

Positively

Volume 4, Number 1

January, 1991

GET TESTED NOW MOVES INTO 1991

Body Positive's "Get Tested Now" program celebrated the new year by dotting the inner loop landscape with 18 small billboards proclaiming the Get Tested Now message and the 520-TEST referral number. In the next several months, you can also look for more newspaper advertising, some of it directed at the college student and Hispanic at-risk communities.

Since the program began in September 1990, the Get Tested Now effort has generated over 80 calls for information to the office. Doctors and clinics referring clients to our peer counselling program have frequently told us that the program is bringing people into their offices as well for testing and counselling.

Plans for the future also call for Public Service Announcements on local television and radio, but that's still a few months away.

BODY POSITIVE RECEIVES FUNDING SUPPORT

The Grants and Fundraising Committee of Body Positive is pleased to announce notification that several of the programs have received funding for 1991. A grant of \$10,000 was received from the Houston Names Project to continue our Buddy Program. The Buddy Program provides free counselling to clients who have recently tested seropositive.

Funding for the monthly newsletter, Positively, has been received in the amount of \$20,000 for 1991 from DIFFA. The monies will allow Body Positive to provide the newsletter to more clients, to upgrade the quality of the newsletter, and to increase the editorial staff. The newsletter is sent free-of-charge to over 1,400 individuals and public locations each month in Houston and throughout the country.

Lastly, Body Positive will receive funds from the Texas Department of Health through a contract with the Montrose Clinic to provide support for the Clinic's "Next Step" program. Body Positive is pleased to work with the Montrose Clinic on their efforts. These are the first public monies to be received by Body Positive in its three year history.

Congratulations to all the members of the Grants and Fundraising Committee for these successful efforts.

POSITIVELY NEWS AND MORE

There are a few changes planned for the 1991 editions of Positively. To help our staff, volunteers, committee chairs and other contributors, starting in February 1991, the deadline for submission of material for the current month of Positively is the 1st of each month. We will then try to get each month's Positively to the Post Office on the 10th of each month. We hope that this will make it easier for all of us to function and continue the quality and high standards we have set for ourselves. So, from now on, expect to receive Positively shortly after the 10th of the month.

As always, we are looking for reader input as to our direction for the new year. We have a couple of poems which have been submitted which we will be using in the future. We invite all our readers to call the office to volunteer to help the staff, to offer suggestions, or to make general comments. We still have several openings for people who would like to write and cover local events for us, as we also seek to expand our viewpoint and scope.

In particular, we would like to ask other HIV service organizations to keep in touch with us concerning upcoming events which may be of interest to our readers in the Community Reporter. The activities of non-profit HIV groups and benefits to support those groups are the items we are looking for.

BODY POSITIVE NewScope

First, a note of thanks from the Chair of the Christmas Project.

"Despite freezing weather and intermittent snow, our feelings were warm and cozy. We banded together on this cold Saturday morning and stuffed over 200 Christmas stockings for delivery to area hospitals. The response to help was overwhelming. We had the opportunity to work alongside our old friends, while at the same time meeting new people.

"I was deeply touched by the commitment and loyalty of those involved— not only those who stuffed the

stockings, but those who further committed themselves to deliver the stockings to the hospitals.

"One of the greatest gifts we can give to each other and our fellow man was demonstrated that cold morning—working together for a common cause. For all of this, I am grateful."

And thank you, Dorothy, for all your commitment and hard work.

After the Holiday break, several new Peer Counselling groups are due to start in January, perhaps as many as five or six. That program is again gearing up for a busy and successful 1991.

Thanks to the 150 or so of you who returned the HIV surveys to Larry Brown. He got a little better response than he expected. Hope it doesn't delay his results. We are all hoping that analysis of this type will lead to better and more accessible services to those in need.

The official, published version of the guidelines for HIV Buddies are now available in the office. Those of you who went thru Buddy Training in the past should call the office if you don't receive these in the mail in the next week or so.

And finally, Body Positive is still looking for part time office help. We train these people primarily in answering telephone requests for information and referrals and assisting in our mailings. There can be a little computer data entry, but nothing that we can't show you in a day or two. If you're interested, call us at 524-2374.



HIV AND THE LAW

by Steven K. Ward

Q: About a year ago I was diagnosed with AIDS, and in 1990, my health care costs were over \$50,000.00. Unfortunately, my health insurance company is now insolvent. The health care providers have all turned my delinquent accounts over to collection agencies, who are hounding me night and day. I do not have this kind of money. What should I do?

A: This is a problem that happens to many people who suffer catastrophic health care bills. Without health insurance, there are very few of us who can afford the costs of medical care for AIDS and the related illnesses. If you have no property, then you should investigate obtaining health care through the social service agencies. Please call the Body Positive office for more information. This may include applying for disability from the Social Security Administration and obtaining Medicare benefits.

If you have some property, such as a homestead, a car, and some limited savings, then you may want to consider filing bankruptcy to eliminate creditor harassment.

Q: Filing bankruptcy is the last thing that I ever wanted to do. What are the risks involved in filing? Furthermore, I am paying child support, although my child lives with my ex-spouse. How will the child support be affected?

A: Actually, you may find that if you are in the hole because of high medical bills, and want to save some of your property, that bankruptcy can be less stressful than fighting the harassment of creditors.

Texas has some rather liberal exemptions when it comes to protection of personal property from creditor claims. These exemptions apply to stop attachment, execution, or seizure by a constable, or loss of your homestead and certain personal property to the trustee in a bankruptcy proceeding.

The Texas Property Code allows a debtor to exempt a homestead in the city if it does not exceed an acre. If the property that you want to except is in a rural area, then you can exempt 100 acres if you are a single adult and 200 acres if you are head of a household or qualify as a family member.

I regard to personal property, up to \$30,000.00 can be exempted from creditor claims in the case of a family member or head of household, and \$15,000.00 can be exempted if you are a single adult.

In regard to your question about child support, you should first consider whether it is necessary to modify the amount being paid. Courts are very sympathetic to lower incomes and disability. If your income drops, then you should immediately work out an agreement in writing with your ex-spouse to lower child support. Failing a written agreement, you should file a motion to modify with the court of jurisdiction.

Since you are considering filing bankruptcy, you should know that child support payments are not dischargeable. However, you may be able to qualify for a higher exemption if you are paying child support. This is due to the fact that some bankruptcy courts have stretched the meaning of "family" to the benefit of the debtor, since it has been held that a divorced husband paying child support qualifies as a "family" deserving of the full \$30,000.00

CREATIVE IMAGERY BY SHARON STOCKER-FERGUSON

After examining you for a drippy head cold, your doctor smiles and says, "take three images and call me in the morning." What? Has she lost her marbles?

Nope. Not at all. "Mental videos" may very well be one prescription you'll be receiving in the not-too-distant future. Known as "creative imagery" or "visualization", conjuring vivid pictures in the mind is gaining favor as an adjunct therapy for everything from headaches and weight loss to chronic pain, heart disease and cancer.

Some proponents say that mental images can directly influence bodily processes—like shrinking a cancerous tumor or flushing away a flu virus. Science has yet to substantiate that. It's clear, though, that visualization can influence our health and well-being indirectly—and sometimes powerfully.

There's already evidence that what might be called "behavioral visualization"—seeing in our mind's eye how we want to act—can help us transform behavior. There's also research suggesting that imagery may help us fight disease—or make it easier to endure—by reducing stress and promoting relaxation. And scientists know that imagery does seem to influence the immune system for the better. Whether this influence is powerful enough to change the course of illness is unknown, but it's prompted some experts to combine visualization with traditional therapy.

The best way to understand imagery is to experience it for yourself. Like tasting a banana, one bite of the real thing means more than anything anyone could tell you.

Some of the applications—like imaging for the possible relief of serious diseases like chronic pain or cancer—require professional guidance. And they should always be used as an addition to the standard medical treatment, not as a substitute for it. But other applications are easy to do yourself. You can do them right at home, right away. And if you practice faithfully (by which we mean twice a day), you're likely to reap results within just a few weeks. Here are some of the ways that imagery can help:

WASHING STRESS AWAY. Imagery most universal use is for inducing relaxation, which has health-promoting benefits in itself. "Relaxation is an antidote to stress," says Janice Benjamin, a registered nurse who teaches imagery to patients at the National Institutes of Health pain-research clinic. "You can't be stressed and relaxed at the same time."

Stress causes the "fight-or-flight response," the body's physical preparation to cope with what threatens our well-being. Our hearts beat faster; hormones flood our systems; our breath becomes quick and shallow; we break out in a sweat. In moderation, it's a lifesaving response that helps us move and think fast. But in excess, it overstresses us and can contribute to illness.

Techniques to combat stress are rapidly becoming essential components of treatment in hospitals and clinics across the country. Tension—both muscular and mental—can complicate the treatment of any disease. Relaxation exercises like imagery, deep breathing, progressive muscle relaxation and meditation help reduce tension and anxiety. In one study, patients who used relaxation techniques to destress prior to surgery had speedier recoveries and less postoperative pain, reduced their medication and just felt better all around when compared to a group who did nothing.

The link between a person's inability to cope with stress and increased susceptibility to certain diseases has been clearly established in recent years. Heart disease, ulcers, chronic-fatigue syndrome, low-back pain, breast pain, bruxism and even bad breath—all are known to be stress related.

Seymour Diamond, M.D., uses imagery exercises extensively with migraine patients at the Diamond Headache Clinic, in Chicago. "Most headaches are tension related," he says. "Relaxation, especially before the headache has a chance to get bad, often relieves the muscular tension that contributes to more severe and increased numbers of headaches."

The best type of imagery to induce relaxation is guided imagery, in which a voice (live or recorded) takes you through a scripted sequence of calming images. Nature trips are the most popular. The following is an abbreviated example of a favorite among Dr. Diamond's migraine patients.

Lie down, close your eyes and focus on your breath. After a few minutes, begin to imagine being at the beach in exquisite detail. Hear the waves breaking; see the clouds floating by; smell the salty air; feel the breeze brushing your arm.

As you lie there, become aware of any tension that remains in your body. Picture a tiny, soothing wave the size of your hand rolling up toward the sand and

approaching you slowly. Feel the warmth of the water as it enters your body and flows directly to the area of the tension. The tiny wave seems to gather up the tension and then slowly recedes, taking the tension out of your body. It flows down the sand and into the ocean, leaving you relaxed.

"Creative imagination leads to the relaxation response when you focus your awareness on soothing sensations and a passive attitude. Then your mind naturally grows quiet," says Margaret Ennis, an instructor in the Behavioral Medicine Clinic at the New England Deaconess Hospital in Boston.

Be sure to take the time to draw on as many senses as possible. "It's fine if the actual mental picture is vague. What's important is to quiet down the mind through focusing on any combination of sensory details—sound, touch, even taste," explains Ennis. "Appreciate and accept what you're experiencing—don't worry about how big the next wave will be." The whole creative imagination sequence could take a few minutes or half an hour.

Retraining your mind to think in positive thoughts and images on a moment-to-moment basis also helps reduce the negative physiological effects of the stress response. "It's the nature of the mind to think and imagine constantly," adds Ennis. "The question is, what are the contents of your thoughts? If negative images are always playing in your mind, you suffer the consequences in your body." The fight-or-flight response is triggered by perception, not reality. "If you see a rope and think it's a snake, your breath will quicken, your heart will race and you'll break

out in a sweat," says Ennis. "But if you see a snake and think it's a rope, your body will be calm."

What that means is that if in your daily life you constantly perceive "snakes," your body will respond accordingly, gearing up physically for fight or flight. Using imagery, you can learn to replace negative images with positive ones and give your body a break from excess stress.

One rule of thumb, though: If an image makes you anxious, don't hesitate to find an alternative that eliminates the source of displeasure.

SEE IT, THEN DO IT. Imaging for success has been popular for years with Olympic athletes and high-powered business executives, people committed to securing every possible advantage for success. And studies prove that it works: What people are able to see, they're more likely to be able to do.

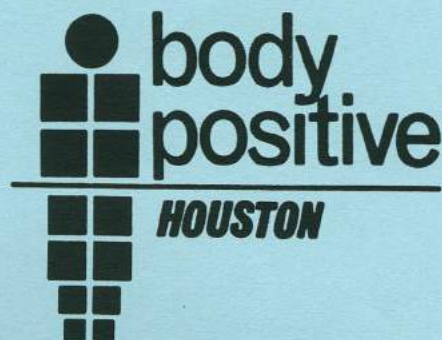
In a recent study, college students who were preparing for public speaking significantly reduced their apprehension using visualization. They were asked to envision the best possible scenario: putting on just the right clothes; feeling clear, confident and thoroughly prepared; giving a smooth, brilliant speech that was well received. Other stress-reduction techniques, such as muscle relaxation and desensitization, did not work as well.

If imagining a positive outcome promotes success on the playing field or at the podium, is it possible that thinking healthy thoughts might lead to better health? It's only a theory at this point, but some physicians believe it's

GET TESTED NOW!

AIDS/HIV. The sooner you know, the more you can do.

520-TEST



a distinct possibility.

One firm believer is Errol Korn, M.D., a member of the clinical faculty at the University of California at San Diego. In his opinion, "end-result" imagery can work in any circumstance for anyone who wants to achieve a particular result. Although he now works primarily with business people for enhancing career potential, Dr. Korn has authored numerous guided-imagery cassette tapes ranging from getting a good night's sleep to overcoming overeating to lowering blood pressure.

"All that's needed is to image the desired outcome exactly how you want it," he says. "And that will be the same for any situation or disease because everyone wants to become a well, healthy and functioning human being."

TAPPING YOUR INNER WISDOM. Clinicians at the Behavioral Medicine clinic integrate imagery into treatment, using it both to elicit the relaxation response and for the reduction of chronic pain.

The mechanisms for registering pain in the body are very complex. One natural human response to pain is to tense around it to protect the area. And when you tighten one place, you tighten others. You end up suffering a lot of secondary pain and tension in addition to the initial pain. That begins a vicious circle of pain and tension. To break the cycle, patients can identify the physical and emotional tensions that perpetuate it.

Imaging pictures or symbols of what their pain looks like often offers patients the clues needed to help break the cycle. Under the guidance of the skilled professional, creative imaging exercises combine with talking with the patient to help clarify the nature of the pain, by showing where and how tension is being held in the body. This, in turn, often helps them reduce the pain by giving them a better awareness of how it works. Without awareness you don't have the control that allows change.

For instance, finding a clear image of her migraine pain had a dramatic effect on the life of a woman who'd suffered frequent hospitalization from headaches for over 25 years. "I'd always had the sense that my pain was like a ball in my head," she says. "And when the ball tilted, I know a doozy was coming. I had no idea, however, that I could control the ball." After this realization, she was able to dramatically reduce the number and severity of her headaches. As soon as she'd feel the ball beginning to tilt, she'd lie down, close her eyes and, through her imagination, take the ball out of her head.

Although it's impossible to know how imagery may have physiologically worked in this case, Ennis speculates that the ball symbolized the muscle tension in the neck and head. By making the visual association, the woman was able to release the tension by getting rid of the ball. Developing that kind of bodily control, however, is no easy

task. "There's no language to communicate the how-to to people," says Ennis. "It can only be gained experientially—that is, by trying it over and over again until it works."

BOOSTING IMMUNITY. The notion that people can use images to mentally "see" their immune system fighting cancer cells has been popular since the 1970's. Reports of success stories and spontaneous remissions abound, but anecdotes alone aren't proof. "It's a controversial area," says Nicholas Hall, Ph.D., director of the division of psychoimmunology of South Florida Psychiatry Center. "But the view that the immune system may play a role in combating at least certain kinds of cancer is generally accepted."

Studies suggest that when we're under excess stress, our bodies release stress hormones. Chronic high levels of these chemicals can diminish the activity of antibodies and natural killer cells that protect us against foreign invaders and tumors. That depression might lead to increased risks of cancer and other immune-mediated conditions.

Dr. Hall has been involved in several studies that measured the immune functions of cancer patients who practiced relaxation and imagery regularly. In all of the studies to date, significant increases in certain immunologic measurements were seen from before imaging to during imaging.

"Imagery does appear to increase the ability of the immune cells to function," states Dr. Hall. "The question is, 'Is that the way things would have been had the patient not done the imagery?'" No one knows. Although the data show a definite correlation between imaging and improved immunity, cause and effect is hard to establish. Immune factors are constantly fluctuating anyway.

Studies testing mind/body interactions are hard to design because of the many uncontrollable and confounding variables: diet, the placebo effect, exercise, social support, other treatments. All form a complex web of influence. "We haven't yet been clever enough to design the study that would isolate which particulars are working to what degree," says Dr. Hall.

The evidence is too preliminary to make a solid claim about imagery's ability to zap cancer cells. But Dr. Hall believes that doing something that might increase the ability of the immune cells to function, even if it's not directly fighting cancer, could help in resisting other infections.

For more information on imagery, consult the following books:

Healing Visualizations: Creating Health Through Imagery, by Gerald Epstein, M.D. (Bantam, 1989) (includes exercises for various conditions)

Hyper-Performance: The A.I.M. Strategy for Releasing Your Business Potential, by Errol R. Korn, M.D., and George J. Pratt, Ph.D., (John Wiley & Sons, 1987) (most helpful for the workaholic who wants to cut down on stress and improve performance).

This article is a reprint that has previously appeared in Prevention magazine and other publications. Positively provides it as a service to our readers looking for alternative elements of a healthy lifestyle. Options does not indorse or discourage any viable alternative, but would like to reinforce the points made in the article concerning professional guidance and supervision, and using various techniques as additions to proper medical care and advise.

worth of exemption. Another case has held that if the divorced debtor was supporting his adult children through college, under a moral rather than legal duty, that this still could constitute a "family" deserving of the larger valued exemption.

In order to qualify for the exemption, the personal property must meet the definition of "eligible" property. This can include the following: home furnishings, food, required tools of the trade, clothing, automobiles, trucks, and other types of vehicles, certain animals, two firearms, and athletic and sporting equipment, if necessary.

It is important to note that under the Texas law, cash and most financial accounts are not exempted from creditor claims. The federal exemptions provided in the Bankruptcy Code to exempt cash under certain circumstances, but the dollar limitations are usually much lower than the \$15,000.00 or the \$30,000.00 amount, and thus if the debtor has very much property, he probably will want to stay with the state exemptions.

There are a few exceptions to the rule in Texas law that generally, financial accounts are not exempt from creditor claims. For example, the cash value of a life insurance policy is exempt in certain circumstances, as well as current wages for personal services, up to the applicable dollar limit. Furthermore, after some adverse decisions against debtors, the Texas legislature enacted a new provision to the Property Code in 1987 which protects the debtor's right to receive payments under certain types of deferred compensation plans, such as profit-sharing, pension, annuities, IRAs, or other retirement plans, if they qualify under the Internal Revenue Code.



MEDICAL PERSPECTIVE

by Dr. Wayne Bockmon

Q: Since testing positive to HIV I haven't been able to fall asleep without help. I've been taking Halcion every night for almost six months. Is this a problem?

A: It is a very serious problem and unfortunately, a common one. Many people experience anxiety and depression after testing positive. Sometimes these symptoms persist and become debilitating. The benzodiazepine drugs of which Halcion is a member are often used to treat the symptoms of anxiety and insomnia but must be used with great caution.

The best known of the benzodiazepine drugs is Valium (diazepam). The others are basically chemical variations on the Valium molecule. These drugs include Librium, Tranxene, Dalmane, Centrax, Xanax, Ativan, Restoril, Halcion, and a few others less common drugs. These drugs are much the same, varying only in strength, tissue concentrations, and half-life (how long they last in the body). The side effects, risks, long term effects, and adverse reactions are much the same for the whole category. All of them, if used regularly, can be addictive. The physical dependence is not as profound as with the barbituates or opiates, but nonetheless very real.

After long term use symptoms of withdrawal may include increased anxiety, worsened insomnia, and irritability. This makes them poor choices for treatment of anxiety and insomnia disorders. Other withdrawal symptoms include tremor, headache, nausea, muscle twitching and pain, perspiration, depersonalization and depression. I've witnessed these symptoms in people taking Halcion for as little as one week. Even the manufacturers of these drugs warn against prolonged use because of the risk of dependence. Most are recommended for use no longer than 10 days. If you have used Halcion every day for six months you will have great difficulty stopping the drug. Work with someone experienced in managing this kind of drug withdrawal.

Houston

AUDETTE CENTER

A Montrose Clinic Affiliate

in cooperation with
**The PWA Coalition-Houston
and Body Positive**
presents

"NEXT STEP" Workshops

for people who have tested HIV positive and wonder
"What do I do now?"

- Free CD4 blood test
- Free RPR (syphilis) test
- Free TB skin test

Workshops are held
the first and second Tuesday of each month in English
and the third Tuesday of each month in Spanish
6:00 PM - 8:30 PM

4211 Graustark (behind the Audette Clinic at 1200 Richmond)

For more information, call:

713-528-5531

(funded by the Texas Department of Health)

stockings, but those who further committed themselves to deliver the stockings to the hospitals.

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Positively

Volume 4, Number 2

February, 1991

HOUSTON AIDS CONFERENCE 1991

This year's Third Annual Houston AIDS Conference will be held on March 22nd and 23rd at the Doubletree at Post Oak Hotel, 2001 Post Oak Blvd in the Galleria area. The conference, hosted by Dr. Adan Rios, will again present a symposium on HIV Disease and various related issues. As in past years, the conference will include sessions on social as well as medical topics of interest to persons with HIV and health care providers.

Scheduled speakers and topics include Dr. James Kahn, San Francisco General Hospital, Early Intervention; Dr. Alan Emery, AIDS in the Workplace; and Dr. Alan Goldstein, George Washington University, Vaccines. Other speakers and topics will be named soon.

A special feature of every Houston AIDS Conference is the Annual Humanitarian Award Dinner. This year, the honorees are the Hospital Teams of AIDS Foundation Houston.

There is no registration fee for the conference. Attendees are requested to make a donation to Body Positive/Houston in lieu of a registration fee. Body Positive/Houston is honored to have been named the recipient of this year's conference fee donations. More information and registration material will be available through the Body Positive office.

THE SPRINGTIME GARDEN

The Body Positive Community Garden has completed its first full year of gardening, which has produced over 500 pounds of fresh produce for Stone Soup Food Pantry. Crops of particular success have been sweet potatoes, peppers, fall tomatoes, green beans, cucumbers, and two varieties of tropical spinach.

In our fledgling attempt at hands-on vegetable gardening, we have learned from our mistakes and from the pitfalls of Houston weather. The Christmas freeze devastated beautiful crops of broccoli, cauliflower, cabbage, and greens—but not discouraged, we have made plans for the spring. We look forward to successful crops of corn, cantaloupe, and summer tomatoes in the coming seasons.

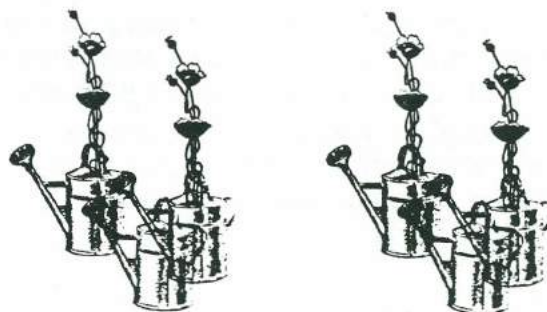
On a recent Saturday, eleven enthusiastic volunteers put in a morning of hard work getting the garden ready for our spring season. The Body Positive Fruit Orchard includes

apple, pear, peach, apricot, and persimmon trees, as well as youngberries and blackberries. Our early spring crop also includes onions, Irish potatoes, edible-pod peas, carrots, mustard greens, bibb lettuce, various herbs, and larkspur.

One of the first goals of our garden has always been horticultural therapy for the HIV community. For this to be fully realized, we need participation from people who could benefit from fresh air, light exercise, and the spiritual rewards of gardening. To accomplish our master plan, our needs are great. Many more hands are required.

We would like to develop garden teams to lighten the load of our present crew and to make it easier for others to participate. Gardening knowledge is not necessary to enjoy this worthwhile experience. Our dedicated crew would like to find new members who would enjoy the social contact as well as the gardening work.

Interested volunteers are welcome to join us at the Multi-Service Center on Saturday mornings at 10:30. If you'd like more information call Terry Smith at 520-1066 or Chris Fitzgerald at 880-1537.



BODY POSITIVE NewScope

On Saturday, March 9th, psychologist Bill Scott will conduct a workshop titled "A Healthy Approach to Happiness" focusing on relationship-building for gay males. The workshop, co-sponsored by Body Positive/Houston and AIDS Foundation Houston, will be at the Metropolitan Multi-Service Center, 1475 W. Gray, from 10:00 AM to 4:00 PM. Registration is \$20.00, which includes lunch.

Scott is well-known in Houston for his private practice and as a co-founder of the Montrose Counseling Center. He describes the workshop as focusing on developmental issues allowing individuals to create their own personal "map of love."

There is a limited capacity for this workshop. For advance registration, call Bart Loeser at AFH 623-6796.

Stephen de Tasnady is interested in starting his **Stress Reduction and Relaxation** classes again in March of 1991. We need to get some idea if there is enough interest in this for us to reserve a room and set up a schedule.

Stephen's Approach combines some yoga, stretching, deep breathing, and easy body movements into a relaxing program which individuals can adapt to their own use without teachers, leaders, tapes, etc. He describes his Approach as "eclectic," a way to center yourself and learn to listen to your own body, and as a supplement to diet, exercise, religion, and anything else you may be doing.

If you are interested in starting this group again, please call the Body Positive/Houston office at 524-2374 and register your interest.

By the end of February, there will be six **Peer Counselling** groups in session. One is a women's group, which is a first for Body Positive/Houston (BP/H).

