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The AIDS Project Newslite, Vol.5, No.1 (February 1992)

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The AIDS Project

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**T H E
A I D S
P R O J E C T**

FEBRUARY, 1992
VOLUME 5 NUMBER 1

NEWSLINE

FRONT PAGE - FRONT LINES

Educating Magic

by John Preston

There is only one certainty in AIDS education: People become enlightened about HIV-infections when they know someone who has the disease. People will go as far as they can and wait as long as they can to avoid dealing with the harsh realities of this epidemic. They'll do everything possible to deny that it's something that's going to affect their lives. But when there is a person they know who becomes ill, the veil of denial is often torn aside and education and compassion can come to the front.

In a celebrity-driven society such as ours, we think we know our media heroes intimately. The faces on the television or movie screen often become the image of our best friend. When AIDS was a disease that only infected unknown and unseen homosexual men in the early eighties, it was something we could ignore. It was only when Rock Hudson, a fading movie star, was discovered to have AIDS that mass media really picked up on the story and Americans of many walks of life decided that it was a disease to which they had to pay attention.

Other well-known people came down with AIDS. Michael Bennett, one of the great Broadway producers and the force behind such hits as A Chorus Line, and designer Perry Ellis were among them. They all attracted momentary headlines and kept the fact of AIDS in the public eye.

Yet they also fed some of the worst feelings about the disease. All of them, and many others, were "discovered" to have AIDS, often after they died. They seemed to treat their infections as though they were dirty secrets of some sort. They certainly didn't strike out against the ignorance that promoted unsafe practices and frustrated attempts to educate the general public about risk-reduction. Even actor Brad Davis, who wrote a broadside attacking the Hollywood establishment for its unwillingness to deal with AIDS, did so posthumously. Only a few heroes like Ryan White really took on the public role of showing Americans what it was like to have AIDS.

And there was Magic.

When Magic Johnson, one of the great stars of American sports, announced that he had HIV, he did it with grace, on a nationally televised broadcast. He also did it with the support of his friends — it wasn't just that it was so amazing to have Magic Johnson disclose his health status, it was astonishing that he did it from a podium where other players, his coaches, and the commissioner of the National Basketball League also sat. It was one of the most remarkable displays I've seen; a vivid argument that people with HIV shouldn't have to feel stigmatized, that they wouldn't be alone when they were ill, friendship and team spirit still could mean something.

We don't know yet what Magic Johnson's really going to do for HIV-education. It's somewhat frightening to know that the

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FEBRUARY EDITION**

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Educating Magic

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spotlight is going to be on one person so starkly for such a long time. Magic's going to be the spokesperson for HIV-education, no matter what we think, so long as he lives. We should find hope in the grace with which he's dealt with the issue in many ways; we should be worried by his macho statements assuring his fans that he's not one of those guys who got AIDS from another man — separating himself from the bisexual and homosexual men who still make up such a large proportion of those with HIV.

What we can do is acknowledge that Magic Johnson has created an opportunity for all of us to increase our work in education about the virus. In a major way, for many people, it's not something happening to other people now, it's happened to one of their friends, it's something that can strike anyone who doesn't take necessary precautions.

And, as we take advantage of this opportunity, I hope we don't lose sight of Magic's humanity. Whatever else he is, he is a person who has HIV and who faces all the difficulties and uncertainties that come with that. We've created a great deal of pressure on people with the virus, asking them to carry the burden of public education, asking them to turn themselves into poster-children for the cause, no matter how difficult that might be. Every time a person with HIV stands in front of an audience, he or she is giving us all a gift, helping us all see the human face of the epidemic. There's no requirement that they do that; it's a choice; and it doesn't make any difference if it's Magic Johnson or a school kid in Indiana: We should honor the decision they've made for all of us.



EXECUTIVE DIRECTOR'S MESSAGE

I often run into people, however positively disposed toward the work of anything called The AIDS Project, who nevertheless have little idea what this particular AIDS project does. So it occurs to me to use this column to make sure that you know enough about us.

Our mission statement, printed elsewhere in this newsletter, says that The AIDS Project (TAP) is a non-profit organization dedicated to providing and promoting services to people with AIDS and HIV-infection, advocacy regarding AIDS-related issues and concerns, and AIDS-related health education and information. Let me tell you a little about how we are putting this mission into action.

