidemic and reduce the beneficial effects of antiviral therapy.

Spectrum of AIDS-Associated Malignant Disorders

New data from the AIDS-Cancer Match Study Group suggests that AIDS results in a substantially greater risk of Hodgkin's disease, multiple myeloma, brain cancer, and seminoma. The researchers compared the cancers of AIDS patients to those in the general population by matching population-oriented AIDS and cancer registries in the United States and Puerto Rico. Among the more than 98,000 AIDS cases studied, there were 7,028 cases of Kaposi's sarcoma, 1,793 of non-Hodgkin lymphoma (NHL), and 712 other cases of histologically defined cancer. The incidence rates among AIDS patients were raised 310-fold for KS, 113-fold for NHL, and 1.9-fold for all other cancers. The authors concluded that "AIDS is associated with neoplasms already thought to be linked to common viruses," although most of the common malignant disorders are not specifically related to immunodeficiency.

The AIDS Project welcomes two new staff members.



Demetra Giatas has been hired as TAP's new Development Director. And **John Cronin** joins the Prevention Education department for the summer.

HIV news

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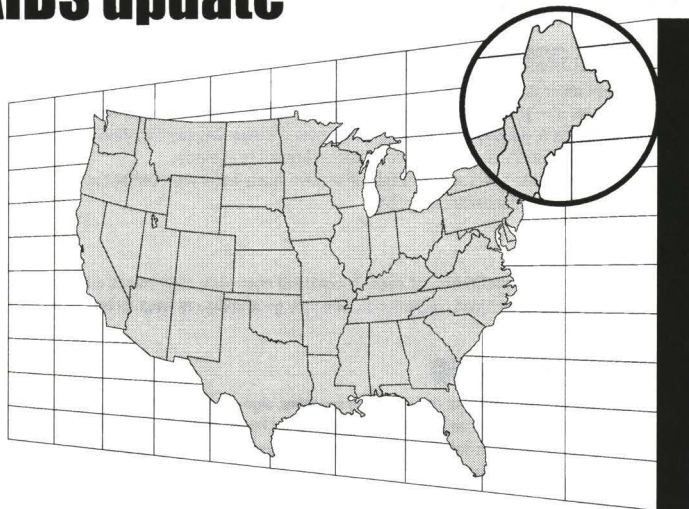
crunching the numbers: an AIDS update

AIDS in the U.S.* (from the beginning to 12/97)

641,086 cases

390,692 deaths; a death rate of 61%

*does not include people diagnosed as HIV-positive only.



AIDS in Maine** (from the beginning to 6/98)

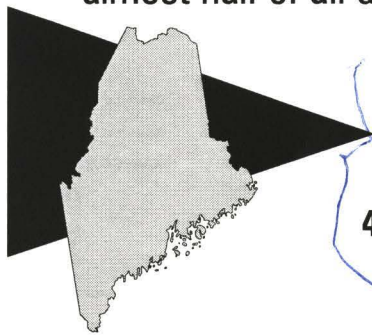
827 cases

439 deaths; a death rate of 53%

**includes only individuals residing in Maine at the time of their HIV diagnosis; and does not include people diagnosed as HIV-positive only.



Did you know? Almost half of all AIDS diagnoses in Maine and almost half of all deaths from AIDS in Maine have happened in the last five years.



In Maine in the first six months of 1998:

- 10 Men have been diagnosed with AIDS
- 4 Women have been diagnosed with AIDS
- 1 Child has been diagnosed with AIDS



a world of difference

It is estimated that HIV infects 34 million people worldwide

In the U.S., the fastest growing populations with HIV are women and minorities.

5% of the HIV population in the U.S. is in prisons.

In the U.S., while blacks make up only 13% of its population, they make up 57% of new HIV infections.

19% of the 1.3 million infected in Latin America are female.

90% of all cases in Europe are in Western Europe. Cases in Eastern Europe went from 30,000 in 1994 to 190,000 in 1996.

Romania has two-thirds of all cases in Eastern Europe.

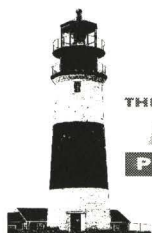
Thailand estimates 1 million of its population is HIV-positive. In Vietnam, HIV infection has doubled since 1996.