The computer in the BP/H office will be used in the future to track people who call in for Peer Counselling, to speed up the formation of groups, to keep a record of the availability of facilitators, etc. This new procedure will be designed to streamline the process of organizing and starting new groups.

There is a need for more Peer Counselling facilitators. With the large increase in people calling us about getting into Peer Counselling groups, we need to start more groups now than at any time in the past. If you have gone through Peer Counselling and would like to be considered as a facilitator for future groups, please call the BP/H office (8 AM to 5 PM, Monday—Friday) and leave your name. You will be contacted and told more about what it takes to be a facilitator—and how much you may get out of being a facilitator helping others.

LIBRARY UPDATE

The **ANDREW ARTHUR BOYD HIV RESEARCH LIBRARY**, located in the library facility at the Metropolitan Service Center, 1475 West Gray, was begun in 1988 to provide an information resource for the HIV positive community. The present holdings consist of video tapes, audio tapes, newsletters, articles, periodicals, books, pamphlets, brochures, and assorted other publications. The library provides information in the following general areas:

- *health issues
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MEDICAL PERSPECTIVE

by Dr. Wayne Bockmon

Q: I have heard there is something now that can treat chronic hepatitis. What is this?

A: Alpha Interferon has been used with some success in treating chronic hepatitis B. The success rate in non-HIV infected people is about 30%. In people with HIV it is less than that, but probably still worth the effort, since the two viruses are a bad combination.

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A: The wasting syndrome is involuntary weight loss and physical deterioration seen in many people with HIV disease. The problem is multifactorial and does not have a single specific cause or treatment. The metabolic demand of any chronic disease sometimes becomes overwhelming to the body and weight loss will ensue. People with

DENTAL AND ORAL NEEDS OF THE HIV- POSITIVE PERSON: A CONCEPT OF CARE

DR. RICHARD D. BEBERMEYER, DDS

Dentists and allied health care providers can play a major role in diagnosing individuals infected with the human immunodeficiency virus (HIV). Because oral, head, and neck manifestations may be among the first signs that a person is infected with HIV, the disease may be discovered during a routine dental visit. While there is no way to estimate the percentage of HIV infected persons who have manifestations, the percentage is high and escalating.

The dental health care team can recognize the oral manifestations of HIV, and this is significant to both early diagnosis and patient referral for medical care. Early testing for HIV and detection of disease almost always facilitates more conservative treatments and offers the opportunity for preventive measures to be initiated.

Prevention and treatment of the oral manifestations of HIV is another role of the dental team. With oral health, the ability to function properly and eat nutritiously contribute to the person's overall well-being.

Anyone can benefit from routine prevention and good hygiene at home. For those who are HIV positive or immuno-compromised, prevention and good hygiene become critically important. First, the use of tobacco (in any form) or recreational drugs has a negative health impact. The dental health care team might be the first to see the malignant changes in the mouth and throat. Likewise, alcohol intake is known to contribute to the increased rate of cancers in the digestive tract, including the mouth. For the HIV positive person, we know that a balanced diet with good nutrition has a significant role in preventing problems and preserving good health. Any library, clinic, or health care provider can provide more detailed information on the basics of good nutrition. It is believed that good mental health is also conducive to good physical health. Perhaps for the first time in our lives we can begin to learn to deal with stress or other negative mental health issues in our lives.

Regarding oral manifestations of HIV, there are several mouth disorders that occur frequently in HIV infected persons. It must be emphasized that some of these conditions may also appear routinely in persons who have not been exposed to HIV.

Candidiasis, sometimes called thrush, the most frequent mouth infection associated with the HIV, is present in more than half of all HIV-infected patients. It is a fungal disorder that may appear

as white and red spots anywhere inside the mouth. It can cause sore throats, bad breath, difficulty in swallowing and altered taste.

Angular stomatitis, sore and cracking skin at the corners or angles of the mouth, is characterized by fissures radiating from the angles of the mouth, and is sometimes associated with small white plaques. This can be caused from the fungus as above, and bacteria may also be present.

Herpes simplex virus, which appears primarily as cold sores on the lips and as erosive lesions anywhere inside the mouth, is a very common disease that is occurring more frequently in HIV positive persons. Intra-orally, these lesions appear most commonly on the palate, or roof of the mouth, and gingivae. In association with HIV infection, these lesions may persist for several weeks, causing considerable pain.

Periodontal (gum) diseases—such as mild, moderate and severe forms of gingivitis—are occurring with increased frequency and severity in the HIV infected. Unlike the conventional periodontal disease so common in adults, the HIV associated diseases do not respond effectively to standard therapy (e.g., medications or periodontal surgery). Signs of these gum diseases progress from red gums to spontaneous bleeding to exposure of bone and loss of teeth.

Hairy leukoplakia, characterized by white hairlike patches that resemble a fungal infection, is usually found on the sides of the tongue. It is white and does not wipe off. The surface may be smooth, corrugated or markedly folded. It does not cause symptoms.

Lymphoma (like a swollen lymph node or gland) can occur as a firm painless swelling anywhere in the mouth. The swelling may be ulcerated, probably from a trauma, or may be covered with intact normal-appearing mucosa.

Kaposi's sarcoma (KS), a form of cancer that typically appears as purplish spots on the skin, occurs in about 20 percent of all AIDS patients. Some studies show that more than half of the persons with KS have evidence of the disease in their mouths. In 20 percent of those patients, the mouth was the only site that had evidence of the disease. Intra-orally, KS can appear as red, blue, or purple and may be flat or raised, solitary or multiple. Hopefully, the conscientious person and his or her dentist could watch for early signs and symptoms and therefore could enter prevention and treatment as soon as appropriate and possible.

Earlier, mention was made of prevention and home care. This concept includes self-screening on a regular basis. At home, with the right lighting and perhaps a mouth mirror from the drug store,

one could view the pharynx (throat), the roof and floor of the mouth, all parts of the tongue, the cheeks, the gingivae (gums), etc. Of course, the dentist and dental hygienist also routinely offer complete head and neck examinations and a review of the patient's medical history. Some consider that preventative visits are an affordable investment in health, and should occur about every 4 to 6 months.

How does anyone find a qualified and caring dentist? Several suggestions can be made for resources for prevention and treatment. First it is often helpful to inquire of neighbors and friends as to which private dentist or public clinic has provided quality care. Second, many quality practitioners are members of the Greater Houston Dental Society (telephone 713-961-4337), and this organization maintains a listing of it's dentists by zip code and by specialty. The organization is not set up to specifically recommend those practices which are most receptive to helping HIV positive persons.

The University of Texas Medical Branch, a dental school in the Texas Medical Center, is another community resource where basic dental care is provided by supervised students at relatively low cost. Many more emergency treatments are provided HIV positive persons, than are comprehensive care/routine treatments. Emergencies are treated during the academic year, Monday through Friday, after 7:30 a.m. on a first-come basis. For more information regarding free screening examinations or the emergency treatment, call 713-792-4056 (a tape recorded information line).

An outstanding and very busy community dental clinic is Bering Dental Clinic in the Montrose area of Houston. The Bering Dental Clinic Treats HIV positive persons by appointment. Priority is given to those who are indigent and unable to afford dental care elsewhere; a sliding fee scale is used. This clinic also serves as a referral source for those who prefer and can afford private dental care. The care at Bering Dental Clinic is provided by professional employees and volunteers. Telephone 713-524-7933 for information and appointments.

Lastly, for those people who have the Medicaid entitlement allowing them county health care, the Harris County Hospitals such as Ben Taub in the Texas Medical Center treat emergencies. The great majority of dental cases treated would be dental extractions.

In summary, early testing for HIV and early detection of disease almost always facilitates more conservative treatment and offer the opportunity for preventive measures to be initiated. The dental health care team can recognize the oral manifestations of HIV, and participate in treatment and referral for medical care.

Dr. Richard D. Bebermeyer, DDS, in an instructor at the University of Texas Medical Branch Dental School.

HIV & Nutrition

Wed., February 13 - 7:00 - 8:30 p.m.
1475 West Gray, Houston
(Multi-service Center)

FREE

come snack with us!

a registered dietitian prepares snacks and discusses ways to eat healthy and fun.

participants take home a booklet of tips and recipes

sponsored by: Montrose Counseling Center and PWA Coalition, Houston
(713) 529-0037

Houston

AUDETTE CENTER

A Montrose Clinic Affiliate

in cooperation with
The PWA Coalition-Houston
and Body Positive
presents

"NEXT STEP" Workshops

for people who have tested HIV positive and wonder "What do I do now?"

- Free CD4 blood test
- Free RPR (syphilis) test
- Free TB skin test

Workshops are held
the first and second Tuesday of each month in English
and the third Tuesday of each month in Spanish
6:00 PM - 8:30 PM

4211 Graustark (behind the Audette Clinic at 1200 Richmond)
For more information, call:

713-528-5531

(funded by the Texas Department of Health)

advanced HIV disease often have poor gastrointestinal absorption of nutrients, vitamins, and trace minerals. Opportunistic infections associated with weight loss such as tuberculosis and MAC are common in HIV disease and sometimes go undiagnosed for a long time. Disease of the esophagus such as candidiasis makes it difficult to swallow. Disease of the liver and gall bladder, common in HIV disease, will produce nausea and decreased appetite. Thyroid hormone levels are altered in HIV disease, and some people have asserted that a relative hyperthyroid state exists late in HIV. Substances such as tumor necrosis factor are elevated in HIV and cause tissue wasting.

The Approach to reversing HIV wasting syndrome has to be as diverse as the causes. Most important is maximizing nutritional intake through diet and supplements. A good multi-vitamin supplement with trace elements such as selenium makes sense. Correcting causes of discomfort with eating will help with calorie intake. When one cannot pinpoint a reversible component of the process, the use of a drug such as Megace can sometimes halt uncontrolled wasting. Some new drugs are being tested that show promise in blocking the effects of things like tumor necrosis factor. For now though, the wasting syndrome of HIV disease is one of the toughest aspects of the disease to treat.



HIV AND THE LAW BY STEVEN K. WARD

Q: I have become concerned about having a last will and testament prepared since I found out that I am HIV positive a few months ago. I am a lesbian and I have a female lover whom I have lived with a number of years. We have mingled a lot of property. Is there a need for a will, or can I put everything in joint tenancy or in my lover's name?

A: Single people should take note that without a will, there will be considerable difficulty for their lovers or other desired beneficiaries of their estate to obtain transfer of title to the estate assets. Gays and lesbians do not have the legal right to marry in Texas, so there are no heirship laws to protect a lifemate. A last will and testament is absolutely essential if you want to assure that your lover receives the property after your death. Joint tenancy is not always a good idea. This is because a joint tenant can always withdraw or liquidate the property without your approval. Furthermore, joint tenancies are subject to scrutiny and, if

not worded properly or done in the right manner, will not be upheld from a challenge from a family member who is resentful due to the fact the lover received all the property and the family received little or nothing. I would not set up a joint tenancy without legal advice. The risks are not worth the advantages, and preparation of the last will is relatively inexpensive. Always obtain a price from your lawyer prior to preparation, then there will be no surprises.

Q: I have decided to leave all my property upon my death to my friend who I have lived with for the last ten years. I am gay and my family does not approve. Since I have accumulated a substantial estate, I am worried that my family will attempt to contest the last will and testament. What should I do to avoid a will contest?

A: First of all, I do not believe that a will contest based on the fact that the beneficiary is a gay lover of the decedent is a good case in the 1990's. However, it is crucial under state law that your last will be properly prepared. If you think that a contest is likely, then have a video done at the time of the signing of the will by yourself and the witnesses. You can even read the will in its entirety on the video, and your attorney can ask questions to show that you have contemplated the nature of the disposition you are making.

In Texas, will contests are usually based on the lack of testamentary capacity or undue influence. The video will show that you have capacity, and that you are not so sick or drugged you do not know what you are signing. Also, if your lover is the beneficiary, then make sure he is not in the room when you sign the will. If you choose to do a video, pan the room to make it clear that the beneficiary is not present at the signing of the will. These precautions will make a will contest by the family very difficult. All these considerations apply to a heterosexual couple as well, if they are not married. Some attorneys suggest you leave token bequests to family members, but I do not think this is necessary unless you specifically want to do this. It is not going to avoid a will contest from a greedy family member, and in fact you may be financing his or her lawsuit against your estate.



COMMUNITY REPORTER

Northern Lights Alternatives will be presenting the AIDS Mastery Workshop for children and adolescents on February 15th, 16th, and 17th, 1991. The need in the community was presented by many of the families

There is a limited capacity for this workshop. For advance registration, call Bart Loeser at AFH 623-6796.

Stephen de Tasnady is interested in starting his **Stress Reduction and Relaxation** classes again in March of 1991. We need to get some idea if there is enough interest in this for us to reserve a room and set up a schedule.

Stephen's Approach combines some yoga, stretching, deep breathing, and easy body movements into a relaxing program which individuals can adapt to their own use without teachers, leaders, tapes, etc. He describes his Approach as "eclectic," a way to center yourself and learn to listen to your own body, and as a supplement to diet, exercise, religion, and anything else you may be doing.

If you are interested in starting this group again, please call the Body Positive/Houston office at 524-2374 and register your interest.

By the end of February, there will be six **Peer Counselling** groups in session. One is a women's group, which is a first for Body Positive/Houston (BP/H).

The computer in the BP/H office will be used in the future to track people who call in for Peer Counselling, to speed up the formation of groups, to keep a record of the availability of facilitators, etc. This new procedure will be designed to streamline the process of organizing and starting new groups.

There is a need for more Peer Counselling facilitators. With the large increase in people calling us about getting into Peer Counselling groups, we need to start more groups now than at any time in the past. If you have gone through Peer Counselling and would like to be considered as a facilitator for future groups, please call the BP/H office (8 AM to 5 PM, Monday—Friday) and leave your name. You will be contacted and told more about what it takes to be a facilitator—and how much you may get out of being a facilitator helping others.

LIBRARY UPDATE

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Positively

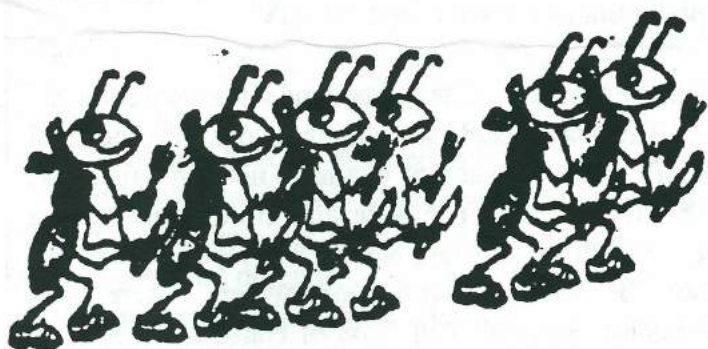
VOL. 4 NO. 3

MARCH 1991

IT'S SPRING AGAIN

Of course, the return of spring from wherever it goes for the winter can only mean one thing. Yes, it's time once again for Body Positive to get together with the PWA Coalition and the Unity Support Group for an afternoon of fun, food, and good company under the spreading chestnut (?) trees of the Metropolitan Multi-Service Center's back yard. Special to this spring's picnic will be a chance to see the improvements and wonders of the Body Positive Garden, nestled in the corner.

This year's picnic will be on Sunday, April 21st, starting at about 4:00 PM. Drinks and chicken and/or barbecue is being provided by the sponsors, and y'all are asked to bring your favorite springtime picnic covered dish. This is just the thing for those of us who promised ourselves (or our doctors) that we would put on a few pounds before the next visit. Plan to attend this wonderful, fun-filled spring party. Please join us, won't you.



APRIL SPEAKER FORUM

Body Positive/Houston is very pleased to announce a special Speaker Forum for April. David Petersen, of Body Positive/New York, will give a seminar on financial planning for HIV Positive persons. This special event will be on Monday, April 15th (isn't that appropriate) from 7:00 to 9:00 PM at the Metropolitan Multi-Service Center.

David is a retired financial planner who is spending much time now doing seminars like this one. The sessions have proved very helpful and popular in New York. We appreciate David bring his dedication and expertise to Houston, and hope that many of you will plan to attend.

HOUSTON AIDS CONFERENCE

Most of you have received the registration materials for the upcoming Houston AIDS Conference on March 22 and 23. Once again this year, the Conference provides Houstonians with an opportunity to hear outstanding researchers and practitioners from throughout the country, as well as to hear from a wide range of local experts in various fields tell what is available here.

Of special note at this year's conference is keynote speaker Dr. Allan Goldstein, Professor and Chairman of the Department of Biochemistry and Molecular Biology at George Washington University. He and many others will be presenting the latest information at the conference. We urge all of our readers to attend the conference, and the Annual Humanitarian Award Dinner on Friday evening.



MEDICAL PERSPECTIVE

by Dr. Wayne Bockman

Q: What is MAC and how is it treated?

A: MAC stands for Mycobacterium Avium Complex. It is an infection caused by an organism similar to Mycobacterium Tuberculosis. MAC is sometimes referred to as MAI, Mycobacterium Avium-Intracellulare.

This disease affects 30-50% of people with advanced HIV disease. Like many other infections in HIV, MAC is an overgrowth of an organism that everyone has been exposed to, but that does not cause illness in those with intact immunity. The MAC organism is literally found everywhere, including dust, soil and water. The symptoms of MAC are nonspecific and are common symptoms in HIV disease with or without MAC. Symptoms include fevers, night sweats, weight loss, diarrhea, abdominal pain, etc. If clinically suspected, the illness can be confirmed through culture of blood or stool, or biopsy of the suspected area of infections. The infections usually start in the lungs or intestine, but can spread to other organs.

The toughest aspect of treating MAC is that no drug is known to be very effective against it. Even those drugs which will inhibit the organism in the test tube often are disappointing in treating MAC because the organism lives inside the cell where antibiotic concentrations may be inadequate.

We often use three or more drugs to combat MAC, usually the anti-tuberculosis drugs and some newer antibiotics. Sometimes the symptoms get a little better, but it is not clear whether we are actually prolonging life. A few promising new drugs are being investigated. It is too early to tell if they are much better than what is in use now. One of these drugs, Rifabutin, is being tested as a MAC preventative for those at risk. The preliminary data on it is cautiously optimistic. Rifabutin is available in Houston through the Houston Clinical Research Network.



HIV AND THE LAW

by Steven K. Ward

Q: I recently got tested for HIV after having an affair with another married man, a "John Doe." I am also married, with a loving wife and 1 child. To my dismay, the test results were HIV positive. Mr. Doe is wealthy. Is there anything that I can do to make him pay for my future medical bills?

A: Yes, there is. If Mr. Doe has assets, then you may well be able to have your attorney approach him and obtain a financial statement. There are several issues that you should consider first, however.

In Texas, the statute of limitations is 2 years. This means that if you do not bring the personal injury suit within 2 years, your suit may be barred forever. If you want to bring suit and the affair with Mr. Doe was over 2 years ago, then your attorney would have to request the court to apply the "discovery rule." This would extend the statute such that it would run from the date you knew or should have known that you were exposed to the HIV virus due to the fault of Mr. Doe. Often, people who do not take safe sex precautions do not know they are exposed until they are tested for HIV.

Another factor you should consider is whether you can prove that you did not obtain the virus from someone else. This may include showing that your wife and child are HIV negative and that you have not had any affairs with anyone else. The wife and child could have a potential suit for damages against Mr. Doe also, and this should be discussed with your lawyer. There is an increasing recognition of "loss of consortium" suits in Texas, which would allow your wife and children to sue for damages also.

Assuming that you can prove that Mr. Doe exposed you to the HIV, then there are several other factors to consider. First of all, if you can prove that Mr. Doe knew that he was HIV positive, and failed to use safe sex

practices, then your personal injury suit should include a demand for punitive damages. Many times the award for punitive damages is substantial and this could be a key aspect of your case, especially if you are not having any medical problems when the case comes to trial.

Secondly, if you were sexually intimate with Mr. Doe at his residence, then you should have your attorney seek discovery of his homeowner's insurance policy. This is because some of these insurance policies do not exclude the transmission of HIV in the liability provisions. Most people do not know that in the case of *Christian v. Hudson* that Rock Hudson's homeowner's insurance company was defending his estate at the trial, and continues to pursue the case on appeal. Unfortunately, you may find that liability for HIV transmission is excluded on your policy, since most insurance companies have sent out riders of exclusion subsequent to the Hudson case. If you are able to get Mr. Doe's insurer involved, you will most likely collect a much greater sum of damages.

Q: Recently I heard from another patient of my doctor that my doctor is HIV positive. Do you think I should ask him about this and what can I do if I am exposed to the virus?

A: There is nothing wrong with asking a medical professional if they are HIV positive. If your doctor refuses to discuss the issue, then you should probably get a second opinion, especially if you are concerned about exposure.

Most likely you have heard about the young woman who somehow was exposed to HIV due to dental work performed by her dentist, who has since died of AIDS. She obtained a judgment of \$1,000,000 against the dentist's estate. She was also able to prove that the dentist knew he was HIV positive, and that he failed to disclose this fact to her.

Should you become exposed to HIV due to contact with a medical professional, it is important to seek legal counsel, since there are often several parties who can serve as potential defendants, and most likely there will be a complicated insurance claim for professional malpractice, negligence, and punitive damages.

The disclosure of HIV status by medical professionals is a hotly contested issue. It is possible that the legislature will take action, and thus the statutes should be checked by your attorney in this type of personal injury case.

Q: I know that I was exposed to HIV by a certain individual who shall remain anonymous. She does not have any money, and the sexual act occurred at my residence. Is there anything I can do to seek damages?

A: It is probably wise to have your attorney review your homeowner's policy to see if a claim can be made. Most likely, you will be out of luck, but it does not hurt to investigate the matter. Most personal injury lawyers do not charge for investigating a case to determine if there is a collectable claim.

Many of the persons who spread HIV are unfortunately not collectable, i.e. they do not have any non-exempt assets. However, there are some criminal penalties that apply to the perpetrator of this sick act. Perhaps you should consult the District Attorney's Office in your area. This may well save some other person from exposure.



COMMUNITY REPORTER

The Actors Workshop is giving a special benefit performance of Richard Greenberg's *Eastern Standard* on Sunday, March 17th at 5:00 PM. All profits from the performance will go to AIDS Foundation Houston's rent and utilities assistance fund. Tickets are \$15.00 and can be obtained by calling Steve Stellenwerf at AFH, 623-6796. Actors Workshop is located at 1009 Chartres, behind the George R. Brown Convention Center.

DIFFA/Houston is sponsoring a series of seminars by noted author Elizabeth Harper Neeld, PhD. Titled *The Challenge of Change: How to Cope with Losing a Loved One to AIDS*, the seminar invites those who have lost a loved one, those who have a friend or loved one living with AIDS, and those who are coping with the reality of being HIV positive to attend. The four session seminar is designed to help you understand and integrate the experience of unwanted change into your life. Dr. Neeld has studied change, loss, grief, and recovery for the past eleven years. More than 2000 people have

participated in her seminars and lectures, and her most recent book, "Seven Choices: Taking the Steps to New Life After Losing Someone You Love" is the result of her extensive research.

The seminars will be held on April 1, 8, 15, and 22, from 6 to 9 PM at INNOVA, 20 Greenway Plaza, lobby level. Refreshments will be provided by DIFFA. The seminars are free, but reservations are encouraged by calling Randy Edson at (713) 522-7404. Participants are encouraged to attend all four sessions, but you can benefit from whatever portion you are able to attend.

The Texas Department of Health has designated the **Thomas Audette Memorial Clinic** as an alternative source for HIV medications paid for by the state. Patients who obtain AZT and pentamidine from the Thomas Street Clinic can now receive these medications at the Audette Clinic if they wish. The Clinic will also administer pentamidine treatments for these patients at no charge. The Audette Clinic Pharmacy is open from 10:00 AM to 9:00 PM weekdays and aerosol pentamidine is administered by appointment during the same hours. For more information about this program, or for assistance in transferring prescriptions, call Daniel Hartt or Larry Woolman at 528-5531.

The Audette Clinic's next workshop in it's **Medical Steps** series is "Common Lab Tests for HIV and What They Mean," an easily understandable explanation of some of the lab testing commonly performed to monitor HIV disease. This workshop will be held March 30th, 2 to 5 PM at the Clinic, 1200 Richmond. If you plan to attend or to ask any questions, call Chris Jimmerson at 528-5554.

The **Houston Clinical Research Network** is currently recruiting patients for a drug study to treat anemia in HIV positive persons using AZT. The study of Eprex (r-HuEPO) is open to those who are HIV positive but do not have an AIDS diagnosis, have been on AZT for at least six weeks, and have laboratory evidence of anemia. For additional study criteria and more information, call HCRN at 528-5554.

DIFFA is sponsoring a benefit for **The Pet Patrol** at the Black Labrador Pub. The Pet Patrol is a local organization that helps take care of pets whose owners are unable to adequately care for their animals because of HIV disease. The benefit will include a silent auction of pet-related products and services, featuring among many

items two Santa Fe Blanket doggie coats donated by Neiman Marcus. Local animal-inspired artist Jody Wagner has many items including jewelry and scarves which will be on sale. There will be horsd'oeuvres and a reduced price cash bar, the cover charge for the event being a pet food item of your choice. The benefit will take place Wednesday, March 13th from 5:30-7:30pm at the Black Labrador Pub, which is located at 4100 Montrose between Richmond and Alabama.

The dates of the next **HIV and Nutrition** workshops, sponsored by the Montrose Counseling Center and PWA Coalition of Houston are March 13th and April 10th. These workshops are held on the second Wednesday of each month at the PWA Coalition office in the Metropolitan Multi-Service Center, 1475 West Gray at 7:00 PM.