The AIDS Project provides and promotes services to people with AIDS and HIV infection: Our four case managers (three in Portland, one in Lewiston) work with people with AIDS and HIV infection (HIV is the virus that causes AIDS) to offer accurate information, supportive counseling, referral to the many services needed by people with HIV for optimal physical and emotional health, and advocacy when services are not available or adequate. Their intervention makes an enormous difference in the health and lives of the over one hundred and seventy-five HIV-infected clients we work with throughout York, Cumberland, Androscoggin, and Oxford counties. Case

**You Don't Have
To Hide
From
AIDS**



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Executive Director's Message

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managers also work closely with the partners, families, friends, and caregivers of our clients.

In addition, our staff and a number of volunteer professionals facilitate weekly support groups at The AIDS Project's offices, including groups for both women and men with HIV, families and friends of people with HIV, and uninfected partners of people with HIV. These groups allow our clients and others to learn from, and support, one another.

The AIDS Project provides advocacy regarding AIDS-related issues and concerns: Advocacy is a basic necessity for people with AIDS or HIV infection, as they struggle to meet their daily needs in a world where needed health care services are often non-existent or financially inaccessible, where financial security is often lost to illness, and where jobs and traditional support networks may be lost to discrimination. At the policy level, The AIDS Project is also involved in advocacy, both individually and collaboratively with other AIDS service organizations, in an effort to inform and affect the legal, medical, and social service systems that so profoundly affect the lives of our clients.

The AIDS Project provides AIDS-related health education and information to the citizens of Maine: We manage the AIDSline, staffed by over 35 specially-trained volunteers. This toll-free hotline provides statewide access to reliable AIDS information and prevention strategies, and supportive counseling to those afflicted with "AFRAIDS". We operate a Counseling and Testing program two evenings a week which offers HIV antibody testing in a context of educational counseling about AIDS.

We employ a full-time HIV Prevention Educator whose presence on the streets of Portland and Lewiston has made AIDS and its prevention a high profile topic of discussion among users of I.V. drugs, prostitutes, and street kids. His familiar face is easily approachable for prevention advice and supplies and (often) an entry into the social service system when people are ready to seek help or rehabilitation.

Our Community Education Coordinator, besides managing the above educational programs, travels our four-county service area with AIDS prevention programs tailored to the schools, workplaces, and other community groups she addresses. Most of her programs are done in collaboration with a trained HIV-infected speaker. She also works with volunteers to target educational outreach efforts to specialized populations including gay men and women.

You'll find a list of who's who elsewhere in this issue. Our staff is a fine one, unbelievably talented and hardworking. We're aided in our efforts by an energetic and well-trained corps of volunteers who answer our business phones, teach and counsel on our hotline, provide support to our clients, prepare and host on-site and off-site meals, and work behind the scenes to help guide the organization and raise the money that funds it.

There's always an enormous amount to do, whether it's providing support services to a rapidly growing caseload of HIV infected people, advocacy to prod or improve the systems our clients depend on, or educational efforts to prevent unnecessary infection and suffering. You've heard me talk in this column about the challenge of increasing staff to handle the growth in numbers of infected and ill people who turn to us for help. In this issue, the focus of which is preventing AIDS, let me comment on the challenge of prevention.

There is no cure for AIDS, either now or visible on the horizon. Our primary weapon, really our only weapon, against the spread of this devastating and deadly epidemic is to teach and motivate people to prevent the spread of the HIV virus. We know how the virus is spread; we know how its spread is stopped. We have a relatively modest number of infected people in Maine it is estimated at 2500 people.

We can teach people in Maine to stop the spread of the epidemic at this size...or we can wait a few years and watch the numbers grow geometrically. The major cities of this country had only a few thousand infected individuals just a few years ago. Delay and neglect multiplied those small numbers into the hundreds of thousands of people with AIDS nationally. We will regret for decades, and many thousands of people will pay with their lives for, our failure to mount an adequate national program of AIDS prevention.

The AIDS Project is active on many prevention fronts. We do an impressive job with a very modest prevention budget. And we know that it is not enough. For every prevention program we present, we turn down many requests for lack of staff time. We turn them down with great sadness, knowing first hand the kind of suffering that results from prevention opportunities missed.

Expect to hear more on this topic in the future. For now, please read on through this prevention-focused newsletter, and keep in mind how essential it is for each of us to take the initiative in our communities, now.