Africa, which has 10% of the world's population, has 70% of all cases of AIDS. In some areas of Africa, 1 in 4 persons is infected with HIV. In Africa, people between the ages of 15 and 40 are most affected. In Africa, it is estimated that 90% of all infected people are unaware of their HIV status.

Worldwide in 1997: 5.6 million people became infected with HIV.

Worldwide in 1997: 2.3 million people died from AIDS.

Worldwide since reporting began: 11.7 million people have died from AIDS.



client services

medical 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 a client can receive in any fiscal year. Contact your case manager for assistance by calling TAP.

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 very good company. Drop on by Thursdays at noon!

immediate seating

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

I.V. league

Meetings of the I. V. League support group are held on Wednesdays. The morning group meets from 8:00 to 9:30 at Discovery House in Portland. The evening group meets from 6:30 to 8:00 at the Community Resource Center in Portland. For more info, call the City of Portland Public Health Division at 756-8257.

the meeting place

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

for your information

HIV websites

Check out these websites:
www.hivpositive.com
www.thebody.com
www.projinf.org
for info on HIV and AIDS.

AIDS hotlines

Questions about HIV/AIDS?
Call toll-free
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)

the AIDS project on-line

Visit our web address at: "www.aidsproject.org"
To e-mail The AIDS Project,
send your message along to "tap@aidsproject.org"

TAP's mailing address

When writing to TAP in Portland, please send your mail to our post office box. It really rushes mail delivery if letters are not addressed to our street address,
so write us at:
P. O. Box 5305,
Portland, ME 04101

TAP support groups

for people infected
and affected by HIV and AIDS

tuesdays

Time: 10:30 a.m. to noon

Group: HIV Infected/Affected Drop-In Support Group

A meeting for people living with and affected by the virus.
Location: Portland, TAP, The Meeting Place, Suite 632.
Contact Randy May at TAP at 774-6877 for more information.

Time: 1:00 p.m. to 2:30 p.m.

Dates: 2nd and 4th Tuesdays

Group: Women's Drop-in Support Group

A bi-weekly meeting of women living with HIV/AIDS or directly affected by the disease (through spouse/partner, parent, or child). Sponsored by TAP and The AIDS Consultation Service (ACS) at Maine Medical Center.
Location: Portland, ACS, 52 Gilman Street.
Contact Janine Collins at TAP at 774-6877 or Cindy Luce at ACS at 871-2991 for more information.

Time: 1:30 p.m. to 3:00 p.m.

Group: People Living with HIV

An ongoing drop-in support group for people living with HIV.
Location: Auburn, TAP, One Auburn Center.
Contact Diana Carrigan at TAP at 783-4301 for more info.

thursdays

Time: 10:00 a.m. to 11:30 a.m.

Group: HIV Infected/Affected Drop-in Group

A TAP-sponsored meeting for people living with and affected by HIV/AIDS in southern Maine.
Location: Sanford, Unitarian Church, located at the corner of Main St. (Rte. 109) and Lebanon St. (Rte. 202).
Contact Getty Payson at TAP at 985-8199 for more info.

Time: 12 noon

Group: Open Lunch for TAP Clients/Staff

An informal luncheon gathering of TAP staff and clients.
Location: Portland, TAP, Conference Room.
Contact Randy May at TAP at 774-6877 for more information.

Time: 5:30 p.m. to 7:00 p.m.

Group: People Living with HIV/AIDS

A drop-in support group for anyone with HIV/AIDS.
Location: Portland, TAP, The Meeting Place, Suite 632.
Contact Randy May at TAP at 774-6877 for more information.

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: tap@aidsproject.org
Website: www.aidsproject.org

Oxford/Androscoogin Cty. Office
One Auburn Center/Box 14L
Auburn, ME 04210
Phone: 783-4301 Fax: 795-4084

York County Office
208 Lafayette Center - Suite 5
Kennebunk, ME 04043
Phone: 985-8199 Fax: 985-8646 *51

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Executive Director
Demetra Gias,
Development Director
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in the affirmative

In The Affirmative is a monthly newsletter published by 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.

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