The **City of Hope Workout Against AIDS**, a sponsored three hour aerobic workout event, is a nationwide event to raise funds and draw attention to AIDS. The Houston Workout will be on Saturday, April 6th, 10 AM (9 AM registration) at the Houstonian Club, 111 N. Post Oak Lane. This event is sponsored by MIX 96.5, Houston Health & Fitness Magazine, The Houstonian Institute, cosponsored by Ye Seekers and the Hot Bagle Shop. For more information, the Houston Chairperson is Rose Ann Meyer, 266-9933.

The **Texas AIDS Network**, an Austin-based advocacy and monitoring organization, is seeking to expand its membership base by accepting individual as well as organizational members. If you are interested, write to TAN, PO Box 2395, Austin, TX 78768.





BODY POSITIVE/HOUSTON'S 1991 CALENDAR

+++++

First Annual Board Retreat	Saturday, January 12
Spring Picnic	Sunday, April 21
Facilitators/Buddies/Volunteers Social	Sunday, May 5
Third Anniversary Celebration	Thursday, July 18
Fall Picnic	Sunday, September 22
Halloween Magic	Late October
Lighting of the Christmas Tree (World AIDS Day) -- In conjunction with NAMES Project of Houston	Sunday, December 1
Christmas Stocking Stuffing	Saturday, December 21
Christmas Visits to Hospitals	Sunday, December 22

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MONTHLY *

Relaxation & Stress Reduction- Metropolitan Multi-Service Center	Every Tuesday, 7 p.m.
Newsletter Mailout	Approx. 9th of each month -- call office for exact date & time
Board's Executive Committee Meeting	Third Thursday
Board Meeting	Fourth Thursday

*NOTE: All monthly meetings will be affected by holidays and the days the
Metropolitan Multi-Service Center will be closed.

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QUARTERLY **

Buddy Training
Peer Counseling Facilitator Training
Speaker Seminar

**NOTE: Please read the notices in *Positively* or call the Body Positive/Houston
office (524-2374) for exact date and time.

HIV IN THE USSR

by Stuart Johnson

During my visit to Moscow, I was fortunate to be able to meet with the young Soviet-American Andrei Danilenko, a man who holds two titles. He is Director of the International Health Institute: Soviet-American Exchange and the International Director of The Narcology Hospital N17 in Moscow. I was introduced to him by a friend who had assisted and interpreted an interview of him for a team from the French women's magazine, *Marie Claire*. My purpose in seeking a meeting with him was to try to speak with someone on the inside of the Soviet system, and try to learn what may be happening in the USSR relating to HIV infection, i.e. the numbers involved, and what an infected person should expect in terms of treatment and support, both social and otherwise.

I was very grateful that Andrei had taken from his valuable time to share with me his insights, and unfortunately, did not gather detailed information as to how he got to where he is. It was clear that he was at home in both cultures, having studied at San Francisco State, and then at Moscow State University. It was also apparent that he has family connections to the USSR; I would guess through both parents. His education seemed concentrated in Social Work and counseling. He had spent a good part of his childhood in the USSR, and had kept many good friends there. When it came time to pick a career, being aware of the many difficulties faced by Soviet society, he felt a need to come back to the USSR to help find solutions. Although he has the birthright to Soviet citizenship, he has chosen to keep his American citizenship, which allows him greater freedom of movement than he would have as a Soviet. He recognized that the Communist philosophy was idealist, and that by nature it required that a small group of people make the decisions in society as to who gets how much and for what. Important human factors were not taken into account, such as self-esteem, pride, greed, and ambition. Marxists looked at the masses, not at the individual. One guy working harder than the next guy for the same pay causes resentment and attitude problems even in a Western enterprise. Try to imagine a whole society functioning in that way. Andrei's interest in working in the USSR was to help create something from scratch. The #1 health problem in the

USSR is well known to be alcohol abuse, and it is in this domain that Andrei has concentrated his efforts. He did confess that sometimes he felt very frustrated by all the social and authoritarian obstacles he encounters, but that he is able to derive extreme satisfaction when he sees a Soviet alcoholic whom he had previously met in detox walk into a group with his AA book and talk about the answers he has found. According to Andrei, every fourth child born in the USSR suffers from some alcohol-related defects, just to provide an indication of the severity of the problem. Through his initiative and perservance he succeed in opening the first treatment center in the USSR based on the twelve step principles of Alcoholics Anonymous (AA). Because of Andrei's efforts, there are now AA meetings in several Soviet cities.

As director of the Soviet-American Exchange, Andrei is in a position to arrange the exchange of medical specialists, and to set up training programs for Soviet or American medical specialists interested in sharing information. Specialists would come to Andrei to arrange meetings/training programs. If Soviet doctors want to come to an international conference, evidently rubels can be raised for the airfare, but the foreign currency required would need to be found from other sources.

Andrei indicated that HIV infections in the USSR are still very much of a mystery, in that authorities and the general public remain uninformed regarding HIV/AIDS. In the Narcology Hospital, over 6,000 patients, all drug/alcohol addicts, have been tested for HIV over the past 10 years with only one (1) positive results. An explanation of the low incidence of HIV infection among IV drug users is that people in the USSR do not usually share needles. Most of the HIV infection comes from people who travel outside the USSR and from prostitutes. Very few people at risk are tested due to the terrible stigma attached to HIV infection in the USSR. In Andrei's opinion, the stigma is much worse there than in the West. Andrei said lots of research is being done in the USSR, but there was lots of "voodoo" doctoring also going on.

All exchange students, especially those from Africa, are required to submit to the HIV test as are Westerners who need the services of a doctor while in the USSR. Foreigners who test positive are brought to a special hospital for a week and are then expelled from the country. Soviets who test positive are isolated to a special hospital. If I understood Andrei correctly, HIV+ persons who are able to work and to function in society are allowed to do so; however, their

activities are closely monitored by the authorities. Monitoring of the disease progression and any medication for an infected Soviet citizen is apparently based on the importance attached to the person's job in the workforce and the individual's connections in society.

Andrei pointed out that there is extreme ignorance about HIV infection at all levels of Soviet society, including the government level. There is virtually no effort at HIV education nor are there attempts at any sexual education, including sexually transmitted disease, family planning and contraception. The Russian male's mentality is very macho, and even if there were not a shortage of condoms, it is doubtful if a condom would be used with any regularity. A sign of the woeful lack of education is the statistic that, on the average, Soviet women of child-bearing age abort a pregnancy seven times a year!

The blood supply is now supposed to be thoroughly tested; however, syringes are in short supply. Infants have been found to be infected in several locations. There is one case where a woman with an infected child came to a medical facility and, probably through improper sanitation of hypodermic needles, 25-30 children were infected.

HIV infection is still considered by the Soviet authorities to be a minor problem given the small numbers known to be infected at this time. Officially only several hundred are known to be HIV+ in a population of 250 million. Homosexuality is illegal in the USSR, although the law is apparently not enforced. Andrei believes that bisexuality is very common in the USSR, but the government does not admit to this situation.

Andrei told of one situation when an American associate became ill. He was made to take the HIV test which confirmed that he was seropositive. No diagnosis nor treatment was given. At the end of one week, the man was sent back to the United States. (He was not allowed to return to his apartment for his personal goods before he was forced to leave.) When the man was put on the airplane, he was so ill that it appeared that he would die. After returning to the United States and receiving treatment, the man recovered from this bout with AIDS. Andrei suggested that if the man had not been kicked out of the USSR, he probably would have died. Soviet doctors are generally at a point of non-recognition of HIV infection. The degree of ignorance on the part of Soviet authorities is underscored by the fact that the

man's apartment remains vacant and under quarantine, even with the severe housing shortage in the USSR.

In Communist and Socialist societies, health care is "guaranteed" to all citizens and is paid for by various taxes levied on employees/employers. Specific rules do exist on how much will be paid for certain medical situations. It has been noted in the USSR that these restrictions on payment levels are creating a situation where the level of care is not adequately meeting the level of medical need or recommendations. For this reason, a sort of supplemental medical insurance is coming to the USSR. Currently, when the cost of treatment exceeds the maximum payable by the State, the patient or the patient's employer is responsible for the difference. According to Andrei, the Hospital Standard (ratio) in the USSR is 50 patients per doctor with 6 nurses, while the U.S. standard is at least 4 doctors and 32 nurses for the same number of patients. The costs of most products are being increased fourfold, and the budget for the Hospital has been reduced to 70% of last year's level. Andrei and his associates have set up a bakery shop in the hospital which has become a profit center to help defray some of the increased costs and diminished State budget.

The bottom line as it relates to seropositive people in the USSR is that there is little or no enlightened medical support. Knowing one's seropositivity is a severe disadvantage in almost every respect, and individuals who may know themselves to be at risk are obliged to keep it to themselves (if they even know that they *might* be at risk). Andrei said that the level of ignorance in society in general is such that an average citizen, upon finding out the seropositive status of a neighbor, would be afraid to touch him. This is in complete opposition to the West where early testing, regular monitoring of status, and medical intervention when necessary are contributing in a very major way to the slowing of the spread of infection and the long term health maintenance of the HIV infected population.

GET TESTED NOW.

AIDS/HIV. The sooner you know, the more you can do.

520-TEST





March 7, 1991

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Dear Body Positive/Houston Supporter:

The budget for the Harris County Hospital District (HCHD), which includes all HIV treatment programs at Thomas Street Clinic and at the county hospitals, has come under intense pressure recently by some county commissioners. The quality of care for indigent HIV/AIDS patients, which is already marginal using national averages of dollars spent per patient for comparison, would suffer as a result of budget cuts. Cuts in the budget are unjustified since the county and city health departments are projecting a 150% increase in the total number of AIDS cases by 1995. The number of patients relying on the county may increase even more because of the inaccessibility of medical insurance or inadvertent loss of insurance.

The hospital district budget will be discussed at several meetings of the commissioners court. If you wish to have input on the budget request, you may wish to attend these meetings or to send a letter. The budget will be developed and examined at the regularly scheduled meetings of the court on Tuesdays at 1:30 p.m. at the Harris County Courthouse, 1001 Preston (Houston, TX 77002), Court Chambers, starting March 19, 1991 with final adoption to take place on March 26, 1991. To make sure that the budget is on the agenda, you should call Bessie in the HCHD administration office (652-1200) on the day of the meetings.

You will have the greatest impact if you are perceived by the commissioners as concerned constituents; therefore, dress and act appropriately. Since the meetings are held during the day and most voters do not ever attend these hearings, your attendance will be noticed. Parking is available across the street. Please remember that seating may be limited, so you will need to get there early. Even if you attend the meetings, you may also want to send a letter with your comments to County Judge Jon Lindsey at the address shown above and indicate Suite 911.

While Body Positive/Houston is a nonpolitical organization and does not endorse any political position, we believe that you should be informed relative to all matters pertaining to the HIV seropositive community. Therefore, this letter is being sent to you for informational purposes as part of our public education program. No operating funds were used in this mailout.

We appreciate your support and look forward to serving your needs in the future.

Sincerely yours,
Body Positive/Houston

Maurice (Mo) Jones
Vice President and
The Board of Directors

cc: Lois Moore, HCHD

CALENDAR

February 28th, Thursday

Board Meeting, 7 PM
Multi-Service Center Board Room

March 9th, Saturday

"A Healthy Approach to Happiness"
Workshop with Bill Scott
Multi-Service Center, 10 AM

March 22nd, Friday

Houston AIDS Conference

March 23rd, Saturday

Doubletree Hotel, Post Oak

March 28th, Thursday

Board Meeting, 7 PM
Multi-Service Center Board Room

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AIDS/HIV. The sooner you
know, the more you can do.

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SERVICES

PEER COUNSELLING: Body Positive offers a counselling program unique in Houston. A ten week, confidential, closed structure allows ten to twelve people, led by two trained HIV Positive facilitators, to explore a wide range of relevant issues and build or strengthen their personal support system. Call 524-2374 for more information.

BUDDY SYSTEM: A one-to-one support program for those who have recently tested HIV positive to confront issues and explore alternatives. To refer or for more information, call 524-2374.

ANDREW BOYD HIV RESOURCE LIBRARY, located in the Metropolitan Multi-Service Center, is a collection of books, newsletters

and other information sources on HIV Disease.

GARDEN PROJECT provides an opportunity to enjoy the aesthetic and practical values of gardening. Produce and plants are donated to Stone Soup and area hospitals.

"GET TESTED NOW" is a multi-media campaign urging individuals at risk of exposure to HIV to get tested and consider appropriate early intervention tactics.

BODY POSITIVE/HOUSTON is a non-profit organization serving the needs of HIV seropositive individuals and those who share their concerns. The major focus of the organization is to encourage healthy personal and social attitudes.

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Circulation Manager; Dr. Wayne Bockmon, Medical Advisor. Steven Ward, Legal Advisor. Permission granted for non-commercial reproduction.

POSITIVELY is supported by a generous grant from the Houston Chapter of the Design Industries Foundation For AIDS (DIFFA).

BODY POSITIVE/HOUSTON
1475 WEST GRAY, #176
HOUSTON, TEXAS 77019
(713) 524-2374



BODY POSITIVE NewSCOPE

As we mentioned last month, the weekly **Stress Reduction Classes** are now set to begin. Beginning on Tuesday, April 2nd, from 7:00 to 8:30 PM, Stephen de Tasnady will be leading these popular sessions once again. For more information, call 524-2374.

Body Positive and AIDS Foundation Houston are co-sponsoring a free **Reiki class** on March 18th and 19th from 6:30 to 9:00 PM. This is a certification course led by Penny D. Gnesin, a Traditional Reiki Master/Teacher. She is the Reiki Services Coordinator for the Hyacinth Foundation AIDS Project in New Jersey.

Both the **Buddy Program** and the **Peer Counselling** program have trainings for buddy and facilitators coming up in the near future. Call the Body Positive office to get exact information.

Body Positive is pleased to announce that it has received a contribution from the **Texas Gay Rodeo Association**. This is the second year that we have been honored for our work by the TGRA.

Two excellent publications have been recently delivered in bulk to the Body Positive office, and are available for our readers. The January 1991 version of the Harris County Health Department's **AIDS/HIV Resources** contains an index and summary of most of the local agencies providing services to the HIV Community. **Nutrition and HIV** is a combination guide and cookbook addressing the special nutritional needs of HIV disease. It has been provided by the Montrose Counseling Center and the PWA Coalition.

Finally, we are providing this month a **yearly calendar** of Body Positive events. We have selected dates and given what information we have on recurring events. As always, for more information call the Body Positive office at 524-2374.

ABOUT THIS ISSUE

You may notice that this issue looks a little different than the last few. That's because the volunteer who has been doing our computer layout, Robert Hess, has left us to take a job in Northern California (poor devil). We really appreciate all he has done for us, and wish him well. Consequently, the rest of us have struggled to conquer parts of the computer we didn't know existed. Things got a little ragged, but we promise to keep plugging away. If anyone out there knows Mac SE and Pagemaker 3.0, we could really use your help.

One of the casualties was the promised report on the Texas AIDS Summit. That will appear next month, along with a report on the Houston AIDS Conference. And, since Stuart just walked in the door, thanks to him for the wonderful "Options" this month. We may be hearing more about Europe in the next few issues, too.

Houston

**AUDETTE
CENTER**

A Montrose Clinic Affiliate

in cooperation with
**The PWA Coalition-Houston
and Body Positive**
presents

"NEXT STEP" Workshops

for people who have tested HIV positive and wonder
"What do I do now?"

- Free CD4 blood test
- Free RPR (syphilis) test
- Free TB skin test

Workshops are held
the first and second Tuesday of each month in English
and the third Tuesday of each month in Spanish
6:00 PM - 8:30 PM
4211 Graustark (behind the Audette Clinic at 1200 Richmond)
For more information, call:
713-528-5531
(funded by the Texas Department of Health)

CALENDAR

Friday, March 22	HOUSTON AIDS CONFERENCE
Saturday, March 23	Doubletree Hotel, Galleria
Thursday, March 28	BOARD MEETING 7:00 PM, Multi-Service Center Board Room
Tuesday, April 2nd	STRESS REDUCTION CLASSES 7:00 PM. WEEKLY
Monday, April 15th	SPEAKER FORUM, David Petersen 7:00 PM, Multi-Service Center Classroom Financial Planning
Sunday, April 21st	PICNIC 4 PM, Multi-Service Center Grounds

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Positively

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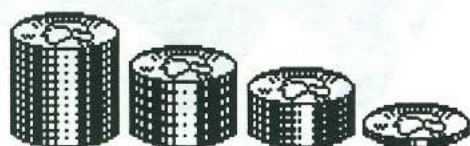
FINANCIAL PLANNING SEMINAR

Body Positive/Houston starts its new quarterly speaker forum series with a truly outstanding educational opportunity. On Monday, April 15th, Body Positive will host a presentation by David Petersen entitled "**Personal Finance and HIV.**" The address and discussion will be from 7:00 to 9:00 PM in the gymnasium of the Metropolitan Multi-Service Center. This forum is free and open to the public.

The presentation will address the financial implications of HIV disease, financial planning, health insurance, life insurance, trusts, wills, taxes and other pertinent topics.

Petersen is a retired comprehensive personal financial planner and a member of Body Positive New York. Prior to retirement, he was vice-president of Peregrine Planners, which specialized in financial planning for the terminally ill, especially AIDS patients. One of his clients was the first person in the U.S. to negotiate early payment of his life insurance policy and receive a percentage of the face value of his policy prior to death.

Positively appreciates Mr. Petersen's interest and efforts to bring this important message to Houston, and especially his offer to contribute this month's *Options*. We are sure that, once you read his article, you will be interested in attending this Speaker Forum on the 15th to learn more about early planning and the power and options that you do have.



SPRING PICNIC IS BACK

The special flyer inserted into this month *Positively* has been brought to you by those hearty souls who each Saturday tend to Mother Nature's midwifery in the Body Positive Garden. They wish to invite all of you to see the results of their handiwork in the garden as part of the Annual Spring Picnic on Sunday, April 21st at 4:00 PM.

As in the past, the sponsors—Body Positive, Unity Total Health Support Group, and the PWA Coalition of Houston—will be providing the main dish and a host of fun-filled activities. You are asked to bring a covered dish and, more importantly, you and your friends, to the Multi-Service Center picnic grounds.

In past years, these picnics have been well attended and enjoyed by all. The garden folks have assured me that all of the rain for April has been planned for the first weekend in the month (now you have someone to blame) and that the weather on April 21st will be nothing short of spectacular. Please, join us and the other picnic sponsors in the Garden for a wonderful time.

AIDS STORIES WANTED

The following is an announcement received from Jeffrey Ericson about his proposed book AIDS LETTERS. If you are interested, please contact Mr. Ericson. He has already received several letters from those in the Houston area and has been greatly encouraged by our local response. He will be accepting letters for the next several months and is projecting a 1992 publication. Ed.

If you or someone you know is HIV+ or is living with either ARC or AIDS, or if someone you knew who lived with AIDS has passed away, I am interested in publishing your personal story in my book, *AIDS LETTERS*. My career in the medical profession has inspired me to publish a collection of AIDS-related stories in an effort to inform the public of the plight of PWAs and of the suffering endured by their friends and family. Too many voices are being left unheard and this book will provide you with an invaluable opportunity to openly voice your

true feelings. Whether you are a family member, a companion, or a friend of the afflicted, I encourage you to take advantage of this open forum and break the silence of this tragedy. Use any format to discuss your experience and write as much as you feel necessary.

You may wish to express your views on the joys of life, reflect on life's experiences, feelings of love from family and friends, personal hopes and dreams, convey a special message to society or just share a private thought. This book also offers a unique opportunity for those of you who have been touched by AIDS to lend your support to others by sharing your experience.

Personalize your story by including photographs, and if you need to speak with me directly, call AIDS LETTERS collect at (714) 850-3021.

Your insight and knowledge is too valuable to be lost forever, so send in your letters and photographs and never be forgotten by writing to:

AIDS LETTERS
4521 Campus Drive
Suite 101
Irvine, CA 92715

All letters will be held in strict confidence. It would enhance the book to have your real name attached to your story, but if you prefer to remain anonymous, please do so. In either case, it would be advantageous for you to provide some manner by which I can contact you should the need arise.

TEXAS AIDS SUMMIT

Representatives of various Houston AIDS agencies met with representatives from other cities on February 2nd at Texas Southern University to discuss needs and strategies concerning the ongoing 1991 session of the Texas State Legislature in Austin.

It was refreshing to see a great deal of agreement among all the Houston agencies represented—AFH, AIDS Equity League, HIV Service Providers, Hospital District, Body Positive, Montrose Counseling Center, just to name a few. Everyone expressed the concern that holding on to existing levels of funding and services would be a victory. Any cuts in current funding levels are seen as a threat to supporting federal funds, especially those under the Ryan White bill.

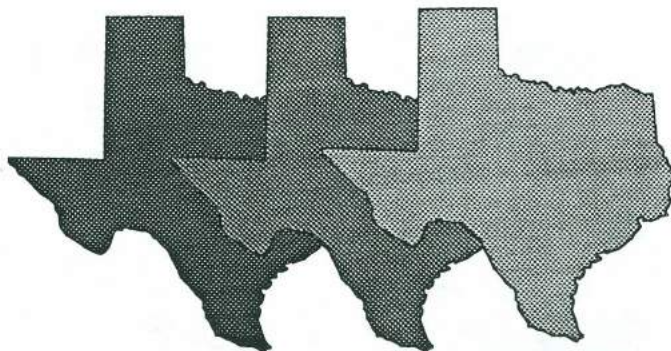
In a separate mailing from Body Positive, you have received or will receive shortly a detailed account of the latest status of key bills and a list of legislators representing Harris County.

If you don't know which is your representative, senator, etc., a very helpful document is the Voters Key published by the League of Women Voters. To get a copy, send a stamped, self-addressed envelope to League of Women Voters, 5373 W. Alabama, Suite 500, Houston, TX 77056 with a note requesting the Voters Key. The chart provides representative district information for each voting precinct in Harris County. Your precinct number is on your voter registration card. Not Registered?? Shame on you. Call 224-1919 and get them to send you a card. You can register by mail.

In order to contact your representatives in Austin, here are a few hints which we picked up at the Summit.

Keep to a single issue. Write personal letters (not form letters) of three or four sentences. Reference specific bills and your concerns and position on them. Remember that your legislators think they are "doing their best." The proper tone of a letter can increase its effectiveness. Threats and anger are not the best approaches, especially with those who have been our friends in the past and we want to be our friends in the present and future. Remember that a legislator may get several hundred letters before a vote, but you will be one of a handful if you follow up with a thank you letter when the vote is cast your way. Remember that the Texas Legislature is a curious political animal, and that it usually does most of its business in the last week of the session. That's May, folks. Pay attention and be prepared to respond quickly.

Positively would like to thank Professor Eugene Harrington of Texas Southern University's Thurgood Marshall School of Law for organizing the Texas AIDS Summit and for inviting us to attend.



BODY POSITIVE NEWSCOPE

The return of our Stress Reduction Classes last Tuesday turned out to be a wonderful success. Stephen de Tasnady had 30 or so people attend. The classes continue weekly on Tuesday nights at 7:00 PM in the Multi-Service Center. The location may vary within the building from week to week, so ask the attendant at the desk.

Body Positive is very pleased to welcome Luis Fuentes to its board of directors. Luis is the director of AVES.

Special thanks to the management of Rich's for their generous contribution to Body Positive, from the receipts of their USO Show benefit.

Peer Counseling has been contacted by various people about starting a Peer Counseling-sponsored weekly or monthly series of meetings for anyone who has gone through the 10 week program and would like to participate in a continuation group. If there is enough interest, we will consider starting a meeting that will be open to anyone who has completed the 10 week sessions and who feels they would like this type of support. This proposal is in a very preliminary stage. Before we go forward, we would like to have a response from our readers. If you would be interested in attending an open-type meeting, please call the office at 524-2374 and let us know.

Penny D. Gnesin, Traditional Reiki Master, taught a first level Reiki class at no charge for 4 members/associates of Body Positive and for 4 persons with the AIDS Foundation Houston on March 18-20. All participants enjoyed the class and indicated that they got a lot of new knowledge from the class.

Reiki is the Japanese word for Universal Life Force Energy. Reiki is a form of touch healing that works by conducting energy through one person to another or to oneself. This method is a healing alternative that is effective alone or in conjunction with any other healing program.

Positively's attempt at a set production schedule is working pretty well so far. A reminder that the deadline for organizations to submit material for Community Reporter is the FIRST of the month, and volunteers are needed to prepare the mailing on the NINTH on each month.



MEDICAL PERSPECTIVE

By Dr. Wayne Bockmon

Q: I tested positive for HIV four years ago. At that time my T-cell count was 350. That number and related ratios have not changed over time. My physician and I have decided not to begin AZT or other possibly toxic intervention until we see some decline in the numbers. Our thinking is that my system has found some balance with the HIV which is better left undisturbed. I have seen the phrase "stabilized numbers" in several publications but I have never read any explanation of this condition. What is my body doing right? Has anyone investigated what creates this equilibrium and what sustains it?

A: This is a very good question and it underscores an important concept about HIV disease. Let me review a few things about the natural course of HIV infection. After the HIV enters your body you form antibodies against the virus as you would for any foreign particle. We measure these antibodies in an Elisa or Western Blot to determine that you are, in fact, HIV positive. These antibodies keep the HIV more or less controlled for a long time. This "latency" period can last ten years or more, during which time your T-cell parameters may not change much. Most HIV positive people if monitored during this long latency period will have values around 300-600 which seem stable. For some this latency may last longer than 10 years and perhaps even for life. However, studies have shown that the virus is not completely inactive during this time. At times of stress or during other infections the HIV may go into a replication cycle producing more virus and infecting more cells. These small bursts of activity usually go unnoticed and don't necessarily change the T-cell data. The thinking is that over time, having sustained multiple small bursts of activity the total viral load of the body reaches a point that overwhelming illness ensues.