Marjorie Love MSW

The AIDS Project

Marjorie Love MSW
Executive Director

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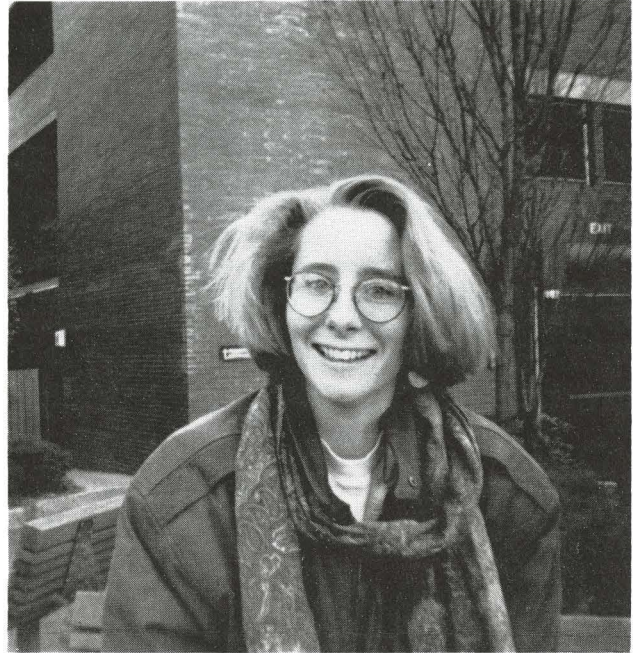
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Spotlight on staff: Cathy Kidman by Wendy Jo Moser



It was a pleasure for me to sit down for coffee with Cathy Kidman, Community Education and Prevention Education Coordinator for the AIDS Project. It has been almost a year since Cathy began working at the AIDS Project. It is fortunate that Cathy's energy seems unlimited... she has a position that presents a full-time challenge.

Cathy grew up in Brunswick, Maine and most recently worked in public radio. Her background in domestic violence work and rape prevention has assisted her in her work at The AIDS Project. Cathy says her position has "evolved into an interesting blend of administration, training and education." Cathy manages, supervises and trains the volunteers who answer the AIDS Hotline, and coordinates the Counseling and Testing Program. She is in charge of AIDS Street Education, and she coordinates and trains speakers for the community education and outreach services. According to Cathy she is "paper-impaired" and loves putting workshops together and training volunteers.

Cathy is intense about all of her work at the Project and finds it "exciting to work on a curriculum that is feeling-based." She is now working on a safer sex curriculum that is based on a non-consensual sex premise. Cathy takes into account that by the

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Spotlight on staff: Cathy Kidman

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age of 18, 1 out of 4 females and 1 out of 7 males has been sexually abused, and an even larger number of teens has experienced some other form of non-consensual sex. These experiences can make it extremely difficult for teenagers to hear current safer sex messages. Cathy will be conducting workshops to help young people form sound decisions regarding safer sex.

Cathy coordinates programs that educate and provide information to over 10,000 people annually. It is miraculous to watch this energetic woman balance what seems to be endless demands for her time. She feels the job is made workable because of "a terrific staff that is committed, talented and gay-positive." When asked how she keeps such a positive attitude amidst such difficult work, Cathy responds by saying that she laughs a lot, and keeps working on boundaries (not letting her workaholic tendencies overwhelm her), and by processing her feelings in relationship to the work she is doing. Spending an hour with Cathy gave me insight into her work as well as shedding light onto many other facets of The AIDS Project. I left feeling energized — that spark that Cathy carries inspired me. As Cathy approaches her second year at the AIDS Project, I look forward to seeing the growth in the Community Education and Prevention Education segments of the Project.

Thanks, Cathy!

SAFER LIVING GUIDELINES

These guidelines are for all of us who are making decisions about sexual activity and drug use in the midst of the AIDS epidemic.

Intercourse (anal or vaginal) without a condom and sharing of needles account for the majority of the documented cases of HIV transmission.

Any activity, however, that introduces HIV-infected blood, semen, vaginal fluids (or breast milk) into your bloodstream is potentially hazardous. Only you can decide what risks you are willing to take. If you and your partner have not talked about past practices and/or HIV status, don't make assumptions!

Always use a latex condom when having intercourse; natural fiber (such as lambskin) condoms are porous and do not prevent HIV transmission. You should use a lubricant to prevent condom breakage during intercourse. Use a water-based lubricant, such as K-Y Jelly, or a spermicide with Non-oxynol 9, because oil-based lubricants like Vaseline and baby oil may cause condoms to break. (Non-oxynol 9 has been shown to kill HIV and may provide added protection.)

Use a non-lubricated latex condom for oral sex; if HIV-infected semen or pre-ejaculate gets into your mouth, it may enter your bloodstream through sores or miniscule cuts in your mouth.

Use dental dams (latex squares) when having oral sex with a woman if she is menstruating or has a vaginal infection. (Saran Wrap is an alternative to latex squares.)

Use latex gloves for any contact between hands and genitals if you have any sores or cuts on your hands.

Keep semen and blood out of your vagina, anus, mouth, or breaks in your skin.

If you share sex toys, use a new condom each time, or clean toys with hydrogen peroxide or soap and water.

Massage, hugging, role-playing, masturbation and other activities that don't introduce blood or semen into your bloodstream are safer.

Alcohol, poppers, and other drugs may lower your ability to make sound decisions. Many people have reported that they have been unable to follow safer sex practices after getting high.

Alternative insemination may put you at risk. Discuss this risk with potential donors or sperm banks.

Good nutrition, lots of rest, exercise and non-abuse of alcohol and drugs will help you fight all illnesses, including AIDS.

If you inject drugs, these guidelines can prevent HIV infection:

Avoid sharing works (needles, syringes, droppers, spoons, cottons, or cookers). If you must share or re-use works, clean them before and after each injection as follows: dip needle and works into bleach, draw up and release two times, dip needle and works into fresh water, draw up and release two times. In an emergency, rubbing alcohol or vodka can be used instead of bleach, or you can boil works that aren't plastic in water for at least 15 minutes. Use a fresh solution each time you clean your works.

Streetwise

by Tom Haggerty

Education and information are the best tools to stop the spread of HIV. If education of drug injectors (a more accurate term than "IV drug-users", since many needles are not used intravenously) is to be effective, rational thought and non-judgmental action must always be present and well-tended.

As Sam Friedman notes in FOCUS: A Guide to AIDS Research and Counseling, "Drug injectors are widely viewed as incompetent, anti-social, and incapable of acting against AIDS either as individuals or as a community." The popular opinion about this disenfranchised population is that they are somehow incapacitated and unable to think "right." We are taught to look upon drug injectors with pity and a certain patient sympathy. "Fortunately," says Friedman, "the dominant view of drug users seems to be wrong... Although many do commit violent crimes, and during severe withdrawal or addiction may lose touch with deeply held values, drug injectors can and have acted together to organize demonstrations, publish street newsletters, and distribute clean syringes to stop the spread of HIV. This should not be too surprising, since their 'incompetence' has not prevented them from maintaining a complicated system of distribution and use in spite of massive police efforts at suppression."

Friedman and others contend that in order to follow the community-based model of education that the gay and lesbian community has used successfully, drug injectors must organize. "Many [professional drug abuse counselors] bring with them a treatment world view that sees drug users as incompetent and mentally impaired. This view conflicts with the beliefs necessary for organizing communities."

One educator, lauded as "brilliant" by Michael Shernoff (of the "Hot, Horny and Healthy" safer sex education project) is taking the lead in educating this population. Edith Springer is an AIDS and Drugs Education Trainer at the New Jersey AIDS Education and Training Center. In a phone interview, she described the components of a successful education program for active drug injectors: "The optimal way of educating drug users is a European model (from Holland and England) based on 'harm-reduction', which says that during the AIDS epidemic, AIDS takes priority over drug use, because AIDS will kill you. When you're working with active users, the worst thing you can do is say 'You should get off drugs.' You immediately set up a barrier that way, between you and the client." The Educator's job is to tell drug users how to use drugs more safely. "What that involves," Springer says, "is being truly non-judgmental — not being invested in getting drug-users off drugs, but being invested in getting drug-users to practice safe behavior. We need

to convince them not to share [drug injection] equipment, to clean equipment after use, and perhaps get them to switch to a non-injected drug or a drug that is less harmful to the immune system, which would make the moralists go crazy."

A logical extension of enabling drug injectors to protect themselves from HIV would be to provide them with free syringes. Because of laws that make possession of needles illegal, drug injectors have limited access to sterile syringes. In addition to education about blood-to-blood and blood-to-semen contact and how to clean needles, a needle exchange program would provide clean needles for dirty ones, free of charge.