What I see with patient after patient in my practice is that when given an antiretroviral drug such as AZT, even if the T4 count looks stable, most people will show a

marked rise in that count. This tells me that the virus is exerting a negative effect on the immune system and that blocking the virus tips the balance in favor of your own natural defenses. I have seen people with numbers such as yours double their T4 count and maintain excellent health on AZT.

I would argue that low dose AZT in the 300 to 600 mg per day range has minimal toxicities. It is a rare individual who does not tolerate these dosages. I cannot tell you when or even if your T-cell parameters may fall. But, I strongly believe that having an antiviral drug on board to suppress the low level activity of the virus is your best bet for extending that latency period.



HIV AND THE LAW

BY STEVEN WARD, ATTORNEY

We received a great deal of comment and some letters on last month's questions on civil lawsuits resulting from HIV infection. Excerpts from one of the letters are printed below, along with Mr. Ward's response. As is our policy, we do not use anyone's name in print unless we have their permission or the writing is submitted as a press release. Ed.

"In his column HIV And The LAW, Mr. Ward responds to two questions related to people who want to seek damages from the person they claim infected them. . . Mr. Ward seems to take the attitude that these people were innocent victims of the persons who perpetrated the 'sick' act of spreading HIV infection.

"When two consenting adults have sex with each other they are each responsible for their own health and safety. When these people became HIV infected they knowingly put themselves at risk for HIV infection by engaging in sexual behaviors that allowed them to become infected.

"'It takes two to tango', and if one person perpetrated the 'sick' act of infecting the other then the other person perpetrated the 'sick' act of allowing him/herself to become infected.

"There is also nothing in the questions as stated that says the 'perpetrators' knew they were HIV positive."

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AIDS/HIV. The sooner you know, the more you can do.

520-TEST



Mr. Ward responds:

It is clear that anyone who is knowingly HIV infected perpetrates a "sick" act when they purposely spread the HIV. Granted, many people were infected prior to knowledge that HIV ever existed. The plaintiff would have to raise a negligence issue. As you suggest, the defendant can always raise the defense of contributory negligence in any tort action, including suits for damages for negligent transmission of HIV.

Obviously, most readers know that in the case of Christian v. Hudson there was much evidence presented that Mr. Hudson knew that he had HIV. Gross negligence or intentional injury always allows for punitive damages, and happily, juries usually find people who intentionally harm others through malice or gross recklessness as guilty of punitive damages.

We appreciate all those who shared their reactions, both favorable and unfavorable, to this recent column. I feel I should respond to a few who felt it was "irresponsible" to run the piece at all, since it seemed to encourage people that lawsuits were possible. Like it or not, lawsuits of this nature are a fact, and are likely to become more frequent in the future—a situation which those who are potentially on either side of the action need to be aware of. "Safer Sex" is not only a moral and ethical issue, but also has a darker side of possible civil and criminal action which must be addressed. HIV and the LAW is an educational feature of Positively, not legal advice. To publish a legal column and not address the Hudson or Bergalis cases would be "irresponsible" in my opinion. Editor.

WHY PLANNING AHEAD IS IMPORTANT

BY DAVID PETERSEN

Coping with HIV disease with money is very different from trying to cope with HIV without money.

To have financial wellbeing while having HIV disease requires lead times for dealing with such things as taxes, investments, estate plans and insurance. Particularly with insurance, advance planning can pay you handsome rewards. Some examples of the need for planning ahead and insurance are elimination periods, pre-existing condition exclusion periods, conversion periods, incontestable periods, qualification periods, freeze periods and limitation periods.

Each of these insurance clauses has a time period component. Under some, one has to wait for time to pass in order to get a benefit; under others, one must take a positive step within a specified period of time or window.

Your disability income insurance may contain a six-month "elimination period" requiring you to be disabled for this period of time before your monthly checks start. Similarly, Federal Social Security disability benefits have an elimination period of five full calendar months. You need to plan how you are going to cover all your living expenses during that period.

There are many terms you need to know to be able to understand the issues, to discuss your situation cogently, to plan your affairs with precision, and in fact, just to read this article. To facilitate your reading, definitions of terms which may be new to you and which are critical to your understanding follow. In the article text the first use of the term is set off with quotation marks.

ACCELERATED BENEFITS – an early payment of life insurance death benefits to a terminally ill policyholder by the insurance company (the second party)

CONVERSION – the exchange of one policy providing temporary or group coverage for another individual policy, for example, when a person ceases working and an individual policy is issued to replace employer group coverage. No evidence of medical insurability is required (no medical tests or questionnaire)

CONVERSION PERIOD – the length of time within which a conversion can be elected

DISABILITY INCOME INSURANCE (DI) – a form of health insurance that provides periodic payments to replace lost income when the insured is unable to work because of illness or injury

ELIGIBILITY PERIOD – the time within which something may happen and outside of which something may not happen

ELIMINATION PERIOD (also sometimes called a waiting period) – a provision designed to eliminate disability benefits for the first number of days specified for each period of disability; the elimination period may run from as little as three days to as long as one year.

GUARANTEED ISSUE LIFE INSURANCE – a form of life insurance which the insurance company will sell regardless of health status; The company requires no medical examination or tests. The death benefits are usually small and only paid out if death occurs more than two or three years after purchase; the premiums are high.

INCONTESTABLE PERIOD – a provision stating that the insurance company agrees to refrain from challenging claims for benefits because of alleged application misstatements by the insured after a stipulated period has passed, usually one or two years

LIMITATION PERIOD – the time during which an insurance policy provision is not applicable

LIVING BENEFITS – accelerated benefits and viatical settlements combined; the proceeds of a life insurance policy received by the policyholder prior to death

PRE-EXISTING CONDITION – a physical condition that existed prior to the effective date of the policy, sometimes meaning at the effective date of policy issue, and sometimes meaning for a period of 3-24 months preceding the effective date of the policy

PRE-EXISTING CONDITION EXCLUSION – period of time after issuance of an insurance policy during which benefits will not be paid in connection with a pre existing condition, usually 3-12 months

QUALIFICATION PERIOD – the length of time required before the insured becomes eligible for a specific benefit

VIATICAL SETTLEMENT – the proceeds from the sale of a life insurance policy to a third party by a terminally ill individual. Historically, a viaticum was an allowance for traveling expenses or provisions for a journey.

Most medical insurance policies contain a "pre-existing condition exclusion" clause. If you have AIDS when you became covered by a medical insurance policy, the pre-existing condition exclusion says that medical expenses incurred for that "pre-existing condition" will not be reimbursed for, for example eleven months. After you have been covered by a medical insurance policy for those eleven months, your otherwise qualified AIDS-related medical bills will be reimbursed. On the other hand, if one month after becoming covered, you break your arm, your orthopedic medical expenses will be covered; the broken arm was not a pre-existing condition at the time the insurance coverage started.

Even though a positive HIV test may make you uninsurable as far as private individual and small group insurance is concerned, you still have the ability to buy "guaranteed issue life insurance." A usual feature of guaranteed issue life insurance is that, if death occurs in the first two or three year "limitation period," the face amount is not paid as a death benefit, only the premiums plus perhaps some modest interest are paid out.

Employer provided group life insurance almost always allows one to convert to an individual policy when one leaves the employment group. There is a requirement that within a specified "conversion period," usually 31 days, one must initiate a notification that one wishes to convert the coverage. At the time of employment termination, the employer may fail to provide notice that this conversion privilege is a feature to which you are entitled. If you do nothing, your right to the converted life insurance policy expires and you simply lose a valuable asset. If you are healthy (and insurable) when you leave the job, this loss could be replaced easily. However, if you become disabled with AIDS and could no longer get another job with life insurance benefits nor buy private life insurance, the loss is tremendously significant. How significant?

People with foreshortened life expectancies can now sell their life insurance policies and receive a "viatical settlement" of perhaps 60% or more of the face value. And some insurance companies have instituted "accelerated benefit" programs to pay early 90+% of the death benefits to those with very short life expectancies. Most viatical settlement companies have "eligibility periods" of 18-24 months of life expectancy within which they will offer to buy a life insurance policy. The typical eligibility period for accelerated benefits is six months of life expectancy. While living benefits may handsomely take

care of you financially at the end of your life, you still have to plan ahead for your finances when you are disabled but not yet eligible for living benefits.

While guaranteed issue life insurance, mentioned above, may be expensive for what you get, the advent of viatical settlements and accelerated benefits may now make purchasing this high-cost insurance a wise strategy if you buy it several years before you might want to viaticate it.

Your right to continue your medical insurance also depends on your making notification of your desire to continue coverage within the conversion period. You could leave a lot of money on the table for want of submitting a request within the conversion period.

The world of insurance and employee benefits is rife with time and timing consideration "windows." There is a very large number of windows relating to job leaving whether the reason is change jobs, lay off or for disability.

Other areas of your personal finances besides insurance have time and timing considerations which call for planning ahead. Here are some more examples.

Your financial strategy may call for a declaration of bankruptcy. Filing for bankruptcy is not something that should be done at that point when the debts have just become too overwhelming. You should plan ahead for bankruptcy. Transactions during the freeze period, usually 90-120 days preceding filing, can be reversed by a bankruptcy court. In addition, many states have a rule which says that the "proceeds of life insurance" received within, for example, six months after discharge from bankruptcy are available for the claims of creditors. The "proceeds of life insurance" rule was included in the bankruptcy law to mean receiving the death benefits of someone else's life insurance, but the wording also zaps "living benefits" as well. The whole purpose of declaring bankruptcy can be undone by getting a living benefit too soon after bankruptcy.

In the realm of planning ahead to reduce income taxes, a very important consideration is whether disability benefits are taxable or not. If an employer pays the disability insurance premiums, the benefits are taxable income to the disabled person. If you pay the premium, out of your own after-tax-dollars, the disability benefits are income tax free and that make a BIG difference on how much you have to live on. Some employers will permit you to reimburse them for the employer-paid group disability insurance premiums, but you have to pay while you are working and not after you are disabled.

A sometime useful tax planning technique is shifting taxable income into lower brackets. Assume we know then you are going to be disabled and you will have tax-free disability benefits and no taxable income (because you planned ahead). Contributions can be made to a retirement plan (IRA, Keogh plan, 401k) in the last year worked. The contribution is deducted from taxable income of the last year worked. Then the money is withdrawn from the retirement plan in the first full year of disability when you have no taxable income. The result of this maneuver is that you save all the income taxes on the amount that went into and back out of the retirement plan. However, your timing is important to make this maneuver work.

A useful estate planning tool to reduce estate taxes is the transfer of life insurance policies into an irrevocable life insurance trust. If death occurs more than three years after the transfer of the life insurance policies to the trust, the death benefits fall into the "exclusion period" and are excluded from the taxable estate. If death occurs outside of the exclusion period—less than three years after the transfer—the death benefits may be subjected to very high estate tax rates (Federal estate tax rates are 37-55%).

Often I hear someone, particularly someone who is asymptotically HIV+, say, "I'll cross that bridge when I come to it," when talking about financial plans. You can understand, from my examples, why I cringe at this sort of expression and attitude. Plan ahead now and take care of having the financial pieces in place while you have the time, all your mental faculties and the energy to deal with the complexities.

The lead time for many financial strategies are quite long, so the key is **PLANNING AHEAD** and **STARTING NOW!**

These are just a few examples of how planning ahead may give some financial tranquility when dealing with the distress of the medical aspects of HIV. This article should **not** be used as a how-to guide. The examples used here are designed to show that there are benefits to you from planning ahead. Read everything you can, talk to your friends, go to lectures, and seek advice from experienced professionals.

Removal of financial problems can reduce stress and the relief from stress can be life-lengthening. Access to cash may make the difference on whether or not you receive a life-saving treatment.

David Petersen is a retired comprehensive personal financial planner and member of Body Positive in New York City. Prior to retirement, he was vice-president of Peregrine Planners, which specialized in financial planning for the terminally ill, especially AIDS patients. He will be presenting a Speaker Forum in Houston on April 15th, 7:00 PM at the Metropolitan Multi-Service Center gymnasium.

HOUSTON AIDS CONFERENCE: KEYNOTE REPORT

BY STUART JOHNSON

The Keynote Lecture at this year's Houston AIDS Conference was given by Allan Goldstein, Ph.D., Professor and Chairman of the Department of Biochemistry and Molecular Biology, George Washington University School of Medical and Health Sciences, Washington, D.C. His topic was "Understanding the Molecular Biology of HIV Infection and its Application to the Development of HIV Vaccines."

Dr. Goldstein began by showing a chart of worldwide projections relating to HIV. His projections show that by 1999, there will be 25 to 30 million cases of HIV disease, 6 million AIDS with a rate of 3000 new cases every day. Where the industrialized nations now have 40% of the cases compared to 60% in developing nations, by 1999 the developing nations will have 80 - 90%. Figures which clearly indicate that the search for a cure and/or vaccine is an international priority.

The main problem in creating a vaccine for HIV is "genetic drift," that is, the relatively quick mutation which a viral strain goes through which renders it immune to antibodies elicited following vaccination. HGP-30, a product being tested in collaboration with Dr. Adan Rios of Houston, may overcome this problem. A Stage I trial is nearing completion in London. The first human trials of HGP-30 on HIV negative individuals have started in California.

Dr. Goldstein outlined the stages in vaccine development. First, a suitable immunogen must be identified. Next, animal response must be tested. Then, viral neutralizing antibodies must be identified.

HGP-30 used the P-17 active component. Highly successful immunization will protect against all strains of HIV. HGP-30 elicits group specific antibodies in animals, and elicits both the helper-suppressor T-cell response.

Antibodies to P-17 disappear earlier than P-24. HGP-30 is non-toxic. The sero-negative volunteers in the human trials would not test positive in the ELISA, they would only be HGP-30 positive. An article on the progress of the studies was published in the September 1990 issue of "Immunology." Dr. Goldstein and his colleagues are looking to arrive at effective treatment and cure of HIV infection this decade.

Dr. Goldstein used the terminology "frank AIDS" apparently to distinguish asymptomatic seropositivity and AIDS Related Complex (ARC) from CDC defined AIDS. He affirmed that support networks and groups like Body Positive are "buying time for the scientists who are working hard to catch up with the epidemic and its spread."

This is a summary presentation of one of the speakers at the Houston AIDS Conference. Stuart has prepared a detailed summary of the Conference and each of its speakers. He and Positively are exploring ways of making it available. At a minimum, in the next couple of months, we will print similar presentation of several of the other lectures, particularly those from out-of-town speakers, and ask local speakers to perhaps expand these summaries into full length Options articles. We appreciated the opportunity Dr. Rios gave us to attend the conference and to present its significant elements here. Editor.

Houston

AUDETTE CENTER

A Montrose Clinic Affiliate

in cooperation with
**The PWA Coalition-Houston
and Body Positive**
presents

"NEXT STEP" Workshops

for people who have tested HIV positive and wonder
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- Free CD4 blood test
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and the third Tuesday of each month in Spanish

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BODY POSITIVE/HOUSTON
PWA COALITION
UNITY TOTAL HEALTH PROGRAM

INVITE YOU TO:

A PICNIC IN THE *GARDEN

DATE: SUNDAY, APRIL 21, 1991

TIME: 4:00 P.M. TO 6:00 P.M.

LOCATION: THE COMMUNITY GARDEN
METROPOLITAN MULTI-SERVICE
CENTER
1475 WEST GRAY

BRISKETS, CHICKEN, SAUSAGE LINKS AND DRINKS WILL BE PROVIDED.
EVERYONE IS REQUESTED TO BRING A SIDE DISH, SALAD, ETC.

*THE COMMUNITY GARDEN IS AN ONGOING PROJECT OF BODY
POSITIVE/HOUSTON PROVIDING FRESH PRODUCE TO STONE SOUP
AND CORNERSTONE PLACE AND CUT FLOWERS TO HOSPITAL
PATIENTS. VOLUNTEERS WILL BE PRESENT TO PROVIDE YOU WITH
MORE INFORMATION.

THE CO-SPONSORS WISH TO THANK THE FOLLOWING FOR THEIR SUPPORT:

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LUBY'S CAFETERIA



COMMUNITY REPORTER

This month the Community Reporter is overjoyed at the number of events that the near future has to offer.

Living Positively With HIV is a newly founded support group for individuals, family and friends in the Clear Lake/NASA area. The group meets Tuesday evenings from 7:00 to 8:30 PM. Call Jim at 488-8600 or Joyce at 532-1432 for more information.

The **AIDS Equity League** is holding a garage sale and "collectables" event on Saturday, April 20th at Jim Higgins & Company, corner of Waugh Drive and Fairview. To drop off donations before hand or arrange for a pick-up (between April 15th and 20th) call 526-8077 or 522-1810.

Dr. Scott Poland will conduct a seminar on "Youth Suicide" on Friday, April 26th, 1991, 10:30 AM - 12:30 PM. Sponsored by **Crisis Intervention of Houston, Inc.**, the seminar will be held at the Marathon Oil Tower Conference Center, 10th Floor, Marathon Parking Garage, 5555 San Felipe. There is no charge and parking is complimentary. For reservations please telephone 527-9864.

The **Houston NAMES Project** will be having a Garage Sale at their workshop, 1410 Fairview, 8:00 AM to 4:00 PM Saturday, April 27th, and Noon to 4:00 PM on Sunday, April 28th. Your donated garage sale items from spring cleaning can be dropped off all day Saturday, or you can call Pete at 868-9837 to make arrangements. Any questions, the workshop number is 52-NAMES.

The **Art League of Houston** is beginning an outreach program for people with AIDS. The program will initially be one drawing class, offered free of charge, to those with a serious interest in art and restrictive financial considerations. The class will be held at the Art League of Houston, 1953 Montrose, and will begin on April 27. If you would be interested in underwriting the cost of a student's supplies, the cost would be \$15.00 per student/per semester (10-12 weeks). For more information, please contact the Art League of Houston, 523-9530. Registration is limited.

Saturday, April 27th, from 10:00 AM to 6:00 PM, The Crystal Dolphin will host "A Day of Refreshment." at 2135 Colquitt. Snacks, beverages, and other refreshments will be served. Mary Hilliard will be there autographing copies of her new meditation tape "Through the Woods." In celebration of Earth Day 1991, owner Michael Coll will be accepting recycleable glass, aluminum, some plastics (milk and two-liter bottles), and

bound newspapers (12" bundles). Proceeds from recycling will be donated to Greenpeace. There will be help there in unloading vehicles.

This month's **Medical Steps**, sponsored by the Thomas Audette Memorial Clinic will present Dr. Patrick McNamara, "Understanding HIV Medical Treatments," at HCA Medical Center auditorium, 8081 Greenbriar, on Saturday, April 27th at 2:00 PM. Medical Steps is an ongoing program on the last Saturday of each month. *Positively* will have an in-depth look at this program next month.

Melodies of Montrose, a benefit for the Montrose Clinic HIV Research Programs, will be held Sunday, April 28th, 3:00 PM to 7:00 PM at Missouri Street Station, 1117 Missouri at Yoakum. Stage level reserved seating available with a minimum donation of \$12.50 per seat—call 528-5554 for information on making reservations. The benefit features live entertainment, a raffle, a silent auction, and food.

This year's Sweet Charity fundraiser for the AIDS Interfaith Council will be held Sunday, April 28th at Pavilion Saks Fifth Avenue, 1800 Post Oak Blvd. Dinner is at 5:30 (\$100.00 ticket) and Dessert at 7:00 (\$25.00 ticket). Local celebrities will compete in a sugar sculpturing contest, and, as always, the dessert gala features some of the most wonderful uses of chocolate.

Positive Guidelines for a Corporate Response is the title of a AIDS Issues in Houston conference hosted by the HIV Service Providers, Greater Houston Partnership, and Houston Area Health Care Coalition. The conference is Wednesday, May 8th, 8:00 AM to 1:30 PM at the Four Seasons Hotel, 1300 Lamar. For information or registration, call 546-5737 before April 26th.

That's What Friends are For II: Celebrating a New Decade of Hope, an evening of entertainment to raise money for several community charities, has been set for May 10 at Rich's, 2401 San Jacinto. Doors open for the event at 8:00 PM, show time is 9:00 PM. Tickets are \$15.00 in advance, \$20.00 at the door, with a limited number of VIP tables available for reservation at \$100.00 per table (seats four). Tickets are available at Printex Plus, Appearances, and the Brazos Back Pocket. For more information, call Larry Garrett at 880-1400.

The next **Nutrition Workshop** sponsored by the PWA Coalition and the Montrose Counseling Center will be on Wednesday, May 8th at 7:00 PM at the PWA Coalition office, 1475 W. Gray. These workshops are held the second Wednesday of each month.

CALENDAR

Monday, April 15

SPEAKER FORUM, David Petersen
7:00 PM, Multi-Service Center Gym
"Personal Finance and HIV"

Sunday, April 21

SPRING PICNIC
4:00 - 6:00 PM
Multi-Service Center Grounds

Thursday, April 25

BOARD MEETING
7:00 PM, Multi-Service Center Conference

Sunday, May 5

BUDDY/FACILITATOR SOCIAL
Call 524-2374 for details

EVERY TUESDAY

STRESS REDUCTION CLASS
7:00 PM, Multi-Service Center

SERVICES

PEER COUNSELLING: Body Positive offers a counselling program unique in Houston. A ten week, confidential, closed structure allows ten to twelve people, led by two trained HIV Positive facilitators, to explore a wide range of relevant issues and build or strengthen their personal support system. Call 524-2374 for more information.

BUDDY SYSTEM: A one-to-one support program for those who have recently tested HIV positive to confront issues and explore alternatives. To refer or for more information, call 524-2374.

ANDREW BOYD HIV RESOURCE LIBRARY, located in the Metropolitan Multi-Service Center, is a collection of books, newsletters and other information sources on HIV Disease.

GARDEN PROJECT provides an opportunity to enjoy the aesthetic and practical values of gardening. Produce and plants are donated to Stone Soup and area hospitals.

"GET TESTED NOW" is a multi-media campaign urging individuals at risk of exposure to HIV to get tested and consider appropriate early intervention tactics.

SPEAKER FORUMS and **SOCIAL EVENTS** are scheduled quarterly. See the Calendar section or call the Body Positive/Houston office for details.

BODY POSITIVE/HOUSTON is a non-profit organization serving the needs of HIV seropositive individuals and those who share their concerns. The major focus of the organization is to encourage healthy personal and social attitudes.

POSITIVELY is an official publication of Body Positive/Houston. Mark Siegworth, Editor; Stuart Johnson, Contributing Editor; David Lee, Publishing; Terry Smith, Circulation Manager; Dr. Wayne Bockmon, Medical Advisor. Steven Ward, Legal Advisor. Permission granted for non-commercial reproduction.

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BODY POSITIVE/HOUSTON
1475 West Gray, #176
Houston, Texas 77019
(713) 524-2374; Fax (713) 524-5424



Positively

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MAY 1991

VOLUNTEERS ARE NEEDED

Body Positive/Houston started in 1988 with six HIV+ people who got together to support and help themselves cope with being seropositive. Today we have over 1100 people on our mailing list and distribute over 1500 copies of our newsletter each month. Various social and educational events throughout the year are successful and well attended. Hundreds of people have been helped by our peer counselling and buddy programs.

The tremendous growth of Body Positive in a short period of time happened because people are getting tested for HIV, and those who test positive are doing something about it! We were able to meet this increased demand because of our volunteers — men and women who gave and continue to give of their time, talent, and energy to make this a viable organization.

Body Positive needs help! We need two people to co-chair the Volunteer Committee. We also need other people to volunteer to help us in many ways, such as:

- ◆ **Be a Peer Counselling Facilitator.**
- ◆ **Be a Buddy**
- ◆ **Mail the Newsletter Each Month**
- ◆ **Help with Special Mailouts Throughout the Year**
- ◆ **Work in the Community Garden**
- ◆ **Work on Special Events: Third Anniversary Celebration in July; Fall Picnic in September; Halloween Magic Fundraiser in October; Christmas Tree Lighting in December; Christmas Stocking Stuffing and Hospital Visits in December**

We want to stress that we are not asking anyone to commit an inordinate amount of time to Body Positive. For example, if you want to help with the mailout of the newsletter every other month or quarterly, that's great. If you want to work in the garden (or just sit in the garden kibitzing) every Saturday or once a month, that's great. And if you cannot do something you volunteer to do, that's all right, too.

In the past, some of you may have called the office and volunteered. And you never heard from the office! That's our fault, we're not perfect; and we apologize for the oversight. This fact underscores why we need co-chairs and committee members for our Volunteer efforts.

Please give us another call, or call us for the first time, at the Body Positive/Houston office (524-2374) Monday thru Friday, 8 AM to 5 PM (closed from noon to 1 PM each day). Or call anytime and leave a message on the answering machine. Someone will call you back. We look forward to hearing from you.

This article was submitted by Body Positive/Houston's Administrative Director, Ken Haught. We thank Ken for this contribution, all his hard work, and the support and concern he has generously given to Positively. Way to go, Ken. Ed.

THANKS FOR A WONDERFUL PICNIC

The weather was fantastic, the food was great, and the crowd was wonderful—what more is required for a pleasant Sunday picnic under the trees? Well, try t-shirts, special games, and the lovely setting of the Body Positive Community Garden, and you have just about a perfect afternoon.



Special thanks to the primary underwriter, ONCOL Center for IV Therapies and it's C.O.O., Steve Racciato. Thanks for other contributions to Randy Boyd from Luby's Cafeteria and Nan Robson of Curaflex Infusion Services.

Of course, we can't leave without mentioning our expert barbecue staff of Sandra and Ed and anyone else who spent the afternoon slaving over a hot grill. And to all of you who attended and brought your favorite goodie (slaving over a hot microwave, I'm sure). If your doctor's orders were to put on a few pounds before the next visit, this was definitely the place to be.

And for those of you who weren't there—never fear. Body Positive and its co-sponsors, the PWA Coalition and Unity Total Health Program, will be doing it all again in the fall. Plan to join us.