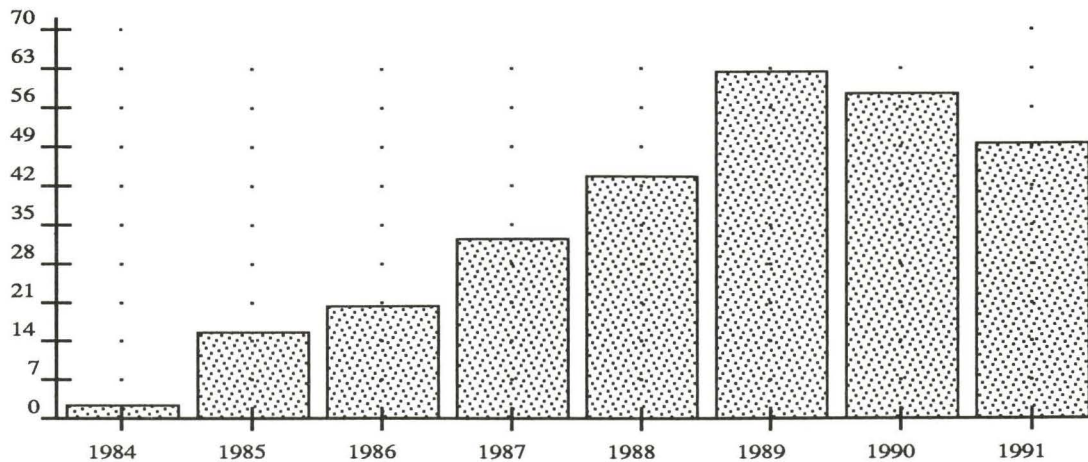
This type of program has met with passionate (or in the case of New York Mayor David Dinkins, mute) resistance. "Opponents of syringe exchange contend that the availability of clean equipment will increase drug injection among current injectors and recruit non-injectors, and that syringe exchange will not prevent HIV transmission because syringe sharing is too well established in the subculture," reports Holly Hagan of the Tacoma Syringe Exchange study. However, "a small but growing body of research demonstrates that neither of these positions is supported by empirical evidence."

Educators in New Haven, CT founded one of the most recent Needle Exchange Programs (NEPs). Their conclusions after only eight months of operation were overwhelmingly in favor of needle exchange. Researchers in New Haven found that the NEP "effectively engaged hard-to-reach drug-dependent persons and assisted them to gain access to an array of critical health and social services while also achieving the urgent and immediate goal of reducing the risk of further spreading HIV via needle transmission of the virus." Many enrollers continued throughout the NEP to submit "street needles," and to keep the rate of needle return high, which has decreased the number of infected needles that drug injectors are exposed to or that "wind up discarded in parks, on streets, and other public places." The NEP in New Haven "engendered no apparent increase in the incidence or prevalence of IV drug use as measured by New Haven Police Department drug possession arrest reports", and the NEP facilitators reported the "one quarter of all addicts using the NEP have asked for assistance to gain entry to drug treatment programs."

In a recent interview in "The Scoop", Willy Willette of The AIDS Project gave his reasons for supporting needle exchange programs: "It is the only way to slow or stop the spread of HIV. It is not going to stop IV drug use, but one of the statistics I like to use is: New Orleans has approximately the same population as Boston as far as drug use. In New Orleans you can buy needles over the counter. The rate of HIV infection through IV drug use is only 3%. In Boston a needle costs \$5.00-\$20.00, and

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New AIDS Diagnoses in Maine Per Year (1991 figures thru 12-1-91)



****Please note:** These numbers **do not include** people with AIDS who were diagnosed in other states and who have moved to Maine. They also **do not include** the estimated 1500-2500 people in Maine who have HIV, the virus that causes AIDS.

The approximate caseload at The AIDS Project is 175. This includes people with AIDS or HIV infection. TAP serves clients in Cumberland, York, Androscoggin, and Oxford counties from offices in Portland and Lewiston.

Streetwise

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infection through IV drug use is 39%. Making needles available prevents the spread of HIV.”

In another interview Willette echoed Edith Springer’s beliefs about education — “From an educator’s point of view, any way we can stop the disease is what we need to do. Even if there was more drug use [because of needle exchange], what difference would it make if we’re still stopping the spread of the virus? That’s one of the things I’m real specific about when I talk about my job. I’m stopping the spread of HIV; I’m not doing birth control, I’m not doing anti-drug addiction counseling, I’m doing HIV education and counseling and trying to stop the spread of the virus.”

Subtle moral nuances about the right or wrong of drug use has no place in the education of drug injectors. Passing judgment alienates those in need of education, and denying clean needles in order not to “encourage” drug use puts the questionable values of the “war against drugs” in place of the actual value of life over death. HIV educators must work hard to use reason and logic in place of gut response and societal prejudice.

The AIDS Project Thursday Lunch 11:45AM - 12:45PM

Every Thursday we serve a delicious hot meal with bread, salad, and yummy desserts!

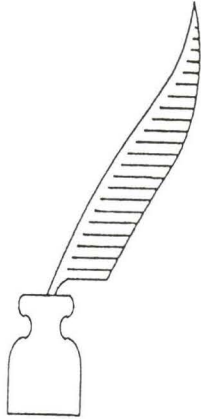
Call ahead if you need a ride...



We also have a freezer full of delicious, individual, pre-cooked meals for you to take home and enjoy.

All prepared by the folks at
First Congregational Church
in South Portland

From The Editor's Pen



Spring, Summer, Fall and now Winter again. Time passes so quickly and always there is more work to be done. This past year has been incredible, filled with many emotions, inspirations, successes and yes, disappointments. Much has been accomplished and much remains to be done. At times I know that it seems as though our work will never end. These are the times when it is important for us to pull together and know that we are not in this alone. Take the time to affirm self and acknowledge what we have achieved against incredible odds.

In the face of government cut backs and the ongoing societal phobia around anything sexually related, it is important that each of us make a concerted effort to do our part in raising awareness. One of the best bumper stickers that I have ever seen reads: "If the people lead, the leaders will follow." Isn't this the basic premise of democracy? It is our responsibility as members of the voting public to raise our collective voices and set the example.

Each time we reach out to educate a loved one, friend, young person, co-worker or total stranger about HIV/AIDS and safer practices we have increased awareness and raised the collective consciousness. Each person who is armed with this precious knowledge is a reduction in the risk of the spread of this disease. What better gift could we hope to give this holiday season than to empower another human being with knowledge that could literally save their life? What better symbol of peace and good will?

I send love and respect to those of you who are living with HIV or AIDS and to those of you who have stepped forward and will step forward in the future to do your part in combating this epidemic. Our work is difficult, but when all is said and done we can be proud to take our place in history as a people who fully embodied the true nature of the human spirit. Until next time I offer you peace and urge your comments and ideas.

Jeffrey Levensaler

CO-EDITOR'S NOTES

"Life was cruel, demanding wisdom from the young before they had the chance of acquiring it! Innocence was admired, ignorance despised; yet, in their effects, they had a dangerous resemblance."

-Margot Asquith, "Octavia"

It's the time of year when MADD begins its annual campaign against holiday drinking and driving. I'm adamant about driving sober. I've found, though, that listening to public radio in the car lately has rendered me an automotive menace. I've heard at least two items on 'All Things Considered' in the past few weeks that have brought on dangerous behind-the-wheel tantrums.

In early November, the Chelsea, MA school board voted on whether or not to permit the distribution of condoms in the schools. The night before the election, the radio interviewer spoke with a number of people involved. There were all of the predictable (and ineffectual) arguments against dispensing condoms—it will encourage more sexual activity, it's not the school's job, and so on. The Superintendent of Schools in Chelsea, however, voiced a new concern: "Liability," he stated. If the school dispenses a condom, and the condom breaks, resulting in pregnancy or HIV-infection, angry parents might sue the school. (The School Board voted, by the way, to ban the dispensation of condoms in the Chelsea schools.)

Not too much later, I heard another report of two students who'd been suspended for two weeks from their high school in Cambridge, MA; they had defied a similar ban and circulated condoms and safer sex literature to their fellow students. The principal maintained that Cambridge's decision to forbid the distribution of condoms applies to students as well as school staff, and if the students repeat their action, he will expel them. He added that certain things simply have no place in the school—besides banning condom distribution, he pointed out, Cambridge has also banned aspirin dispensation.

AIDS is fatal. The use of latex condoms can prevent HIV infection. Countless people argue that distributing condoms is tantamount to encouraging teen-agers to become sexually active: A recent poll of Maine teen-agers showed that the majority already is sexually active. The Chelsea superintendent is concerned about liability for the school's actions. Who stands accountable for the grim consequences of doing nothing at all? The Cambridge principal says that school just isn't the appropriate place. When the issue at hand is AIDS prevention,