MEDICAL PERSPECTIVE

by Dr. Wayne Bockmon



In the past couple of months, I have had a number of questions regarding articles in both major Houston newspapers reporting that AZT may not be as effective in Blacks and Hispanics as in whites when used in early HIV disease.

In response to this, let me first make one very important point. DO NOT get your medical information out of the newspaper. It is often misinterpreted or misrepresented to make good copy rather than sound medical advice.

The study generating all this controversy was a Veterans Administration trial looking at efficacy of AZT use in early HIV disease. The total number of participants was small. About half received AZT, the rest placebo. The study tracked "adverse events" occurring in both groups. In analyzing this data, the authors for some reason lumped Blacks and Hispanics together. In this "minority" group, nine adverse events occurred on drug versus only one on placebo. In the white patients on the study, there were many fewer adverse events on drug versus placebo. The authors concluded that there may be a genetic difference in the way people respond to AZT and that Blacks and Hispanics may not benefit from early intervention.

There are major problems with drawing these conclusions from this study. There is no reason to think that Blacks and Hispanics are genetically similar in response to HIV infection or the drug AZT. Many of the participants in this study were IV drug users. One might theorize that an "adverse event" in these people might be more a function of lifestyle than of medications or ethnicity. Interestingly, the percentage of adverse events on AZT was the same in the all white group, about 15%. I do not know why the placebo group had such a low level of adverse events. Dr. Margaret Fischl, who supervised the trials documenting the benefit of AZT in those with 200 to 500 CD4 cells, calls these VA results a "fluke." All other studies and clinical experience to date supports that AZT is equally beneficial in all ethnic groups.

A NATION OF HYPOCHONDRIACS

BY NORMAN COUSINS

The main impression growing out of twelve years on the faculty of a medical school is that the No. 1 health problem in the U.S. today, even more than AIDS or cancer, is that we don't know how to think about health and illness. Our reactions are formed on the terror level. We fear the worst, expect the worst, thus invite the worst. The result is that we're becoming a nation of weaklings and hypochondriacs, a self-medicating society incapable of distinguishing between casual, everyday symptoms and those that require professional attention.

Somewhere in our early education we become addicted to the notion that pain means sickness. We fail to learn that pain is the body's way of informing the mind that we are doing something wrong, not necessarily that something is wrong. We don't understand that pain may be telling us that we are eating too much, or the wrong things; or that we may be smoking too much or drinking too much; or there is too much emotional congestion in our lives; or that we are being worn down by having to cope daily with overcrowded streets and highways, the pounding noise of garbage grinders, or the cosmic distance between the entrance to the airport and the departure gate. We get the message of pain all wrong. Instead of addressing ourselves to the cause, we become pushovers for pills, driving the pain underground and inviting it to return with increased authority.

Early in life, too, we become seized with the bizarre idea that we are constantly assaulted by invisible monsters called germs, and that we have to be on constant alert to protect ourselves against their fury. Equal emphasis, however, is not given to the presiding fact that our bodies are superbly equipped to deal with the little demons, and that the best way to forestall an attack is to maintain a sensible lifestyle.

The most significant single statement about health to appear in the medical journals during the past decade is by Dr. Franz Ingelfinger, the late and former editor of *The New England Journal of Medicine*. Dr. Ingelfinger noted that almost all illnesses are self-limiting. That is, the human body is capable of handling them without outside intervention. The thrust of the article is that we need not feel we are helpless if disease tries to tear away

at our bodies. We can have greater confidence in the reality of a healing system that is beautifully designed to meet most of its problems. Even when outside help is required, our own resources have something of value to offer in a combined strategy of treatment. No one gets out of this world alive, and few people come through life without at least one serious illness. If we are given a serious diagnosis, it is useful to try to remain free of panic and depression. Panic can constrict the blood vessels and impose an additional burden on the heart.

Depression, as medical researchers all the way back to Galen have observed, can set the stage for other illnesses or intensify existing ones. It is no surprise that so many patients who learn they have cancer or heart disease—or any other catastrophic disease—become worse at the time of diagnosis. The moment they have a label to attach to their symptoms, the illness deepens. All the terrible things they have heard about the disease produce the kind of despair that in turn complicates the underlying condition. It is not unnatural to be severely apprehensive about a serious diagnosis, but a reasonable confidence is justified. Cancer today, for example, is largely a treatable disease. A heavily damaged heart can be reconditioned. Even a positive HIV diagnosis does not necessarily mean that the illness will move into the active stage. One of the interesting things researchers at the UCLA Medical Center have discovered is that the environment of the medical treatment can actually be enhanced if seriously ill patients can be kept free of depression. In a project involving 75 malignant-melanoma patients, it was learned that a direct connection exists between the mental state of the patient and the ability of the immune system to do its job. In a condition of emotional devastation, immune function is impaired. Conversely, liberation from depression and panic is frequently accompanied by an increase in the body's interleukins, vital substances in the immune system that help activate cancer-killing immune cells. The wise physician, therefore, is conscious of the emotional needs of the patient.

People who have heart attacks are especially prone to despair. After they come through the emergency phase of the episode, they begin to reflect on all the things they think they will be unable to do. They wonder whether

they will be able to continue at their jobs, whether they will be able to perform satisfactorily at sex, whether they can play tennis or golf again. In short, they contemplate an existence drained of usefulness and joy. The spark goes out of their souls. It may help for these people to know that in addition to the miracles that modern medicine can perform, the heart can make it's own bypass around occluded arteries and that collateral circulation can provide a rich supply of oxygen. A heart attack need not be regarded as a mincing lifestyle. Under circumstances of good nutrition, a reasonable amount of exercise and a decrease in the wear and tear of stressful events, life expectancy need not be curtailed. Plainly the American people need to be re-educated about their health. They need to know that they are the possessors of a remarkably robust mechanism. They need to be de-intimidated about disease. They need to understand the concept of a patient-physician partnership in which the best that medical science has to offer is combined with the magnificent resources of the mind and body. We need not wait for a catastrophic illness before we develop confidence in our ability to rise to a serious challenge. Confidence is useful on an everyday level. We are stronger than we think, much stronger.

This article is a reprint. It originally appeared in Time Magazine in June of 1990, shortly before Mr. Cousin's death.

CHIROPRACTIC AND HIV

BY DR. CHARLES FRANCHINO, D.C.

Chiropractic is a healing art. Through the manipulation of the spine, cranium, and extremities, the therapeutic goals are realized. The majority of patients seek chiropractic care for relief of musculo-skeletal and nuerologic symptoms, such as pain, numbness, tingling, and stiffness. Others use it as part of a holistic health maintenance program. Many people believe it can also help those who are HIV antibody positive.

PWA's often have musculo-skeletal problems that respond well to chiropractic. These include pain and stiffness associated with strenuous coughing, prolonged bedrest, rapid weight loss, and from medical procedures such as spinal taps and colonoscopies. Pain resulting from drug toxicities, central nervous system tumors, and Herpes Zoster (shingles) are also responsive to chiropractic. Doctors of chiropractic are well trained to diagnose these

states. Once the chiropractor has ascertained that he/she can treat the condition in question, the patient undergoes a series of painless spinal manipulations to correct the problems. In many of these situations, chiropractic is more effective than drug therapy because it treats the underlying problem rather than simply address the symptoms as most drugs do. And chiropractic has no toxic side effects.

Chiropractic is also of use to people with HIV as part of a holistic regimen used in conjunction with more orthodox medical therapies. The basic tenet of chiropractic is that interference with the nervous system function will result in problems elsewhere in the body. The brain communicates with every cell by way of spinal and cranial nerves which travel through foramina (holes) in the spine and cranium. Misalignment of individual spinal segments can put pressure on the nerves and thereby interfere with information traveling from the brain to cells and back again. It is this interruption in communication that leaves body tissues more susceptible to toxins, infectious agents, and stress. By removing nerve interference through spinal manipulation, chiropractic allows for optimal physiological response. Needless to say, there are many factors which influence our health such as genetics, nutrition, stress and infectious agents, and these are addressed by other health modalities.

Commentary by Dr. Franchino: Organized medicine has portrayed chiropractic as quackery, saying that we claim to be able to cure every ailment through spinal manipulation. This is ridiculous and is nothing more than a disinformation campaign by the American Medical Association (AMA) designed to eliminate an economic competitor. It is important to note that the chiropractic profession recently won an anti-trust suit against the AMA for just this reason. The only losers in this battle are health care consumers. The public is confronted with confusing options. It is not uncommon for a person with HIV to utilize several types of health care practitioners, none of whom communicate directly with one another. The medical profession is notorious for it's contempt of alternative medical practitioners who, in turn, can be obsessively dogmatic. Quacks and charlatans exist on all sides. The time has come for people with HIV to insist upon a dialogue among their health care providers. We all have a great deal to learn from one another.

This article is reprinted from the November 1990 PWA Newslines, New York.

BODY POSITIVE NEWSCOPE

Special thanks from Body Positive/Houston to Adan Rios, M.D., Conference Director, and to the Conference Organizing Committee, Gary Brewton, M.D., Gordon Crofoot, M.D., Jorge Quesada, M.D., and the late Benjamin Valfre, M.D., for designating our organization as the recipient of all donations made in lieu of registration fees for the Third Annual HOUSTON CONFERENCE ON AIDS IN AMERICA. The money that we received will be used to maintain our Peer Counseling Program, Buddy Program, and other projects that we offer for HIV seropositive individuals. We very much appreciate the generosity of Dr. Rios and his associates, as well as all those who attended the Conference.

April's SPEAKER FORUM, Personal Finance and HIV with David Petersen, was very well attended and well received. Body Positive thanks all those who attended for their generosity and interest, and special thanks to Mr. Petersen for sharing his expertise with us.

There will be a BUDDY PROGRAM training and re-training session on Monday, May 20th, 7:00 PM at the Metropolitan Multi-Service Center. In addition to new buddy volunteers, all current and past buddies are welcome to attend for refresher training and new ideas. All HIV+ men and women interested in helping those newly diagnosed find empowerment are encouraged to come and train to be Body Positive Buddies.

Body Positive assists CORNERSTONE HOUSE, a family care center, in their outreach to families, especially children, affected by HIV and AIDS. Our organization extends a helping hand in these ways: we furnish fresh produce from the Garden; we furnish clothing, household goods and other items on Cornerstone House's need list which we collect from persons on our mailing list and at various functions; and we include this facility on the Christmas Visitation list. There will be more on the needs of this facility in the coming months, but we have received word that they really need to have a telephone answering machine donated. If you have one to donate, please call Body Positive at 524-2374.

Body Positive has recently found a sympathetic resource at the CONSUMER CREDIT COUNSELING SERVICE, a non-profit community action organization designed to help people help themselves and solve their debt problems. CCCS offers professional financial guidance, assistance and planning at no cost to the consumer. If you are interested in this kind of help, call the Body Positive office for more information.

The Body Positive GARDEN PROJECT is looking for volunteer supervisors and vegetable nurturing apprentices to work one weekend each month in the garden. If you are interested, call Body Positive, or Terry at 520-1066.

POSITIVELY NEWS AND MORE

Positively would like to echo and second the comments made by Body Positive Administrative Director Ken Haught in his article about Volunteers, and (while we're on the subject) mention the volunteer help what we need each month.

We do our mail preparation on the 9th of each month (the next Monday if that's a weekend). Since that is usually a different day of the week each month, if you have a conflict with a particular day, you can help on the month's when you are available. Preparing over 1100 pieces of mail takes a lot of time, and we can use all the help we can get on the preparation and distribution each month. We could also use someone with a free morning on the 10th to make the mass distribution run.

We have recently received word that a couple of our features have been reprinted in LIVING WELL the publication of the AIDS Action Council of Australia. Well, we couldn't be more pleased. Reproduction of any of our articles by other non-profit groups is flattering and, therefore, encouraged—as we do the same from time to time. So, g'day y'all to our friends in Australia, and greetings as well to our new friends in Vancouver, British Columbia.



HIV AND THE LAW

by Chai Feldblum

This month's legal column is an reprint from the January 1991 NAPWA News. Chai Feldblum is a member of the American Bar Association AIDS Coordinating Committee and an attorney with the American

Civil Liberties Union. Ms. Feldblum headed a team of legal advisors on the Americans With Disabilities Act (ADA) as the law progressed through Congress and she is preparing a series of comprehensive summaries of the ADA. These materials can be obtained by writing to Chai Feldblum at ACLU, 122 Maryland Avenue, N.E., Washington D.C. 20002.

How does the ADA help people with AIDS?

Anyone who has any aspect of HIV illness (from asymptomatic HIV infection to full blown AIDS) has some form of HIV disease. The ADA prohibits discrimination against all people with disabilities and considers HIV disease a disability covered under the law.

I am HIV positive but I don't consider myself disabled. Am I still covered under the law?

Yes. The term "disability" is a legal term used to establish a person's basis for anti-discrimination protection. If someone fires you because you have HIV disease, you have been discriminated against because of your medical condition. The term "disability" is used in the ADA to describe a broad range of such medical conditions which are often inappropriately taken into account by employers and businesses. It is not the same definition of disability used to establish eligibility for benefit programs.

After rumors went around my office that I had AIDS, I was fired. I don't have AIDS. Would the ADA still protect me?

Yes. The ADA prohibits discrimination against people who are regarded as being disabled, included people who are regarded as having HIV disease. However, you would need to prove legally that you were fired, at least in part, because your employer thought you had AIDS and not because of your job performance or some other reason.

What private employers are covered by the ADA?

Starting in July 1992, any business which employs more than 25 people is prohibited from discriminating against people with HIV disease. From July 1994, the law covers any business which employs more than 15 people. There may be state or local laws in your area which would cover smaller employers.

I have HIV disease. What protection does the ADA give me in terms of hiring and firing?

An employer cannot refuse to hire you simply because you have HIV disease. An employer cannot fire you or refuse to give you a promotion simply because you have HIV disease. The bottom line is that an employer cannot treat a person differently in terms of employment simply because of HIV disease.

What if my employer argues that I am likely to cost the employer more in insurance premiums?

The argument would be invalid. An employer may not legally use the excuse that you might cost the employer more in health insurance premiums as a reason for not hiring you.

Can an employer refuse to hire me if I have HIV disease because the employer is afraid I might get sick a lot in the future?

No. An employer is not allowed to use the fact that you might become too sick to work in the future as an excuse for not hiring—or firing—you now.

What if I am already so ill, because of my HIV disease, that I cannot adequately perform my job?

That's different. Under the ADA, an employer may not discriminate against a qualified person with HIV disease. To be qualified you must be able to perform all the essential functions of the job, despite your HIV disease. This includes being well enough to get to work on a regular basis and to perform the job adequately.

I am a person with HIV disease who can perform the essential functions of my job, but I sometimes get tired and have to leave work early. Also, I need to leave for two hours a week to get treatment at a local hospital. Would the ADA protect me?

Probably. Under the ADA, an employer must make reasonable accommodation for persons with disabilities. This means that the employer has a responsibility to make changes in a job that will help the person perform the job more adequately. This could include establishing flexible work hours and allowing a person time off for medical treatment.

Is there any limit to what I can ask my employer to do in accommodating my HIV disease?

Yes. Under the ADA, an employer only has to make reasonable accommodations that will not impose undue hardship on the employer. This means that if the employer shows that it would be a significant difficulty or expense to make a certain accommodation, it does not have to make it. Under the ADA, these decisions are made on a case by case basis, depending on the size and type of business involved. For example, a small employer might be able to show that allowing an employee with HIV disease to leave early every day would make it very difficult to conduct a business. A larger employer would have greater resources and could more easily make changes in the work schedule of that same person.

Does the ADA prohibit an employer from making me take an HIV test?

If you are already working, an employer may not force you to take an HIV test unless the employer proves that the test is necessary for you to do your job. If you are applying for a job, an employer may require that you take a medical examination, including an HIV test. The employer can require the examination only if it has a policy that all applicants for that job position take the same medical examination, not just selected individual applicants. The employer can only require the exam after you have been given an actual job offer. The employer may not withdraw that offer after the exam unless the employer proves you are no longer qualified for the job because of your HIV disease.

My roommate has AIDS and my employer knows that we live together. Do I have any protection from discrimination?

Yes. The ADA prohibits discrimination against people who associate with people with disabilities, including people with HIV disease. This includes you if you are a friend, lover, family member, buddy, or caregiver of a person with AIDS. To get protection, you must be able to legally prove that you were discriminated against because of your known association with that person.

What public accommodations are prohibited, under the ADA, from discriminating against people with disabilities?

Under the ADA, "public accommodations" include essentially every imaginable type of service provider. They include doctors, dentists, pharmacists, and any health care provider; hotels, restaurant, movie theaters, convention centers and health spas; bakeries, clothing stores and any business that sells or rents items; dry cleaners, banks, travel services and any business that provides commercial services; museums, parks, and schools; homeless shelters, adoption agencies and programs, and any place that provides social services.

What protection does the ADA give me with regard to these public accommodations?

All of these businesses and service providers may not discriminate against you in providing goods and services because you have HIV disease, because you are regarded as having HIV disease, or because you associate with a person who has HIV disease.

A number of my friends with HIV are having trouble finding doctors and dentists to treat them. Would the ADA protect them?

Yes. A health care professional would be prohibited from refusing to treat a person simply because of the person's HIV disease.

When my landlord found out that I had HIV disease, he evicted me from my apartment. Could I get my apartment back by bringing a lawsuit under the ADA?

You don't have to sue under the ADA. The ADA doesn't mention housing because there is already another federal law which prohibits discrimination against people with disabilities (including people with HIV disease) in the sale or rental of private housing. That law is the Fair Housing Act, as amended by Congress in 1989. That law is currently in effect and can be used to bring lawsuits in cases of housing discrimination.

When does the ADA take effect?

The ADA can't be used by applicants and employees against employers until two years after enactment - which will be in July of 1992. It can't be used by customers and clients against public accommodations until 18 months after enactment - January 1992. The law cannot be used against some smaller public accommodations until July 1993, nor against even smaller public accommodations until July 1994.

What can advocates and people with HIV disease do in the meantime?

If you have been discriminated against because of HIV disease by a business that gets federal funds, there is an existing federal law, Section 504 of the Rehabilitation Act, that protects you. Many cities and states have local laws that protect you. These laws are in effect now and can be used in many situations. When the ADA becomes effective, it will supplement these laws. In the meantime, lots of employers are beginning to learn about the ADA. Advocates and people with HIV disease can use the ADA's phase-in period to educate businesses and employers about the ADA so that we can prevent discrimination down the line.

Positively's legal columnist, attorney Steven Ward, comments: "Readers should be aware that there are state laws which are available to protect persons with disabilities. Recently, a trial was held in Harris County in which a restaurant waiter sued his employer for unfair discrimination under the Texas disabilities statute. The trial court jury found that HIV infection is a disability and that it is worthy of protection from discrimination if the plaintiff/employee can prove that the HIV infection does not significantly impair his or her ability to perform the required tasks of the employment. In this particular case in Harris County, the waiter was awarded over \$50,000 in back pay and damages. Thus, since the ADA does not always apply to every case, HIV infected employees should make sure that their attorney consults the Texas laws dealing with prohibitions against unfair discrimination against HIV infected employees. It is quite possible that in some cases the Texas law will be more supportive of damages for discrimination than the ADA." Mr. Ward's regular column will return next month.

GET TESTED NOW!

AIDS/HIV. The sooner you know, the more you can do.

520-TEST



Houston

AUDETTE CENTER

A Montrose Clinic Affiliate

in cooperation with
**The PWA Coalition-Houston
and Body Positive**
presents

"NEXT STEP" Workshops

for people who have tested HIV positive and wonder
"What do I do now?"

- Free CD4 blood test
- Free RPR (syphilis) test
- Free TB skin test

Workshops are held
the first and second Tuesday of each month in English
and the third Tuesday of each month in Spanish
6:00 PM - 8:30 PM

4211 Graustark (behind the Audette Clinic at 1200 Richmond)
For more information, call:

713-528-5531

(funded by the Texas Department of Health)

DON'T DROP OUT OF SIGHT

If you are changing addresses or updating subscription information, please be sure and notify the Body Positive office by the 25th of the month to insure that you receive your next issue of Positively.

Subscriptions are free and issues are mailed third-class bulk rate in a plain envelope with no return address. This is why that it is important that you notify us of address changes well in advance, as third-class mail is NOT forwarded and is not returned to Body Positive.

The Body Positive office phone is 524-2374 (Fax: 524-5424).

COMMUNITY REPORTER

The next Medical Steps, sponsored each month by the Houston Clinical Research Network, will be "*HIV Clinical Research; Experimental Therapies for HIV*." The monthly Medical Steps lecture and question period are held on the last Saturday of each month at 2 PM at the HCA Medical Center auditorium. 8081 Greenbriar. This month, that's May 25th. The Community Reporter attended the first of this series, on Common Lab Tests, and found it very informative and informal enough to ask all your questions. The series consists of four topics in rotation, so Lab Tests will come back in July.

The Houston Clinical Research Network is now offering free eye screenings to identify early signs of ocular or neurological deficits. For information, call 528-5554.

The Thomas Audette Memorial Clinic, in cooperation with the PWA Coalition and Body Positive, offers Next Step Workshops for those who have tested HIV+. For information, call 528-5531.

The Clinic has also announced that they will now do confidential as well as anonymous HIV antibody testing. The Clinic has been doing anonymous testing since 1985, but confidential testing, in which names and personal identifying information are disclosed to the Clinic, is preferred by some people who need documentation of their test results and a medical record started.

AIDS Foundation Houston will present its quarterly HIV/AIDS MEDICAL TREATMENT WORKSHOP on Tuesday, May 14th at Park Plaza Hospital Conference Room 1 North A from 6:30 to 9:00 PM. Dr. Joseph Gathe, Jr. will lead the panel. Refreshments will be provided courtesy of Park Plaza. There is no charge, the presentation is open to everyone, and there will be time for questions.

AFH's popular Self-Hypnosis mini-course is now a monthly event on the last three Mondays of each month at the AFH offices. The three-part course, led by Hypnotherapist T.C. LeNormand, director of Behavioral Dynamics, teaches the benefits and techniques of self-hypnosis for stress reduction, behavior modification, and self-actualization.

AFH also announces that it is now providing nutrition counseling one evening a week. For more details and to schedule an appointment, call Tom at 688-7136 or Bart at 623-6796.

AFH has started its call for volunteers for its **Houston Walk 1991**, scheduled for November 3rd. If you would like to be involved this year, call AFH at 623-6796.

The PWA Coalition's Household Re-start Program is in need of basic furniture items for PWA's in the situation of having to furnish a new place to live. The on-going need is for tables and chairs, sofas, lamps, and beds. Please call 522-5428 to arrange for pick-up of donated items.

The next monthly HIV and Nutrition Workshop, sponsored by the PWA Coalition and the Montrose Counseling Center will be June 12th, 7 PM at the Coalition dayroom, 1475 W. Gray.

The Design Industries Foundation for AIDS (DIFFA) has recently announced grants to The Assistance Fund for its program making monthly payments for insurance, drugs and treatments; to the Association for Community Television for a video-documentary on achieving a life in balance after a diagnosis of HIV; and to the American Red Cross for two-way radios in the vans used to provide transportation for clients with HIV/AIDS to various service providers.

DIFFA is a national fundraising organization which raises money for HIV/AIDS service providers. Last year, DIFFA raised almost \$1 million locally, including \$700,000 with the hugely successful musical production, "Heartstrings, The National Tour." Once again this year, DIFFA will sponsor Heartstrings in March of '92.

Stages Repertory Theatre is extending the run of the off-Broadway musical review "CLOSER THAN EVER," and the continuing benefit of that production for Stone Soup Pantry. Tickets are \$15.00, and with each full price ticket and a contribution to Stone Soup, a second ticket may be purchased for half price. For information, call 52-STAGE.

CALENDAR

Monday, May 20

BUDDY TRAINING
7:00 p.m. Multi-Service Center

Wednesday, May 22

BOARD MEETING
7:00 PM, Multi-Service Center Conference
Note: NEW DAY

EVERY TUESDAY

STRESS REDUCTION CLASS
7:00 PM, Multi-Service Center

SERVICES

PEER COUNSELLING: Body Positive offers a counselling program unique in Houston. A ten week, confidential, closed structure allows ten to twelve people, led by two trained HIV Positive facilitators, to explore a wide range of relevant issues and build or strengthen their personal support system. Call 524-2374 for more information.

BUDDY SYSTEM: A one-to-one support program for those who have recently tested HIV positive to confront issues and explore alternatives. To refer or for more information, call 524-2374.

ANDREW BOYD HIV RESOURCE LIBRARY, located in the Metropolitan Multi-Service Center, is a collection of books, newsletters and other information sources on HIV Disease.

GARDEN PROJECT provides an opportunity to enjoy the aesthetic and practical values of gardening. Produce and plants are donated to Stone Soup and area hospitals.

"GET TESTED NOW" is a multi-media campaign urging individuals at risk of exposure to HIV to get tested and consider appropriate early intervention tactics.

SPEAKER FORUMS and **SOCIAL EVENTS** are scheduled quarterly. See the Calendar section or call the Body Positive/Houston office for details.

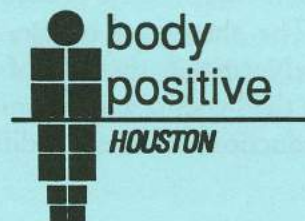
BODY POSITIVE/HOUSTON is a non-profit organization serving the needs of HIV seropositive individuals and those who share their concerns. The major focus of the organization is to encourage healthy personal and social attitudes.

POSITIVELY is an official publication of Body Positive/Houston. Mark Siegworth, Editor; Stuart Johnson, Contributing Editor; David Lee, Design/Layout; Terry Smith, Circulation Manager; Dr. Wayne Bockmon, Medical Advisor. Steven Ward, Legal Advisor. Permission granted for non-commercial reproduction.