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CO-EDITOR'S NOTES

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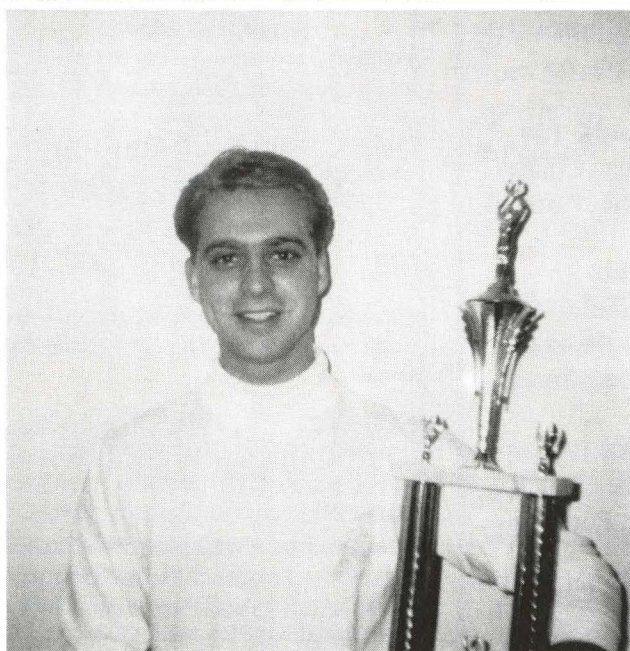
is it really sensible to draw parallels to a school nurse dispensing aspirin?

We can no longer afford to foster and cherish innocence in our teen-agers, in our school administration, or in ourselves. Discrete silence and avoidance are no longer acceptable means of dealing with teen-age (or adult, for that matter) sexuality; the cost of our innocence/ignorance is unspeakable.

Please read the guidelines for safer living in this issue of the newsletter. Pass them on to others and talk about them, without undue concern for liability and social propriety. Does talking about safer practices, condoms and sexuality make you uncomfortable? If so, try to imagine learning that someone you love is HIV-positive. It's more than uncomfortable.

-Amanda Coffin

John Thibeau
Mr. Safe Sex 1992



Portland's MAINE WALK '91 Results

Ninety-two walkers raised almost \$9000.00 for The AIDS Project, The Names Project, the PWA Coalition and the Maine AIDS Alliance.

There are extra Maine Walk '91 t-shirts available at no charge to people who participated in the walk. Call the PWA Coalition at 773-8500 to request one.

MARK YOUR CALENDARS!
SAVE THIS DATE!
SPREAD THE WORD!

1992 VISUAL AID ART AUCTION
"Spring for Life"

Saturday evening
March 14, 1992 - 8:00 PM
Preview begins at noon Saturday

(Snow date: Sunday, March 15 - 4:00 PM)

One City Center, Portland
Auctioneer: Rob Elowitch

This is TAP's biggest fundraiser of the year and needs support from all our friends to be a success.

If you: know of artists who can donate works, know people we should be sure to invite, can volunteer to help distribute posters, or volunteer to help the night of the auction, we want to hear from you!!

Please contact Kathy Mills at TAP

Anniversary Party Held for Peabody Dinner Committees

On Friday evening, November 22, at the Sonesta Hotel, Frannie Peabody hosted an anniversary reunion of the Peabody Dinner Committees to thank those who helped make last year's gala event such a success. Over \$40,000.00 was raised last year for the Peabody Fund, an endowment to benefit The AIDS Project.

Also attending the reunion party at the Sonesta were members of TAP's Board of Directors, Advisory Board, and staff. Table decorations were beautifully done by Erik Anthony and Albert Nickerson of I Love Flowers, and included breathtaking orchid arrangements later given to TAP staff members. Brief remarks were made by Frannie Peabody, John Preston, President, Marjorie Love, Executive Director, and Bettsanne Holmes, newly appointed chair of the Advisory Board.

"That remarkable event in 1990 was one of the most memorable evenings of my life," says Frannie Peabody. "There was a special bond created among those who served on the Dinner Committees, and I wanted to bring people together again on the anniversary of the Dinner to thank them, and to give them an opportunity to meet staff and boards of The AIDS Project." Bringing people together is something Frannie does very well, as over 70 people attended the reunion celebration.

AIDS and the Church: A Training Course for Clergy and Laity

The Bangor Theological Seminary and The AIDS Project have worked together to design this course, which aims to provide basic resources for responding to the personal and social dimensions of the AIDS crisis.

The instructors will pay particular attention to understanding HIV disease and its prevention, to overcoming fears and social prejudice, as well as re-examining Christian sexual ethics.

In addition to academic credit, participants may also receive certification from The AIDS Project as having completed the basic training for direct-service volunteers.

The class will meet Mondays, 6-9 PM, from 27 January through 2 March at the Bangor Theological Seminary, 159 State Street, Portland, ME 04101. For more information, contact Professor Marvin Ellison at 774-5212.

Community AIDS Services

Sponsored by the Greater
Portland Interfaith Council

Healing for the Spirit
Hope for the Future
Hospitality

February 16 - 4:00 PM
The Swedenborgian Church
302 Stevens Avenue, Portland

March 15 - 4:00 PM
Cathedral of the
Immaculate Conception
307 Congress Avenue, Portland

April 12 - 4:00 PM
Immanuel Baptist Church
156 High Street, Portland

May 17 - 4:00 PM
Congregation Bet Ha'am
111 Wescott Street, So. Portland

June 21 - 4:00 PM
First Parish Church
425 Congress Street, Portland

TIME OUT FOR THANKS-GIVING

A column to recognize companies, groups, organizations, individuals that have recently made special contributions to The AIDS Project. TAP relies heavily on community support to do its work. To all those listed below, a big thank you for your gifts of time, talent, financial and material support!

Blue Cross & Blue Shield of Maine - for printing our new stationery; for donating office furniture.

Bob Bettencourt - for designing our new logo and stationery

Fleet Bank - for donating office furniture.

Maine Walk '91 - to all who walked, sponsored walkers, hung posters, worked at registration and otherwise volunteered for Portland's Maine Walk

Merrymeeting AIDS Support Services Brian Allen and the entire cast of "The Normal Heart," for the play performed in Brunswick in September, proceeds benefitted MASS and The AIDS Project.

Neighborhood Arts Access Program for the free tickets for PWA's to selected performances at Portland Stage Company, Portland Concert Association, Portland Symphony Orchestra, and others

Open House - to those who helped set up and clean up

Portland Players - for the free rehearsal performances for PWA's throughout their season

Rock Green - for his 24 hour run on September 22, which benefitted The AIDS Project and the PWA Coalition

Robert Boston - for his production "Survival Tactics: An Emotional Journal Through an AIDS Crisis," play held November 9 in Sanford which benefitted The AIDS Project and the PWA Coalition

Wentworth Middle School - Scarborough - for another outstanding Bike-a-Thon, held October 19, that benefitted TAP.

HOTLINES



Maine AIDS Line:
1-800-851-AIDS
OR 775-1267

NH-AIDS Info Line:
(603) 224-3341
(800) 752-AIDS (24 HRS)

VT-AIDS Info Line:
(802) 254-4444
(800) 882-2437 (VT. ONLY)

Mass. - AIDS Info Line:
(617) 536-7733
(800) 235-2331 (MA. ONLY)

National AIDS Hotline:
(800) 342-AIDS

The AIDS Project Every Penny Counts

The AIDS Project Every Penny Counts fundraising program is looking for volunteers to serve as Area Coordinators in Lewiston/Auburn and south of Portland to develop new business sites for jars and to coordinate EPC volunteers in these areas.

If you'd like to help us expand this important fundraising program, please contact:

Mary Tavarozzi at 770-9784

The AIDS Project Support Groups

Mondays

Support group for HIV-negative partners of HIV-positive persons. 6:00 - 7:30PM.

Tuesdays

Morning Support for PWA's, HIV+'s, their families, friends, and caregivers meets from 10:30-12:00noon.

Evening, closed support group for people with HIV infection, 6:00-8:00 PM.

Thursdays

HIV+ Support Group meets from 5:30-7:00PM. This is an open group, no advance contact is needed.

Every other Thursday

The Women's HIV/AIDS Support Group meets from 10:30 - 12:00 noon.

****Note**

All the support groups listed meet at 22 Monument Square - 5th Floor. Call the 774-6877 OR 1-800-851-2437 if you need further information.

Portland Players perform A CHORUS LINE

The Portland Players are once again offering free participation in it's dress rehearsal performances to PWA's.

The performance of "A Chorus Line" will be on Thursday evening, May 28 starting at 8:00 PM. Refreshments to follow the performance.

For more information contact The AIDS Project at 774-6877.

"Open Your Heart Every Penny Counts"

**Special Valentine' Holiday
promotion of EPC**

**Throughout the Month
of February**

**Watch for our brightly
decorated jars in area
businesses**

IN MEMORY OF BRETT W. BRETT

Anyone making a donation of \$25.00 or more to The AIDS Project in Memory of Brett W. Brett will receive a free, one-year subscription to Greater Portland Magazine, compliments of Shirley and Grant Jacks, editors.

TAP
22 Monument Square, 5th Floor
Portland, Me. 04101

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