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BODY POSITIVE/HOUSTON
1475 West Gray, #176
Houston, Texas 77019
(713) 524-2374; Fax (713) 524-5424



Positively

VOL.4 NO. 7

JULY 1991

POSITIVELY BEGINS FOURTH YEAR

That funny looking graphic in the center of the page may not be familiar to most of you. That is the entire first issue of *Positively*, in July of 1988. As we begin the fourth year of this newsletter, here and elsewhere you will see us looking back to the beginning, to what we wanted to do then, what we are trying to do today, and what we look for in the future.

The growth and expansion of *Positively* in three years time mirrors what has happened with the AIDS epidemic in Houston, across America, and around the world. Services and understanding have grown and expanded, but are still understaffed and inadequate because the scope and magnitude of the problems have grown and expanded even faster. Everyone feels as though they are slowly drowning as they tread water as fast as they can.

We all do what we can, when we can. The efforts of all are appreciated and deserve our support and encouragement. The AIDS Community salutes the leadership of the past which we have lost, the commitment of the present, and looks to the leadership of the future, for it must be there and it must come from somewhere. We encourage all Persons with HIV to get involved in our own support systems and organizations, to take back and lead the charge. Empowerment means that we know best what we need and how to achieve it. We need to input, advise, and lead at every level, at every step, of every process, of every decision.

Positively wishes to thank every one who has made the first three years possible. To all those who have written articles, stuffed envelopes, made the mass distribution runs, dealt with the Post Office, or any of the other odd jobs—we couldn't have made it without you.

Early in the life of Body Positive/Houston, Burroughs-Wellcome made it possible for us to have the computer,

which has made life with the newsletter possible. Through the past two years, we have enjoyed the generous grant support of the Houston Chapter of the Design Industries Foundation For AIDS (DIFFA). Thanks primarily to the generosity of these two sources, we have expanded the distribution from 200 to 2,000 in 36 months.

Positively has also benefitted from the support of leaders and board members of Body Positive/Houston past and present. Too many to name here—but you know who you are. We continue to value your suggestions and comments. Thanks.

Of the 2,000 copies of this *Positively* printed, over 1,200 will be direct mailed. We appreciate all the help we have had

from all of you in keeping the mailing list current, so that all of these copies get to people who read them.

Multiple copies are currently being distributed at Thomas Street Clinic, PWA Coalition, Bering Care Center, AIDS Foundation Houston, Montrose Library, Montrose Counseling Center, Thomas Audette Clinic,

(continued on page 2)

Positively
Vol 1, No 1

body positive
HOUSTON

PO Box 980683
Houston 77098
713 526-2374

VESTREIDEN

Wendy

GAUSTAN

MONTROSE

body positive is a new educational organization founded to address the various needs of all HIV Seropositive individuals. Goals and activities planned include:

PEER SUPPORT/COUNSELING: Leader training sessions are being planned for August or September prior to establishing peer support groups.

SPEAKERS/PUBLIC FORUM: A discussion of the current state of treatment and research featuring Dr. Peter Hain is planned for Tuesday, September 2nd, at a location to be announced later.

INFORMATION/PUBLICATIONS: Work has started on a Community Resource Handbook for distribution as well as other educational information pamphlets.

SOCIAL ACTIVITIES: A series of preliminary social and organizational meetings are being held on Friday evenings beginning July 2nd and continuing four weeks. Happy Hour begins at 6:00 PM at 3115 Gessner. Join us as we create a positive approach to life after testing.

JULY
1988

SUN	MON	TUE	WED	THU	FRI	SAT
					1	2
3	4	5	6	Board Meeting 8 PM	7 Body Positive 6 PM	8 9
10	11	12	13	14	15 Body Positive 6 PM	16
17	18	19	20	21	22 Body Positive 6 PM	23
24 31	25	26	27	28	29 Body Positive 6 PM	30

BODY POSITIVE NEWSCOPE

Two very special evenings are planned for the hot mid-summer evenings of July by the **Stress Reduction** classes organized by Steven de Tasnady. On Tuesday, July 16th, Charlene Evenhouse will be the guest instructor. Charlene is a yoga teacher, and she will use that evenings stress reduction session to teach an introduction to yoga. This class begins at the usual start time of 7:00 PM.

The next week, Body Positive and AIDS Foundation Houston are co-sponsoring a special expanded evening. At 6:00 PM, Mary Lou Galantino will explore the art of relaxation using a variety of fitness techniques and exercises to increase strength, endurance and self esteem. At 7:00, Jane Hess will conduct her on-going "Body Truth" session for the regular customers and all the new people the program has gathered at these two expanded sessions.

Cornerstone House officially opened on June 11th with impressive media coverage. The facility is already working to capacity with a waiting list. *Positively* will periodically inform you of specific needs of this HIV Family Care Center, and reminds you of their ongoing needs for canned food items for their food pantry, baby food, and diapers.

The **Peer Counseling** program has begun several new groups in the last month. Hopefully, everyone who was on the waiting list is now in a group. We hope to start new groups now as soon as we have a sufficient group for a given night, but we are still a few facilitators short of that goal. There will be a facilitator training in the near future. Those who have been through the ten week group should consider facilitating a group. Call the Body Positive office (524-2374) for more information. We can put you in touch with past and current facilitators who can tell you exactly what is involved from their first hand experience.

The date of the **Third Anniversary Celebration** will be changed from July 18th. The co-chairs are diligently working on having a "really big event." The actual date will be announced in next month's *Positively* in plenty of time for everyone to make plans to attend.

Medical Perspective takes a summer vacation this month as the staff travels and plans future articles. It will return next month with Dr. Bockmon's report from the International AIDS Conference in Florence.

Houston

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4211 Graustark (behind the Audette Clinic at 1200 Richmond)

For an appointment or more information, call:

713-528-5531 (Voice)

713-528-3577 (TDD)

(funded by the Texas Department of Health)

POS. 4TH YEAR (cont.)

Unity Total Health Program, MCCR, Dr. Rios' office, Special Medicine Clinic at the VA Hospital, Park Plaza Hospital, Twelve Oaks Hospital, and the HIV evaluation unit at Brooke Army Medical Center. We thank all the administrators and clinicians at these sites who have been concerned enough to allow us the opportunity to help in education and support for their clients. If there are additional sites out there that would like to be on this list, just give us a call and we will make sure that you get the copies you need each month.

I constantly look forward to the day when we can go out of business and close the doors because no one needs us any more. Until then, we will keep plugging away as best we can. We are very glad that we could be of help.

Editor.

THE DENVER PRINCIPLES

The Denver Principles are a set of recommendations and guidelines which were originally adopted by the National Lesbian and Gay Health Conference in Denver in 1983. Much has changed since then, but this statement of principles continues to be a valid statement of concerns and largely unmet goals for People with AIDS. Positively felt that a reminder of where we were and how far we still have to go is appropriate, and that this may be new and valuable information for many who have been drawn in since 1983 as the face of AIDS in America and around the world changes. — Editor

We condemn attempts to label us as "victims", which implies defeat, and we are only occasionally "patients", which implies passivity, helplessness, and dependence on others. We are "People with AIDS."

We recommend that *Health Care Professionals*:

1. who are gay or lesbian, come out, especially to their patients who have AIDS
2. always clearly identify and discuss the theory they favor as to the cause of AIDS, since this bias affects the treatment they give
3. get in touch with their feelings (fears, anxieties, hopes, etc.) and not just deal with AIDS intellectually
4. take a thorough personal inventory to identify and examine their own agendas around AIDS
5. treat People with AIDS as whole persons and address psychosocial issues as well as biophysical ones
6. address the question of sexuality of People with AIDS specifically, sensitively, and with information about gay male sexuality in general and the sexuality of People with AIDS in particular

We recommend that *All People*:

1. support us in our struggle against those who would fire us from our jobs, evict us from our homes, refuse to touch us, separate us from our loved ones—our community—our peers, since there is no evidence that AIDS can be spread by casual contact
2. do not scapegoat People with AIDS, blame us for the epidemic, or generalize about our lifestyle

We recommend that *People with AIDS*:

1. form caucuses to choose their own representatives, to deal with the media, to choose their own agenda and to plan their own strategies
2. be involved at every level of AIDS decision making and specifically serve on the boards of directors of service provider agencies
3. be included in all AIDS forums with equal credibility as other participants, to share their own experiences and knowledge
4. substitute low risk sexual behavior for those which could possibly endanger themselves or their partners. People with AIDS have an ethical responsibility to inform their potential sexual partners of their health care status.

People with AIDS have the right:

1. to as full and satisfying sexual and emotional lives as anyone else
2. to quality medical treatment and quality social service provisions, without discrimination of any form, including sexual orientation, gender, diagnosis, economic status, age or race;
3. to full explanations of all medical procedures and risks, to choose or refuse their treatment modalities, to refuse to participate in research without jeopardizing their treatment and to make informed decisions about their lives
4. to privacy, to confidentiality of medical records, to human respect and to choose their significant others
5. to die and to live in dignity

Sometimes it is important for all of us to go back to the beginning and look at the original problem, to remind ourselves of what it was that we originally set out to do, to measure our success by how much and how well we have accomplished those goals, and to plan for that which is still not done. — Editor

HIV AND THE LAW

by Steven K. Ward, Attorney-at-Law



Q: Recently I was tested anonymously for HIV at a clinic and was distressed to learn that the test came back HIV positive. Do you think

I should tell my employer about this? I have not made any claims on my group medical insurance yet.

A: I would definitely advise you not to disclose this personal information to your employer. As long as you can perform your work effectively, it is none of the employer's concern. In fact, I have heard several horror stories of clients who told their employer of their HIV status. Instead of being sympathetic, the employer made the HIV positive employee work harder than ever, evidently hoping the employee would just quit his job. Most employers know that there are anti-discrimination laws that protect HIV positive people, so, they attempt to use back door methods to get the employee to quit instead of being fired.

Q: When you fill out an employment application for a new job, and you know you are HIV positive, should you check the "disabled" box? If you do not check the box and later are diagnosed with AIDS, can the company then fire you because you did not disclose your HIV status on the application?

A: No, do not check the "disabled" box if you are merely HIV positive. I do not think that the employer can fire you later if you should develop AIDS. Being HIV positive is not considered a legal disability in my opinion. Furthermore, there is no absolute certainty that an HIV positive person will ever develop full-blown AIDS.

If you have AIDS and are filling out a job application, then I suggest that you be much more careful regarding any information that you disclose. Many people diagnosed with AIDS choose not to apply for disability for personal reasons. Some people enjoy their work, for example. It would be best for you to take the application and consult your doctor and lawyer if you have any questions regarding "disability" questions or health questions on a job application. A few employers make actually prefer to hire a disabled person, so this status does not always cause problems. However, if you are receiving any disability payments from Social Security or from a

private insurer, then you may lose your benefits if you obtain any employment. These are all factors which must be carefully considered prior to any employment. Of course, you can always do volunteer work, and there are plenty of deserving persons that can use your talents if you are financially able to do volunteer work.

Editor's note: See HIV and The Law in the May 1991 issue for a discussion of "disability" as it relates to the American's with Disabilities Act. It is important to remember that the word "disabled" has many different legal and medical meanings, and much depends on which law or program you are talking about. This response addresses "disability" in the limited context of an employment application.

Q: I have a friend in France who wants to visit for the summer. Since he has AIDS, what should I tell him to do?

A: The law and policies of the U.S. Immigration and Naturalization Services are in a state of flux. At this time, I would advise your friend that he should not disclose his AIDS diagnosis. Furthermore, since his luggage may be checked upon entry, he will not be able to transport any drugs commonly associated with treatment of AIDS. If there is a way that you can obtain the drugs for your French friend so that he does not have to carry them into the U.S., then your chances of having any problems with his entry should be minimized. Hopefully legislation will stop this prejudicial immigration policy in the near future, but I would not hold my breath waiting.

GET TESTED NOW.

AIDS/HIV. The sooner you know, the more you can do.

520-TEST



SUPPORT GROUPS OFFER MORE THAN JUST HOPE FOR THE TERMINALLY ILL

by Carlos V. Sibley

According to Webster, one of the definitions of the word "support" is the following: "to sustain as a person, the mind, spirits, or courage, under trial or affliction; to undergo, endure, or bear with fortitude, patience, or submission." It is such a sad truth that a number of Americans today can be described as "under trial or affliction"—those with so-called terminal illnesses. The pain and stress of struggling to deal with cancer, AIDS, lupus, brain tumors, or other untreatable diseases is indeed a trial to those involved. In trying to "undergo, endure, or bear" their various situations with "fortitude, patience, or submission," many people have turned to others in their situation for comfort, understanding and concern. Experience, and more often research itself, is beginning to show that support groups can be an important part of a terminally ill patient's therapy program.

While patients must naturally deal with the physiological aspects of their disease, quite often they will find themselves faced with psychological concerns related to the way in which they are handling the situation. According to AIDS Project Los Angeles, editors of *AIDS: A Self Care Manual*, "... it is becoming increasingly clear that AIDS is as much a mental health crisis as it is a medical crisis. As a result, many individuals have begun to seek counseling and support for the psychological burdens related to AIDS" (Moffatt 17). Professional psychotherapy is certainly an option in these cases, although many times an expensive one. A recent *Newsweek* article reported that individuals often find that sharing their thoughts about their illness with others in the same situation has a "soothing effect on the psyche, sometimes more so than doing the same thing in the presence of therapist. The article adds that support groups can help ease mental anguish, rid individuals

dependencies, and even, "extend the lives of people suffering from cancer and other physical afflictions." (Leerhsen 50).

"Professional psychotherapists often recognize the efficacy of support groups. Those that are centered around a common bond tend to unite quickly, report better attendance, offer patients more freedom of communication, and show more therapeutic success." (Drakeford 44). "Individuals dealing with the same illness often find themselves facing similar problems. Group members discuss and share thoughts on medical information, decisions and treatment, financial planning, disability applications, discriminatory treatment, and needs for supportive physical contact. In these sessions, those members who have dealt with these issues can offer advice and guidance to those who haven't encountered them yet. Some members may find it easier to confront their family, quit their job, or contemplate making a will while being supported by their group. Members can find role models for dealing with adversity in such groups" (Moffatt 21).

*Experience, and
more often
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that support groups
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important part of a
terminally ill
patient's therapy
program.*

Support groups can be found in many varieties, depending on the personality and needs of the individual. There are rigid, formal groups patterned after Alcoholics Anonymous' twelve step program for those who need the consistency of a structured format. Some groups are little more than social events, which may still offer comfort. Large groups of up to 100 people or more may prove easier to deal with for people not yet ready to actively participate. In *Living With AIDS: Reaching Out*, Dr. Keith D. Barton outlines a treatment program for AIDS patients which includes "... regular counseling several

times a week to work on expressing feelings that arise during the course of the program. A form of peer coun-

seling—either permissive or co-counseling or re-evaluation co-counseling—is most advantageous” (O’Conner 307). Body Positive/Houston offers a unique peer counseling program for HIV positive individuals. During the course of ten weeks, two trained HIV positive facilitators lead a confidential, closed discussion among ten group members, examining a number of pertinent topics, while building or increasing the individuals personal support systems (Positively 4).

Dr. Bernie Siegal, a surgeon who works with cancer patients, several years ago began a support group called ECaP, which refers to what he calls “exceptional cancer patients.” When he first started holding meetings, he was surprised to encounter a great deal of anger among the group members. Some individuals were angry with the medical profession, some were mad at themselves, while others were upset with God. But none had been able to express this anger, until the group began meeting (Siegal, Love 103). According to Louise Hay, who has established a Wednesday night support group for people with AIDS called Hayride, “Fear was the biggest issue that each member was dealing with—fear of the unknown, fear of pain, and fear of death. Just coming together as a group with an emphasis on doing something positive enabled all of them to feel better” (Hay 3). Support groups allow members an opportunity to discuss and perhaps express emotions that are valid in a safe, non-judgmental setting, among people who actually understand, on an emotional level, because they share the experience. Expression of anger, resentment, and fear are common elements of the groups (Moffatt 20). As Louise Hay puts it, “What we are learning in the Wednesday group is to stand up for ourselves and take positive action and send love to troubled spots and people. Much of this attitude has been developed from releasing fear” (Hay 34).

The greatest benefit that support groups offer members is the chance to extend themselves, to grow more in strength and appreciation of life, to fully open up as human beings, sometimes for the first time in their lives. Sheila Ernst, who helps coordinate support groups for women, believes that “a self-help group is an ideal place

to explore positive growth and to appreciate that we all have more strength in us than we dare to believe” (Hay 34). With the support and acceptance of the group “...

members are encouraged to live with AIDS (or other terminal diseases) by finding and developing new meaning in their lives, to accept support and help as they maintain a sense of mastery over their own lives, and to strive toward self enhancement” (Moffatt 21). Louise Hay feels that the group members assist one another in improving the “...quality of their lives on a day to day basis. There were great healings in consciousness, changes in ideas and attitudes about themselves and about life.” In *Peace, Love, and Healing*, Dr. Bernie Siegal recalls:

The members brought all the positive information regarding AIDS they could find to the meetings. If someone felt better, they asked what he was doing, and other members tried it.

“... a woman patient of mine with breast cancer turned to me and said, “Office visits are okay but I need to know how to live between office visits” gave me the clue that I needed to create a success oriented practice... That was over ten years ago and that remark was the inspiration for forming the first ECaP group...” (131).

Louise Hay, who is an avid follower and practitioner of Dr. Siegal’s methods as well as her own, recounts in *The AIDS Book: Creating a Positive Approach* that she has heard Bernie Siegal say that scientific research proves that every kind of cancer known to man has been overcome by someone. Finding out what those people did to survive can improve the chances of survival in a cancer patient—regardless of how severe the cancer is, or how old the cancer is, or happy they are, how much money they have.” (17). In his invitation letter to join his first group, Siegal explained that he could show members techniques that would help them live better and longer lives. His idea was to help people mobilize their full resources against their disease. Even with these noble intentions, Siegal admits he was surprised and a little concerned by the progress of his first group of patients. He reports that “people whose conditions had been stable or deteriorating for a long time had suddenly started to get well before my eyes.” He also adds that, “their progress had no obvious relation to drugs, radiation, or other traditional treatments” (Siegal, Love 28). Dr. Siegal attributes at least part of this improvement to

the techniques learned and shared in his support groups, which include meditation, imagery and visualization exercises, hope, prayer, facilitating the "live" messages to the body, and developing a sense of self caring. Louise Hay has described her positive approach to group as a sharing and networking experiment. The members brought all the positive information regarding AIDS they could find to the meetings. If someone felt better, they asked what he was doing, and other members tried it. "Eating habits were improved as we learned about nutrition. We did a lot of releasing resentment and much forgiveness work. We did mirror work. We learned meditation and visualization. and above all, we worked on learning to love ourselves" (Hay 3).

Recent statistics show that there are about 500,000 support groups operating around the country, attended by some 15 million Americans each week. This number has risen 25% in the past ten years (Leerhsen 50), and although this includes groups for alcoholics and other substance abusers, battered wives, child abusers, and a number of other interests, the sheer amount of groups available shows that people feel they are benefiting from the groups. As group members learn to help other members deal with their situations, they learn to handle their own. Dr. M. Scott Peck has observed that patients in group therapy are actually using psychotherapy on each other, where "their failures to successfully assume the role of psychotherapist can be pointed out to them" (Peck 179). Peck often tells his patients they can terminate their therapy when they themselves become good therapists. Indeed, many former group members benefit so much from the group experience that they eventually move into positions as facilitators, managers, or board members of the sponsoring organizations. These are usually individuals who truly understand and believe in the program, and completely commit to the group process. Tom O'Conner, who relates his personal experience in, *Living With AIDS: Reaching Out*, advises, "you will find that in joining a good support group, you will participate in the healing of others and thus accomplish your own more pleasantly and effectively" (68). Louise Hay feels that, by providing an atmosphere of love and acceptance, members share the joy of being alive, where they can safely change and grow. "Many people find they are healing themselves" (Hay 7-8).

The experiences in support groups the past few year have drawn attention from the scientific community. According to *Newsweek* "a ten year study by researchers at Stanford University showed that terminally ill cancer patients who participated in weekly support group meet-

ings in addition to receiving treatment lived nearly twice as long as those receiving only medical care" (Leerhsen 52). Those results hopefully are impressive enough to continue research studies in this field. We may be moving toward the day when support groups are a routine part of terminally ill patient's treatment program, offering a chance to "sustain the mind, spirits, and courage" of these individuals at a time when they most need it.

Carlos V. Sibley has served for the past two years in various capacities assisting and coordinating Body Positive/Houston's Peer Counseling Program. Following the prime directive of all writing instructors to "write about what you know best," Carl wrote this paper as part of his writing course work at Houston Community College. We may be hearing more from Carl in the months ahead. Ed.

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COMMUNITY REPORTER

Living Spirit is a non-profit group home for male PWA's (HIV) who are ambulatory and self-medicating. Entry is by referral from a case manager. They have particular need of donations of nightstands, bedside lamps, and chests of drawers. They could also use donated labor from electricians, carpet layers, and painters. If you can help, contact Bert at 528-5531.

The **Red Cross** needs volunteer drivers for their transportation program, which takes clients to Thomas Street Clinic and Saturday runs to Stone Soup and local grocery stores. If you can be of assistance, call Cynthia or Tom at 526-8300.

As an alternative to Thomas Street Clinic, you can now get your state funded AZT, Pentamidine, and Bactrim from the **Audette Clinic**. It is simple to make this choice. Call the Texas Department of Health at 1-800-255-1090 and request your prescription(s) be transferred from Thomas Street Clinic to the Thomas Audette Memorial Clinic. You may also receive your aerosolized Pentamidine treatment at the Audette Clinic. Treatments are by appointment only. The Audette Clinic Pharmacy is open Monday thru Friday from 10:00 AM to 9:00 PM. For more information or a TDH application, call 528-5531.

The next **AIDS Mastery Workshop**, sponsored by Northern Lights Alternatives, will be the weekend of July 19-21. This is a weekend workshop for adults affected by HIV disease. A confidential, safe environment is provided for the opportunity for each participant to express themselves. Registration is required. A sliding scale of fees, payment schedules and scholarships are available. No PWA's will be turned away due to lack of funds. For information, call Jim Griffith at 464-6971.

The next weekend, July 26-28, they will be conducting the AIDS Mastery for children and adolescents. For location and registration information, call Lyjet Stewart at 692-1465.

"Common Lab Tests and What They Mean" returns to **Medical Steps** on July 27th, 2:00 PM, at the Montrose Library. This highly informative presentation and question-and-answer session is conducted by Dr. Wayne Bockmon.

A **new support group at St. Michael's Church**, 1801 Sage Road, meets on Thursday evenings from 7:30 to 9:00 PM. The group, which is open to all persons with HIV, their friends and family, is held in the St. Michael's Activity Building, Room 1. Call 621-4370 for information.

Nutrition information will be available in two settings in early August. Richard Elbein will present a Nutrition Awareness workshop sponsored by **AIDS Foundation Houston** on Thursday, August 1st, 6:30 PM at the Montrose Library. Call 623-6796 for information.

The monthly **HIV and Nutrition** Series co-sponsored by the Montrose Counseling Center and the PWA Coalition will be held on Wednesday, August 14th, 7:00 PM at the Coalition offices, 1475 West Gray.

Positively

VOL.4 NO. 7

JULY 1991

POSITIVELY BEGINS FOURTH YEAR

That funny looking graphic in the center of the page may not be familiar to most of you. That is the entire first issue of *Positively*, in July of 1988. As we begin the fourth year of this newsletter, here and elsewhere you will see us looking back to the beginning, to what we wanted to do then, what we are trying to do today, and what we look for in the future.

The growth and expansion of *Positively* in three years time mirrors what has happened with the AIDS epidemic in Houston, across America, and around the world. Services and understanding have grown and expanded, but are still understaffed and inadequate because the scope and magnitude of the problems have grown and expanded even faster. Everyone feels as though they are slowly drowning as they tread water as fast as they can.

We all do what we can, when we can. The efforts of all are appreciated and deserve our support and encouragement. The AIDS Community salutes the leadership of the past which we have lost, the commitment of the present, and looks to the leadership of the future, for it must be there and it must come from somewhere. We encourage all Persons with HIV to get involved in our own support systems and organizations, to take back and lead the charge. Empowerment means that we know best what we need and how to achieve it. We need to input, advise, and lead at every level, at every step, of every process, of every decision.

Positively wishes to thank every one who has made the first three years possible. To all those who have written articles, stuffed envelopes, made the mass distribution runs, dealt with the Post Office, or any of the other odd jobs—we couldn't have made it without you.

Early in the life of Body Positive/Houston, Burroughs-Wellcome made it possible for us to have the computer,

which has made life with the newsletter possible. Through the past two years, we have enjoyed the generous grant support of the Houston Chapter of the Design Industries Foundation For AIDS (DIFFA). Thanks primarily to the generosity of these two sources, we have expanded the distribution from 200 to 2,000 in 36 months.

Positively has also benefitted from the support of leaders and board members of Body Positive/Houston past and present. Too many to name here—but you know who you are. We continue to value your suggestions and comments. Thanks.

Of the 2,000 copies of this *Positively* printed, over 1,200 will be direct mailed. We appreciate all the help we have had

from all of you in keeping the mailing list current, so that all of these copies get to people who read them.

Multiple copies are currently being distributed at Thomas Street Clinic, PWA Coalition, Bering Care Center, AIDS Foundation Houston, Montrose Library, Montrose Counseling Center, Thomas Audette Clinic,

(continued on page 2)

Positively
Vol 1, No 1



PO Box 980483
Houston 77098
713 324-2374

BODY POSITIVE is a new educational organization founded to address the various needs of all HIV seropositive individuals. Goals and activities planned include:

PEER SUPPORT/COUNSELING: Leader training sessions are being planned for August of September prior to establishing peer support groups.

SPEAKERS/PUBLIC MEETINGS: A discussion of the current state of treatment and research featuring Dr. Peter Hainell is planned for Tuesday, September 28th, at a location to be announced later.

INFORMATION/PUBLICATION: Much has occurred on a Community Resource Handbook for distribution as well as other education information pamphlets.

SOCIAL ACTIVITIES: A series of preliminary social and organizational meetings are being held on Friday evenings beginning July 8th and continuing four weeks. Happy Hour begins at 4:00 PM at 3115 Glenhurst. Join us as we discuss a positive approach to life after testing.

JULY
1988

SUN	MON	TUE	WED	THU	FRI	SAT
					1	2
3	4	5	6	7 Board Meeting 8 PM	8 Body Positive 6 PM	9
10	11	12	13	14	15 Body Positive 6 PM	16
17	18	19	20	21	22 Body Positive 6 PM	23
24 21	25	26	27	28	29 Body Positive 6 PM	30

Positively

VOL.4 NO. 9

SEPTEMBER 1991

AIDS ALLIANCE PWA MEMBER TO BE ELECTED

To increase PWA representation on the Board of Directors of the Greater Houston AIDS Alliance, Body Positive/Houston and the PWA Coalition Houston have been asked to be responsible for the election process of a "non-medically indigent PWA or HIV-Positive person" to serve on the Alliance's Board. There is already a representative for medically indigent PWA's on the board.

Self-nominations for the seat will be accepted either in person or by mail at either Body Positive (Suite #176) or the PWA Coalition (Suite #163) at the Metropolitan Multi-Service Center, 1475 West Gray, Houston, TX 77019. The deadline for nominations is Friday, September 13, 1991. No late nominations can be accepted.

The election is open to all with no restrictions except that the board member and the alternate must show proof that they are "non-medically indigent" and that they are HIV positive or have been diagnosed with AIDS. The person also must be willing to have this information made public. Each self-nominated person must submit a written statement of interest and the reason(s) you feel you can contribute to the GHAA board. A short biography must also be submitted.

All nominated persons must be available for a short interview by a screening committee of five persons on Saturday, September 14th. The screening will be held at the Metropolitan Multi-Service Center between the hours of 10 AM and 1 PM. A representative of the GHAA will be available to answer any questions that a nominated person may have about the GHAA board.

All nominated persons must be available to answer questions from interested voters between 11 AM and Noon on Saturday, September 21st. A representative of the GHAA will be available at that time to answer questions that voters may have.

The election will be held from noon until 2 PM on Saturday, September 21st. Ballots will be counted immediately after 2 PM. The person with the most votes will be named to the GHAA board and the second-place finisher will be the alternate board member. Their names will be announced immediately after the counting is completed. The new board member will be seated on the GHAA board at their October 3, 1991 monthly meeting. The alternate will be introduced at that time. Names of those people elected to these two positions will be announced in the POST, CHRONICLE, TWT, THE NEW VOICE, and organizational newsletters.

For information, please call the PWA Coalition (522-5428) or Body Positive (524-2374).

JUAN PALOMO KEYNOTES ANNIVERSARY CELEBRATION

Body Positive/Houston is very pleased and honored to have Juan Palomo, columnist for THE HOUSTON POST, as its special guest keynote speaker for its Third Anniversary Celebration. Palomo's column has stirred conversation and controversy since it began appearing in the Post in October 1990. Prior to that date, he had worked for the paper in a variety of capacities, including jobs as an intern in the newspaper's Washington bureau, general assignment reporter on the city desk, political reporter and foreign correspondent.

(continued on page 2)

MAGIC AROUND THE CORNER

IT'S ALMOST HEEEEERE. Invitations are still being sent out to both nights of Body Positive/Houston annual Halloween Magic fundraiser.

On Saturday, October 26th, an evening at Treebeard's Restaurant, 315 Travis at Market Square, begins with Social at 7:00 PM followed by a buffet dinner at 7:30. The special event of the evening is a sneak preview of "Roxie Whorra Beaute' Shoppe". Tickets are \$50.00 a person.

Then on Sunday, you can see the entire "Roxie Whorra Beaute' Shoppe" at the Majestic Metro Theatre, 911 Preston at Market Square, followed by Dancing, Film Clips, and a Light Show. Whorra D'Oeuvres and an open bar will be available. Doors open at 6:00 PM, with the play beginning at 7:30 PM sharp. Tickets are \$25.00 per person.

Special thanks to the Houston Affiliate #8—Texas Cosmetology Association for their support and this original, entertaining piece of world-class theatre. This is truly going to be the event of the season. Invitations will be mailed until October 15th, or until we reach the building limits with RSVP's. Don't delay, act today. This is one you don't want to miss.

ANNIVERSARY CELEBRATION

His July 9th column, reporting the brutal murder of Paul Broussard in a Montrose "gay bashing," has been credited for enlightening and encouraging Houstonians to press officials for an appropriate response. He will address the Anniversary Celebration on the "Silence=Death" aspect of living in Houston.

The anniversary event will be on Tuesday, September 17th, 1991, 7:30 PM in the Auditorium on the Lower Level of the Museum of Fine Arts, 1001 Bissonnet. Some of you may have received invitations stating another location at the museum, but it will be in the Auditorium. A reception will follow. Body Positive requests that you RSVP by September 16th to the office, 524-2374.

PAPER ROUTE AVAILABLE!

Each month Positively is hand-delivered to locations around Houston. We need a volunteer or volunteers to take copies each month to:

- Bering Care Center
- AIDS Foundation Houston
- Montrose Clinic
- Thomas Street Clinic
- Unity Support Group
- MCCR
- Montrose Counseling Center
- Montrose Library



We are also in the process of adding some doctors offices and hospitals to this list. We ask that you have some free time and transportation, so that you can deliver the copies the same day you pick them up. Please call the office if you can help.

Houston

**AUDETTE
CENTER**

A Montrose Clinic Affiliate

in cooperation with
**The PWA Coalition-Houston
 and Body Positive**
presents

"NEXT STEP" Workshops

A program for people who have tested HIV positive
 and wonder "What do I do now?" Also includes:

- Free T4/T8 blood test
- Free RPR (syphilis) test
- Free TB skin test

Workshops are offered in English and Spanish at
 4211 Graustark (behind the Audette Clinic at 1200 Richmond)

For an appointment or more information, call:

713-528-5531 (Voice)
713-528-3577 (TDD)
(funded by the Texas Department of Health)

SOMETIMES IT'S A MATTER OF LIFE AND LAUGH

by Carlos V. Sibley

My roommate and I have decided there should be an award given each year to the funniest PWA, the one who best exemplifies living with a good sense of humor. There could even be a contest of sorts, maybe with talent competition, the winner being the one who correctly remembers when to take what medication over a 24-hour period, **without using a timer**. The fashion competition might include the best outfit that makes 112 pounds look like more. And the swimwear competition; well, we can try it the first year, but I know that prolonged laughter such as that might cause eventually leads to spasms of coughing in some PWA's, which really wouldn't be fun. Unless we had a competition to see which PWA could laugh longest without coughing! We could skip the question-and-answer competition; what with dementia as a fact in AIDS, some PWA's will be doing good to remember their names and where they are. The award, affectionately called the "Lucy" would go to the PWA who best demonstrates that you can't be serious and have fun at the same time, and that PWA's still want to have fun. We just have to get more creative with it sometimes.

Some people may be offended by these ideas. That's OK, some people offend me. Others may accept the ideas as theory, but require further research or "proof". Try anything by Norman Cousins, Bernie Siegal, or Louise Hay, who are all big believers in the healing power of laughter. My hope is that some PWA's will discover the challenge of trying to find the humor in our situation, humor which is sometimes hidden, that you must look for to see. If you dread going to the doctor each time, it may take a while to change that feeling into one of adventure—to change that fear into just another episode in the sitcom of our lives.

Nobody said it was going to be easy; if AIDS was easy, why, everyone would want it. The feelings of despair, loneliness, depression, fear, and frustration can surface at any moment. And, to my knowledge, no one has found *the* right way to deal with them. But you always have a choice; you can choose to see things differently.

The last time I was in the hospital, just overnight for a transfusion, I realized how comfortable I have become with the routine. This was my 11th transfusion, so it was nothing new to me. For some reason, I started thinking about how my hero, Lucille Ball, would act in that situation. There are lots of running gags in my hospital visits; the bedsheets that pop off at the corner each time I get up; the nurse who thinks that the blood runs faster if the IV pole is extended as far up as possible. This time I only had to run my IV into the wall above the bathroom doorway three times before I remembered to lower the pole first. Do you always get a nurse who comes into your room around 3:15 AM turning on all the lights at once (she has some kind of remote, I think), sounding like Ethel Merman at a hog-calling contest, and asking if she woke you up? Of course, I always answer "no," because at that moment all memory of life before she came in has momentarily left me. I don't know where I am, much less what I was doing before I realized I don't know where I am. And I can just picture Lucy trying to answer that hospital phone when it rings. First of all, they put it somewhere up above your head, just out of reach. Of course, the thing rings unmercifully loud; you can hear those phones ringing up and down the hall (and possible on other floors; this should be checked into). By this time, your IV has been started, on the same side as the phone, and your other arm is too far away to reach it. Now, I've never heard of anyone actually hurting himself trying to answer the phone in a hospital, but I don't think I want anyone else to watch me do it. It's not a pretty sight—and please, I have some dignity left.

Dignity, and a will to live, and a sense of humor, and hope that the way I have AIDS is the way that's right for me; that's what I still have. Just as we all have different versions of the disease, medically speaking, so too we all have different ways of coping with it. I don't know about everyone else, but I'm kind of making mine up as I go along, you know, trial and error. I've tried sadness and self-pity (and may try them again; who knows?), but I don't think they work for me. I recently began my third year A.D. (After Diagnosis), and I like to think that,

along with everything that's been wrong with me, I must be doing something right. I may never discover what that is, but as long as I keep doing it, maybe I'll be OK. Yes, I laugh at myself a lot; if I find myself in the kitchen and don't remember why, I just laugh and blame it on AIDS. Of course, my legs are skinny; I have AIDS. Some people cry a lot, some pray a lot, some read a lot, some eat a lot. I still do all those things from time to time; they're all in my repertoire of coping skills. But I also laugh a lot. The world can be hilarious, if you hold your head just right. In fact, I've considered coloring my hair red; now wouldn't that be a scream!

HOW TO VISIT YOUR DOCTOR WITH A SMILE - AND MEAN IT

Part of any successful medical therapy program naturally must include visits to a doctor. Actually, these visits constitute a very important part of your therapy program, since all updates and revisions to your therapy should be done under the advice of a medical professional. As a Person With AIDS, the longest interval between doctor visits this past year, for me, has been four weeks. It has occasionally been as often as two weeks, and I know several people who, in certain circumstances, must go weekly. Whatever your reason for seeing the doctor, be it cancer, AIDS, or a minor ear infection, it can be a stressful situation for many people. This needn't be true for you, though, if you follow a few steps.

In the case of a person with a terminal or long-term illness, such as AIDS, the first step may prove to be the most difficult—facing facts. Accepting the truth of your diagnosis may take a while, but be realistic with this aspect of your condition. Chances are slim (very slim) that you'll survive and recover without some kind of medical attention. The truth is that part of your getting well will involve trips to your doctor. You don't have to make those trips with the attitude that the doctor is doing things "to" you; keep in mind that he is doing things "for" you, or even better, "with" you. Develop the outlook that you are working with your doctor. This can even carry over into a feeling of personal satisfaction as your situation improves. You can look forward to these trips to hear what your status is; better yet, you may discover that your doctor begins confirming what you already know to be signs of improvement. It's not very sensible to allow something that you're doing on a regular basis in order to improve your health to itself

become a stressful, anxiety-producing situation in your life. If your idea of visiting the doctor brings up images of pain, or fear, or resentment, then you may need to look at and change your idea of visiting the doctor. No one is going to do it for you.

The next step, initially, is to choose a doctor. Keep in mind that this is your own choice, always. In a metropolitan city the size of Houston, there are several cancer specialists, and more and more doctors are turning to AIDS as an area of specialization. You're not limited in your choices, except possibly in rural areas. Also, remember that this is a person whose services you are paying for, and whom you'll be seeing on a regular, frequent basis. Your relationship with your doctor should be one that is relaxed, open, and honest, with a willingness to communicate. His attitude should be interested, sincere, and concerned, with the ability to listen. If you can't respect him, or worse, can't hide your disrespect, it'll be more difficult for him to show his concern. You should be able, always, to share your optimism and your pessimism, and feel that he can respond to both. If for any reason your doctor/patient relationship is uneasy or tense, it is your prerogative to shop around for another physician. Some doctors now offer a pre-patient interview—a chance to meet with the doctor as a prospective client and discuss your concerns, ideas, and treatment in general. Don't take too long with this, and remember that a good working relationship doesn't just happen; it must be built, but it's much easier to build on a solid foundation that involves trust and mutual respect than one based on mistrust and a lack of respect.

Another step in making your visit enjoyable is to get to know the staff in your doctor's office. Put yourself on a first name basis with the receptionist, the nurses, and the lab technicians. Ask them how they're doing, make small talk, but recognize them as people. Often, their day is filled dealing with people who feel sick, are often in pain, and sometimes depressed. Why be just another in that endless train of patients, when you can be an exception? They'll remember that one person who took the time to comment on an attractive outfit or a new hair style, or just to say hello. In doing this, you become more of a person to them than a patient, and their concern increases. It also helps you, as a patient, to stay alert and aware of your surroundings; depression can set in easily if you let yourself remain trapped in self-pity, oblivious to the world around you.

Educating yourself about your illness is a great way to alleviate some of the fear involved in a doctor visit. Often fear of the unknown can serve to prevent us from overcoming that fear. Ask your doctor what he's doing, and why. If you feel uncomfortable with a program or drug he prescribes, question what your alternatives might be. In some cases, the alternative may be no treatment, but that is rare, and even so, it is your choice whether to receive treatment or not. People tend to blindly follow their physician's instruction, and then don't know or don't understand what is being done to them, or even why. Although informing you of his intentions is your doctor's responsibility, you need to make sure you understand his explanation completely. Ask him to spell unfamiliar terms. Write things down if it's necessary. Be able to repeat the information to your doctor before you leave, and to someone away from the office afterwards. You can spend some spare time researching your illness and treatment, using pamphlets from the doctor's office, newsletters, and periodicals, and you may even check out a library for additional information. The material may seem tough and technical at first, but when you realize that your life could depend on the decisions you have to make, now or in the future, learning a few new words isn't really such a big deal.

Finally, remember that your doctor is no more, or less, than a human being just like you. It's true that he went through several years of schooling, and probably knows much more about these things than you do. But he is just a human being, with thought, prejudices, regrets, and ideas of his own. He doesn't know anything that you don't tell him. He isn't a telepath, and you can do a great disservice to you both if you assume certain things. Cancer has plagued mankind for centuries; AIDS is a relatively recent medical entity. But medical science can neither cure, nor completely explain either of these diseases. If you remember that, and can learn to accept it as fact, you're off to a good start. If your doctor will admit that to you, you've picked a winner. Finally, if your doctor expresses hope to you, and you combine that hope with your own faith and positive outlook, I guarantee you'll leave his office, and walk by his receptionist with a smile. She'll wonder what you're smiling at, and that's easy—you're alive, and consciously working to stay that way.

Carl asked if I would consider using "lighter" articles occasionally, and submitted these when told that I would welcome them. I wish there were going to be more of these, but Carl passed away shortly after revising these for me. I shall miss him. Editor

MEDICAL PERSPECTIVE

Dr. Wayne Bockmon covers a couple of points this month on safer sex and tuberculosis.

HIV AND SALIVA: One point I forgot to cover in the article last month summarizing the Florence conference was the news concerning the large quantity of HIV found in mucous membranes and how this impacts on safer sex guidelines. It was reported in Florence that certain cells on mucous membranes called dendritic cells are loaded with virus and may facilitate spread of virus by kissing or intercourse. There were press reports to the effect that this news documented that kissing is high risk behavior for spread of HIV. A number of people have asked me about this, worrying that now even kissing is considered unsafe.

The reality is that in the eleven years of the HIV epidemic, not a single case of viral infection has been documented by kissing. This includes deep "French" kissing. Saliva inactivates the virus, which is probably why kissing is an unlikely mode of transmission. Oral-genital contact is somewhat riskier, although there are only a handful of documented cases where this was the route of transmission in the literature. Intercourse, either anal or vaginal, and directed blood inoculations, as with needle sharing, are still the very high risk behaviors.

TUBERCULOSIS: In the past six months, I have seen a number of HIV infected people who either have developed tuberculosis or are living with someone diagnosed with TB. I think it is important to reiterate a few points about the increasing incidence of TB.

The disease to which I am referring is caused by mycobacterium tuberculosis as opposed to mycobacterium avium, which we know as MAI or MAC. They are related organisms, but cause quite different infections. TB can infect anyone at any level of immune function; but, of course, it hits the immunosuppressed harder. It is spread by airborne particles, making the home or workplace possible areas of acquisition. The symptoms of TB typically are cough, weight loss, and fevers. In HIV disease, TB can also cause fairly unusual infections of the brain, kidneys, or other organs.

Regular screening for TB by use of annual chest x-rays and/or skin tests is important for anyone who is HIV infected. The skin tests is unreliable in the immunocompromised, so I rely on chest x-rays. A recent study in the New England Journal indicated that treatment of TB in HIV infected persons is effective

using standard anti-tuberculosis drugs. It was noted, however, that those with HIV have a higher rate of drug reactions.

In this area we have seen an exaggerated increase in incidence of TB, probably secondary to the immigration of Southeast Asians and Central Americans, where the disease is endemic. Make sure the appropriate screening for TB is included in your care.

Our pharmacy advisor, Dr. Marc Stranz, answers a question we had about Dextran Sulfate.

DEXTRAN SULFATE: Dextran Sulfate is a sulfated carbohydrate developed in the 1950's as an anticoagulant. The drug also has triglyceride-lowering effects, and has been safely used for that purpose in Japan for more than 20 years. In 1987, Japanese researchers reported that DNA synthesis in HIV was inhibited by dextran sulfate, with lethal effects on the virus.

In an artificial environment, sulfated dextran protects cells from HIV infection. Dextran itself is not inhibitory to HIV, but the sulfated form of Dextran is highly inhibitory to HIV. Thus the sulfate groups are critical to the efficacy of the drug. The mechanism by which sulfated dextran works is unknown. Attempts to replicate the original research were unsuccessful, casting doubt on the ability of the drug to inhibit DNA synthesis. More recent work indicated that Dextran sulfate interacts with the CD4 receptor on T lymphocytes and macrophages. The CD4 receptor is the point at which the HIV binds to and gains entry into susceptible cells. Dextran sulfate seems to attach itself onto some portion of the CD4 receptor, preventing HIV from attaching to the same receptor.

Studies of dextran sulfate in humans are limited. One problem is that the oral drug does not appear to be absorbed in sufficient amounts to retain its anti-HIV activity. An intravenous form of the drug is not readily available. Furthermore, the amount of drug that can be administered is limited by the bleeding tendency caused by the anticoagulant action of the drug. Studies conducted to date have not defined a role for dextran sulfate in treating HIV infection. The drug is toxic to HIV, but more studies must be done with an injectable dextran sulfate to determine efficacy and toxicity in humans.



HIV AND THE LAW

by Steven K. Ward, Attorney-at-Law

This month, Mr. Ward discusses choosing a disability insurance policy.

Many people work very hard to maintain a desired lifestyle in today's world. Of course, insurance coverage is often crucial to protecting you and your loved ones from catastrophic losses. For example, few of us would want to forego hazard insurance on our home and its contents. Also, liability insurance is required by law before driving your automobile. If you have a family or loved one, you have probably considered life insurance as a means to protect your survivors from the loss of your income.

However, although most people are aware of the importance of carrying these types of insurance, including medical insurance, they often overlook one of the most crucial forms of insurance coverage today: disability insurance.

According to *Business Week*, the chances of a person 35 to 65 years becoming disabled for a period of 90 days or more are about the same as the possibility of death. Thus, it would be imprudent not to make sure that as a worker, you have disability coverage to protect your standard of living.

Disability insurance policies are relatively complicated and difficult to understand. Many of them use elaborate formulas for calculation of disability benefits. Therefore, it is crucial when looking for a disability insurance policy to make sure that you are dealing with a reputable company. One way to determine this is to check with the State Board of Insurance or ask your agent for the A.M. Best Report on the insurance company. There is a booklet available for more cautious consumers entitled THE CONSUMER'S GUIDE TO DISABILITY INSURANCE, available from the Health Insurance Association of America, PO Box 41455, Washington, D.C., 20018.

Of course, most people do not have the time, and thus must rely on their agent, or on the company they work for to select a reputable disability carrier. Sometimes, the group insurance policies are not as advantageous as ones that you can select on your own. When selecting a disability policy, there are several things that you should be sure to request. First of all,

make sure that you select the maximum monthly disability benefits that you can afford to pay for. There will be a limit on what monthly benefits you can select, based on what you are currently making. Most policies will insure you for 60 to 80 percent of your monthly income. Secondly, look for a policy that does not reduce your disability benefits if you collect Social Security disability payments.

Another factor to consider is that several riders offered by disability carriers are a must for comprehensive coverage. One important rider that everyone should purchase is the residual disability benefits rider. This provision allows you to continue to work parttime if you are partially disabled. The residual disability rider will supplement your income up to the maximum monthly benefit. This rider as a must for self-employed persons, since it may allow them to keep their business open if they so desire.

The cost of living adjustment rider is also a recommended purchase with your disability policy. This rider is expensive also, but it is well worth it if you are permanently disabled, since as we all know, your monthly benefits need to be indexed to meet the rate of inflation.

Disability policies usually contain two-year contestability clauses, allowing the insurer to deny benefits if a pre-existing condition was present when the policy was applied for. This "pre-existing condition" clause is becoming the subject of increased litigation, since sometimes it is unclear whether someone has a debilitating disease at the time of application, especially in the case of HIV infection. If a claim for benefits is made within two years of the policy inception date, then the insurer will investigate the claim thoroughly to determine if there was a pre-existing condition.

If you are having a problem with your disability carrier, or if you do not understand your policy, it is best to seek professional help from your agent and your attorney. Furthermore, it should be noted that the disability insurance industry is subject to the provisions of the Insurance Code "Unfair Practices" section, as well as the Texas Deceptive Trade Practices Act. This means that an insurer can be potentially liable for treble damages, court costs, and attorney's fees if they engage in misleading or unconscionable acts constituting "bad faith" toward the insured.

BODY POSITIVE NEWSCOPE

Body Positive/Houston and the PWA Coalition are co-sponsoring a series of **Nutrition Seminars** on the first four Wednesdays in October. Presented by Dr. Luke Bucci and funded by Montrose Infusion Center and Curaflex, the seminars will begin on October 2nd, 7:00 PM at the Multi-Service Center with the topic, "Nutrition and HIV: An Update." This will be followed on the 9th with "Alternative Nutritional Therapies for AIDS: Facts & Fancies;" on the 16th "Nutritional Roles in Preventing Progression from HIV to AIDS;" and conclude on the 23rd with "Nutritional Support During Infections and Wasting in AIDS." Each of the sessions is a self-contained unit, but readers are urged to attend all four for a comprehensive overview of this very important subject.

The full page flyer elsewhere in *Positively* give the information on the **Fall Picnic** Body Positive is hosting with the PWA Coalition and MCCR. Volunteers are needed to make this a real special event. Call the office if you would like to help.

We currently have openings in four **Peer Counseling** groups about to start. There are two groups on Wednesday evening, September 11th, one starting at 7 PM, the other at 7:30 PM. Also, the Women's Group starting Thursday, September 12th at 7 PM; and the new Daytime Group, starting Thursday, September 24th at 12:30 PM. Call the office if you would like to be a part of any of these groups.

Stephen de Tasnady is back and will be again leading the Tuesday night **Stress Reduction and Relaxation** classes at 7 PM in Room 143 of the Multi-Service Center. We want to thank Jane Hesse, Charlene Evenhouse, and Mary Lou Galantino for conducting some of the classes utilizing their own unique techniques while Stephen was out of town. Room 143 is now the permanent home of these classes. It is not carpeted, so you may want to bring a towel or mat with you.

A limited number of copies of David Petersen's booklet, *Personal Finances and HIV Disease*, are available at the Body Positive office. The cost is \$6.00 each. For those who made donations at Mr. Petersen's Speaker Forum or who mailed a donation later, a copy will be mailed to each of you.

On Sunday, August 18th, "Nevada's Variety Show" raised money for Body Positive/Houston. Nevada, a candidate for the 1992 Ms. TGRA, provided an entertaining show at the BRB. The money she raised, which was split with the Colt 45's General Charity Fund, will help Body Positive in our outreach to HIV-positive individuals.

WANTED: OFFICE STAFF PERSON

There is an opening in the Body Positive/Houston office for a staff person to work from 1 PM until 5 PM, Monday thru Friday. Qualifications: 1) you are dependable; 2) you like a variety of "things to do"; 3) you like to help people who call in, and can take names, addresses, telephone numbers, etc. correctly; 4) you can type and are willing to learn how to use the computer, if you do not already know how; and 5) you believe in what Body Positive/Houston stands for and want to help all HIV-positive people who come to us for help.

The take-home pay is \$5.00 per hour (Body Positive pays all taxes, etc. to make that the take-home level). Our office is located at the Metropolitan Multi-Service Center, 1475 West Gray. Parking is free. Metro bus service stops in front of the building. You will have a separate office and will be expected to work without direct supervision.

If you are interested, please call Ken Haught at our office (524-2374) and set up an appointment for an interview. Ken is there from 8 AM until Noon and 1 till 4 PM, Monday thru Friday.

GET TESTED NOW!

AIDS/HIV. The sooner you know, the more you can do.

520-TEST



COME ONE, COME ALL TO THE 1991 FALL PICNIC

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CO-SPONSORED BY BODY POSITIVE/HOUSTON (BP/H),
THE PWA COALITION (PWAC), AND
THE METROPOLITAN COMMUNITY CHURCH OF THE
RESURRECTION (MCCR)

+++++

COME FOR FUN: GAMES SUPPLIED BY MCCR

COME FOR FOOD: BBQ BRISKETS SUPPLIED BY PWAC;
BBQ CHICKEN & SAUSAGE, DRINKS, PLATES AND UTENSILS
SUPPLIED BY BP/H

+++++

THIS IS A "POT LUCK" PICNIC EXCEPT FOR THE ITEMS
LISTED ABOVE, SO BRING YOUR FAVORITE DISH TO SHARE.

+++++

DAY & DATE: SUNDAY, OCTOBER 6, 1991

TIME: 4 P.M. UNTIL 6 P.M.

WHERE: METROPOLITAN MULTI-SERVICE
CENTER

1475 WEST GRAY

(BETWEEN DUNLAVY AND WAUGH DRIVE, ACROSS FROM THE NEW
RIVER OAKS PLAZA SHOPPING CENTER)

+++++

UNDERWRITER

ONCOL CENTER FOR I.V. THERAPIES

+++++

IF YOU WANT MORE INFORMATION OR IF YOU WANT TO VOLUNTEER TO
HELP, PLEASE CALL THE BODY POSITIVE/HOUSTON OFFICE AT 524-2374.

COMMUNITY REPORTER

DIFFA/Houston (The Design Industries Foundation for AIDS) announces **Take a Seat**, a repeat performance of last year's successful fundraiser featuring the creative talents of architects, interior designers, graphic designers, and furniture designers from all over the country who transformed ordinary wood ladderback chairs into works of art. These chairs were sold in a silent and live auction that raised approximately \$90,000, 85% of which was used locally by DIFFA/Houston to help provide care and services to people with AIDS.

This year's event will be held Thursday, September 19th at INNOVA, Houston's commercial design center, at 20 Greenway Plaza from 7 to 10:30 PM. Take a Seat entries may be previewed in each of the 30 showrooms at INNOVA during its annual open house "INNOVATIONS" on Friday, September 13th, from 6 to 9 PM.

Houston Clinical Research Network (528-5554 voice; 528-2984 fax; 528-3577 TDD) has just published the first issue of their newsletter, *THE LINK*. To receive a copy, you need to fill out a patient registry application. You can receive one by mail by calling their office or you can drop by their office at 4211 Graustark (directly behind the Thomas Audette Memorial Clinic). HCRN needs volunteers. They also need information about new drug trials or therapies. Please call them for more information about volunteering and to let them know of any new trials.

The **Baylor Virology Lab** is looking for a few people willing to donate a unit of blood for their ongoing NIH laboratory quality control studies. Participants are reimbursed for a unit of blood every four to six months. For more information, call Garrett Stevens at 798-3014.

The Living with HIV in Houston Conference will be held on November 9th, 8 AM to 4:30 PM at Texas Southern University School of Law. This conference, sponsored by the AIDS Equity League, AIDS Foundation Houston, HIV Service Providers, Montrose Counseling Center, and Texas Southern University, will have presentations on employment and insurance, entitlements and estate planning, maximizing your insured and uninsured benefits through alternative health and mental health care options, professional burnout and real life stories. State Senator Rodney Ellis will deliver the welcoming address. We hope to have registration information available at the Body Positive office as soon as it is available.

Ed Streeter, an insurance representative from Dallas, will be holding a seminar on Tuesday, September 24th, 7:30 PM at the Bering Fellowship Hall, 1440 Harold. He will be discussing filing insurance claims as well as purchasing insurance. Should be very interesting, and we urge you to attend.

Medical Steps in September is "*HIV Clinical Research: Experimental Therapies for HIV*," presented by Chris Jimmerson of the Houston Clinical Research Network. All Medical Steps Seminars are held on the last Saturday of the month (that's September 28th) at 2:00 PM at the Montrose Library.

The next **AIDS Mastery Workshop** will be the weekend of September 27 thru 29th. For more information on this weekend of empowerment, challenge, and growth, call Jim Griffith at 464-6971.

CALENDAR

Saturday, September 7

PEER COUNSELING FACILITATOR TRAINING
10:00 a.m. Call 524-2374 for location

Tuesday, September 17

THIRD ANNIVERSARY CELEBRATION
7:30 p.m. Museum of Fine Arts, 1001 Bissonnet

Wednesday, September 25

BOARD MEETING
7:00 p.m., Multi-Service Center Conference Room

Wednesday, October 2

NUTRITION SEMINAR
7:00 p.m., Multi-Service Center

Sunday, October 6

FALL PICNIC
4:00 p.m., Multi-service Center Grounds

EVERY TUESDAY

STRESS REDUCTION CLASS
7:00 PM, Multi-Service Center

SERVICES

PEER COUNSELLING: Body Positive offers a counselling program unique in Houston. A ten week, confidential, closed structure allows ten people, led by two trained HIV positive facilitators, to explore a wide range of relevant issues and build or strengthen their personal support system. Call 524-2374 for more information.

BUDDY PROGRAM: A one-to-one support program for those who have recently tested HIV positive to confront issues and explore alternatives. To refer or for more information, call 524-2374.

ANDREW BOYD HIV RESOURCE LIBRARY, located in the Metropolitan Multi-Service Center, is a collection of books, newsletters and other information sources on HIV disease.

GARDEN PROJECT provides an opportunity to enjoy the aesthetic and practical values of gardening. Produce and plants are donated to Stone Soup, Cornerstone House, and area hospitals.

CORNERSTONE HOUSE, a daycare center service for families with HIV, which receives assistance from Body Positive throughout the year.

"GET TESTED NOW" is a multi-media campaign urging individuals at risk of exposure to HIV to get tested and consider appropriate early intervention tactics.

SPEAKER FORUMS and **SOCIAL EVENTS** are scheduled quarterly. See the Calendar section or call the Body Positive/Houston office for details.

BODY POSITIVE/HOUSTON is a non-profit organization serving the needs of HIV seropositive individuals and those who share their concerns. The major focus of the organization is to encourage healthy personal and social attitudes.

POSITIVELY is an official publication of Body Positive/Houston. Mark Siegworth, Editor; Stuart Johnson, Contributing Editor; Terry Smith, Circulation Manager; Dr. Wayne Bockmon, Medical Advisor; Steven Ward, Legal Advisor. Permission granted for non-commercial reproduction.

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BODY POSITIVE/HOUSTON
1475 West Gray, #176
Houston, Texas 77019
(713) 524-2374; Fax (713) 524-5424



Positively

VOL.4 NO. 10

OCTOBER 1991

OCTOBER FILLED WITH ACTIVITIES

FALL PICNIC

With the arrival of cooler weather comes what has now become one of Body Positive's traditions, the fall picnic for the HIV community. This year we are working with co-sponsors PWA Coalition and Metropolitan Community Church of the Resurrection (MCCR) to host a fun filled afternoon on Sunday, October 6th at 4:00 PM on the grounds of the Metropolitan Multi-Service Center. If you have never been to our office and picnic location, it's on West Gray, between Dunlavy and Waugh Drive, across from the new River Oaks Plaza Shopping Center and the Cineplex Odeon "movies by the dozen."

ONCOL Center for I.V. Therapies is graciously underwriting most of the expenses. MCCR is supplying the games and activities, the Coalition some BBQ briskets, and Body Positive the now-famous chicken and sausage. Plates, cups, utensils and drinks are also there. So, what do you bring? Well, other than yourself and your friends, bring your favorite dish to share with us. You know the crowd—high calorie, cholesterol-loading, killer desert, veggies deluxe, maybe even the strawberry-baloney rollups.

What we promise is an afternoon of fun and fellowship. No program, no pitch—one afternoon twice a year away from all that. Just a good time, and we hope you come to share it with us.

HALLOWEEN MAGIC

"IT'S COMING" is over. "IT IS HEEEEERE!" Over 2,000 invitations have been mailed to the Halloween Magic fundraiser jointly sponsored by Body Positive and AIDS Interfaith Council (fiRM). If you didn't get yours—CALL TODAY. 682-5995. Seriously, you don't want to miss this one. This year the magic fairy planning committee (well, that's what they call themselves) have pulled out all the stops to make 1991 the very best Halloween Magic ever.

In case you have missed the details. Saturday, October 26th, is An Evening at Treebeard's Restaurant (315 Travis at Market Square). Socials begin at 7 PM, Buffet Dinner at 7:30 PM, with a sneak preview of "Roxie Whorra Beaute Shoppe" to follow. Tickets are \$50.00 per person. Costumes are optional.

Sunday, the 27th, its An Evening at the Majestic Metro Theatre (911 Preston at Market Square). Main event is a performance of "Roxie Whorra Beaute Shoppe" thanks to the talents and efforts of Houston Affiliate #8 of the Texas Cosmetology Association, followed by dancing, film clips, and a light show, hors d'oeuvres and open bar. Doors open at 6 PM, the shows begins promptly at 7:30. Once again, costume is optional. Tickets are \$25.00 per person.

Each of the locations has a limited seating capacity, so RSVP's are required. Tickets may not be available at the door, especially Saturday. If you haven't returned your card, by all means do so RIGHT NOW. I promise, this is the one you don't want to miss this year.

NUTRITION WORKSHOPS

Body Positive/Houston and the PWA Coalition Houston are co-sponsoring a series of Nutrition Seminars on the first four Wednesdays in October. Beginning with "Nutrition and HIV: An Update," on October 2nd, 7:00 PM in Room 143 of the Metropolitan Multi-Service Center, the seminars continue on the 9th with "Alternative Nutritional Therapies for AIDS: Fact & Fancies;" the 16th with "Nutritional Roles in Preventing Progression from HIV to AIDS," and concluding on the 23rd with "Nutritional Support During Infections and Wasting in AIDS." Each of the sessions is a self-contained unit, but readers are urged to attend all four for a comprehensive overview of this very important subject.

(continued on page 2)



MEDICAL PERSPECTIVE

by Dr. Wayne Bockman

My patients with HIV disease often express fear of developing dementia. Quite commonly, I hear someone tell me of difficulty concentrating, functioning on the job, and remembering names and simple facts.

Often these are people with high pressure jobs that are intellectually demanding. They fear very legitimately that a loss of mental ability may threaten their livelihood.

For most of these people, the problem is not true dementia, but the loss of mental sharpness that accompanies stress and perhaps depression. The human mind has remarkable defense mechanisms. When faced with too much or too painful information, we are capable of simply shutting down partially. This is why someone living with a lot of stress will become mentally diffused.

The puzzle in HIV disease is determining how much of a mental impairment one can attribute to stress and how much is truly organic. If the diagnosis of dementia is seriously entertained, studies such as neuropsychiatric tests, spinal fluid analysis, and an MRI can usually confirm the suspicion.

It is very uncommon for dementia to occur early in HIV disease when general health is still sound. Usually, true clinical dementia occurs in advanced disease and after other opportunistic problems have developed. The signs of dementia in HIV disease are a slowness of thought, flat affect, and memory loss. Those affected often take a long time to answer a question or tell a story. Physical slowness often accompanies the mental slowness. People begin to move in a cautious, deliberate manner. Oddly enough, the individual often doesn't notice the decline or doesn't seem to care. Family and friends are usually more concerned. As the disease advances, the dementia can progress to a complete loss of intellectual functioning.

Fortunately, HIV dementia usually responds well to antiviral treatment. Early in the clinical trials of AZT dramatic reversals of intellectual decline were reported. Similar results are seen with ddI and ddC. Peptide T is undergoing clinical trials for HIV dementia and seems to have a beneficial effect.

As a general rule, if you are otherwise reasonably healthy and are fretting that you are losing your mind, you probably are not. Talk it over with your doctor and take an honest inventory of the stress in your life. You may find that unloading some of these stresses brings your mental sharpness right back.

FALL CALENDAR (CONTINUED)

The Seminars will be conducted by Dr. Luke Bucci. He brings an extensive research and scientific background to the field of clinical nutrition. He holds a PhD from University of Texas Graduate School of Biomedical Sciences in Houston. He has worked with M.D. Anderson Hospital and as Research Director of Biotics Research Corporation, a dietary supplement manufacturer. He is currently in practice as a clinical nutritionist at InnerPath Nutrition. He has authored nutrition articles for many publications and medical journals and has written two books. Dr. Bucci's services are not intended to replace your medical doctor's advice or care. Clinical nutritionists do not diagnose, treat or prescribe to cure specific diseases. Rather, your nutritional biochemistry is determined, and recommendations made through diet, supplements or other lifestyle adjustments to address imbalances.

Body Positive and the PWA Coalition thank Montrose Infusion Center and Curaflex Infusion Services for sponsoring and underwriting these very informative evenings.

GET TESTED NOW

AIDS/HIV. The sooner you know, the more you can do.

520-TEST



PHARMACY UPDATE

By Marc Stranz, PhD

To supplement this month's nutrition seminars, we asked our pharmacy advisor, Dr. Stranz, to provide us some information on new drugs for weight loss and wasting syndrome.

Malnutrition leading to weight loss or nutrient deficiency may develop in HIV infected individuals through reduced food intake, malabsorption of nutrients, and/or altered metabolism of nutrients. The individual time course for nutritional depletion varies widely because of the variable nature of disease progression. However, as the disease progresses, nutritional status of the HIV infected person tends to decline. The result of this malnutrition is further debilitation and a reduction in the quality of life. Preexisting immune deficiency may be worsened, heart and lung capacity diminished, and tolerance of drug treatment for diseases impaired through changes in drug absorption, metabolism, and activity. Some form of nutritional intervention is indicated when usual body weight declines by 10% or more. This intervention may range from nutritional counseling and diet modification to more invasive therapies. These therapies take many forms, including the administration of specific nutrients or diets. Drug intervention to reduce malabsorption, decrease nausea, and enhance appetite may also be necessary. Two agents currently in use to reduce nausea and enhance appetite are megestrol acetate (Megace) and dronabinol (Marinol).

Megestrol acetate is a synthetic progesterone traditionally used as a component of treatment for hormonally-mediated cancers. Weight gain during treatment is a common side effect of the drug. At least three studies conducted in cancer patients demonstrated weight gains after megestrol doses of 160-1600 mg per day. These results led to research into the use of megestrol in other wasting diseases, including HIV infection.

Although information is limited, it appears that megestrol is effective in stimulating appetite and increasing body weight in HIV infected persons with malnutrition. The minimally effective dose is approximately 400 mg per day, producing weight gain of about 2.3 pounds (range of -5 to +10 lbs) over 3 months. A megestrol dose of 800 mg has produced weight gains over the same time period of 7 lbs to 20 lbs (average gain 14 lbs). Adverse reactions to the drug have been minimal, consisting primarily of mild gastrointestinal upset and fluid retention. More serious complications such as deep vein thrombophlebitis (clotting), hair loss, carpal tunnel syndrome, hyperventilation, and shortness of

breath are possible, but rare. The primary drawback to the use of megestrol has been the price of the drug and the number of tablets that have to be taken each day. Megestrol is only available in 20mg and 40mg tablets. A typical price for the 40mg tablet is \$1.25 each, or a total of \$25 for 800 mg (20 tablets).

One alternative to megestrol under consideration is dronabinol (Marinol). Dronabinol is the principle psychoactive substance found in marijuana. The drug has been available since 1987, indicated only for the treatment of nausea and vomiting associated with cancer chemotherapy in patients who have failed to respond adequately to conventional antiemetics. The complex alterations in mental status that may occur in persons taking the drug have restricted the utility of the drug. Dronabinol is classed as a Schedule II Controlled Substance by the Drug Enforcement Agency because the drug produces dependence and a withdrawal syndrome after prolonged use.

Marijuana, and thus dronabinol, are famous for inducing "the munchies," and research into the value of dronabinol as both an antinauseant and appetite stimulant is a natural progression. The goal of this research is to reduce nausea and increase appetite while not impairing normal daily activities. To that end, one preliminary study has been conducted to determine the dose-response curve for dronabinol when used for weight loss in persons infected with HIV.

This study found that dronabinol could suppress nausea and increase appetite in HIV infected persons suffering from weight loss. Over a four week period, the study participants gained an average of 5 pounds. The optimal dronabinol dose was 2.5mg twice daily. The antinauseant effect was immediate, but significant appetite stimulation required up to two weeks. There was minimal impairment of normal mental status at this dose. The primary side effect was drowsiness. Weight gain did not improve with higher doses and adverse reactions increased.

Unimed, the marketer of Marinol, was granted orphan drug status for Marinol earlier this year and is now initiating drug studies to provide more conclusive evidence of dronabinol's value in treating weight loss in HIV infected persons. If dronabinol proves to be an alternative to megestrol, it will have at least one advantage, the cost. A typical price for Marinol is about \$2.30 per capsule, or \$4.60 per day for the twice daily regimen.



HIV AND THE LAW

by Steven K. Ward, Attorney-at-Law

This month, HIV and the Law returns to "AIDS and the LAW: Know Your Rights," published by the Texas Human Rights Foundation, for questions

concerning immigration and employment.

Q: Can the INS require me to take an HIV test? If so, what are the consequences of testing positive?

A: Since December of 1987, the Immigration and Naturalization Service (INS) has required most immigration applicants to take an HIV test as part of the medical examination. It is strongly recommended that you be tested anonymously first, so that you can be provided counseling and so that the results will not in any way be connected to the INS. If you are involved in the immigration process and if you test positive on the HIV test and/or have any concerns in this area, contact your local AIDS service provider for a legal referral. A positive test result does not mean that you are definitely ineligible to apply for immigration benefits. Waiver provisions are available for some classes of applicants. Any HIV+ person should obtain immigration counseling, regardless of whether s/he is applying under IRCA or as a refugee or asylee.

Q: If my employer discovers that I am HIV+, can I be fired?

A: In Texas it is illegal to fire you solely because you have AIDS or an AIDS-related illness, provided that you can otherwise perform the duties of the job. The Texas law is applicable to all employers with 15 or more employees. There are additional protections for federal employees, which includes non-federal sector employees of employers with federal contracts or in receipt of certain federal funds.

Q: Can I be fired because AIDS prevents me from working?

A: Yes. In order to be protected under the law, a person must be able to adequately perform the duties of the job.

Q: What if I want to continue working, but I can work only part time?

A: Talk to your employer and see if s/he will agree to let you work reduced hours or a more flexible shift. Both Texas and federal laws require employers to reasonably accommodate disabled persons in the workplace, unless the accommodation would create a hardship for the employer.

Q: If I am fired from my job, what steps can I take to get my job back?

A: The first thing you must do is file a complaint with the Texas Commission on Human Rights (federal employees—file with your employer's Equal Employment Opportunity officer; if your employer has federal contracts or received federal funds, contact the U.S. Department of Labor Office of Federal Contract Compliance). You should do this immediately because (1) it is required if you are to take further legal action and (2) in most instances, you must file within 180 days of being fired. Second, contact an attorney. An attorney will help you with your administrative complaint and, in the event that further legal action is necessary, will be able to take your case to court.

Houston

AUDETTE CENTER

A Montrose Clinic Affiliate

in cooperation with
**The PWA Coalition-Houston
and Body Positive**
presents

"NEXT STEP" Workshops

A program for people who have tested HIV positive and wonder "What do I do now?" Also includes:

- Free T4/T8 blood test
- Free RPR (syphilis) test
- Free TB skin test

Workshops are offered in English and Spanish at
4211 Graustark (behind the Audette Clinic at 1200 Richmond)

For an appointment or more information, call:

713-528-5531 (Voice)

713-528-3577 (TDD)

(funded by the Texas Department of Health)

BODY POSITIVE NEWSCOPE

Well, what can we say about this year's Anniversary Celebration. Based on the turn-out, we can be brief because all of you were there. So, we'll start with thank all of you for coming and making it a truly memorable event—even got a mention in Bayou Triangles. Is this the big time?

Special thanks to Juan Palomo for an inspiring keynote address, Councilwoman Beverly Clark for her support and special presentation, the Museum of Fine Arts for being gracious hosts, and Curaflex Infusion Services for underwriting the event.

Thanks for the wonderful support and donations from Bellaire florist, Devereux & Co. Caterers, Rice Epicurean Market, The Rice Pharmacy on Kirby, and A Cut Above Engraving.

Special mention again to those individuals recognized for their outstanding contributions to Body Positive/Houston: Steven Bradley, Maurice (Mo) Jones, Bill McDugald, Bill Scott, and Mark Siegworth.

Congratulations to Moore and Michael and everyone who helped them on the planning committee. You guys did an outstanding job.

Results of the election sponsored by Body Positive and the PWA Coalition for a non-medically indigent PWA for the Board of the Greater Houston AIDS Alliance are just in at press time. BRIAN D. BRADLEY was elected to the seat, with STEVEN BRADLEY (no relation) chosen as the alternate. Congratulations gentlemen. You know what the issues are and what needs to be done. We are all looking forward to having you represent us in this very important position.

Houston NAMES Project and Body Positive will again be co-sponsoring the Tree of Remembrance on World AIDS Day, December 1st. The tree already has an ongoing collection of ornaments as memorials to those who have died of AIDS, and additional ornaments for the tree and panels for the NAMES Project Quilt will be accepted as part of this special day. A ceremony is planned to light the tree at 6 PM on December 1st at the Multi-Service Center. There will be more details on this next month, but we urge you to plan now to attend

Its not to early to start thinking about and volunteering to help with Body Positive's Christmas projects. Dorothy Bailey and Patricia Dinkins are co-chairing the planning committee for this year's seasonal good cheer

and helping hand. If you have ideas or would like to help in any way, please call the Body Positive office at 524-2374. After all, Christmas is just around the corner. Honest—I saw a cloud just last week that looked like it might possibly have snow in it some day, sort of. Anyway, close enough.

Welcome to new Body Positive/Houston Board of Directors members Grace Heckler, Susan Stanfield, Tom Schnorr, and George Shackleford; and welcome back to former board member Maurice (Mo) Jones who has returned to a seat on the board. We are all looking forward to working with all of you.

POSITIVELY NEWS AND MORE

Last month we distributed over 2,200 copies of *Positively*, over 1,300 of them in the mail and the rest in bulk distribution at over a dozen sites around town. It's quite a job, and we appreciate all the help we can get—like next month.

To help make planning easier for both contributors and staff, we are going to try very hard to plan all dates at least two months in advance, so we can announce next month's schedule in the previous issue. For example: **Deadline is October 23rd** for items in the November *Positively*. We will assemble, stuff envelopes and prepare the mailing on Monday, November 4th. To expand the opportunity for those of you who wish to help, we will start at 12:00 Noon and work until 9:00 PM. Even if you can only help for an hour or two, we can sure use you. Call first at 524-2374 in case there has been a printing or planning disaster, but we are going to make every unreasonable effort to keep firm our announced dates. This is also going to get *Positively* out closer to the first on each month, as has been requested.

Finally, since I'm better at saying thank you in print—thanks to the Board of Body Positive/Houston for the very special award at the Anniversary Celebration. I was very surprised and honored. Through the months and years, I've had hundred of hours of help from many people to get *Positively* out each month, and they all deserve a lot of the credit. Most of all, thanks to DIFFA for believing in education of those who are already HIV positive—believing in it enough to fund it on a continuing basis. They are the ones who really make this newsletter possible each month, and they deserve all of our support. *Editor*

LAWNDALE ART CENTER OFRENDA

Many who have died of AIDS asked to be remembered not with a somber ceremony, but with a party, or by friends reminiscing about the vitality and the quirks of the person they know. Lawndale Art and Performance Center will present a community-wide opportunity for such remembrance based on a pre-Columbian tradition from Mexico: "Dia de los Muertos" or "The Day of the Dead." In Mexico, the departed visit in spirit on that day and are happily remembered, both sentimentally and with humor. *Ofrendas* (altars) in homes and public places are decorated with photos and favorite items typical of the late friends, relatives and heroes. Favorite foods, hobbies, and cigarette brands are typical. In the pre-Columbian beliefs, the afterlife was determined by the manner of one's death, and specific gods were like patron saints to those who had died young or from the same cause. Dedicating this year's Lawndale "Day of the Dead" to those who died of AIDS follows in the spirit of an ancient tradition.

Lawndale's Fourth Annual "Day of the Dead" celebration will take place in Montrose at 529 West Alabama. The site, once home to Pasternak Market, is being loaned by Pasternak's Emporium. This year's *ofrenda* will be a huge structure created by the Lawndale Artists Committee. The public is invited to add memorabilia recalling those who have died of AIDS. The *ofrenda* will be open to the public to install memorabilia from October 28 through November 2. On Saturday, November 2 at 8 PM, a festive party will begin, featuring musical groups and performances organized by choreographer Josephine John and director Kevin Cunningham. The popular "Paint-a-Saint" retablo gallery by invited Houston artists will feature imaginative versions of saints, and a portion of the proceeds will go to the Gerry Garza Memorial Fund at the University of Houston. Garza, who died of AIDS, was an art major involved in Lawndale who designed last year's "Day of the Dead" t-shirt. A mercado offering Mexican crafts will also be part of the lavishly decorated scene. Cash bar available for wine, beer and soft drinks. Parking lots and security provided. For more information, call 528-5858.

COMMUNITY REPORTER

Two conferences of interest highlight upcoming events in Houston. AIDS Regional Education and Training Centers for Texas and Oklahoma and the UT Health Science Center are sponsoring "Woman and HIV/AIDS: The Emerging Epidemic" on October 19th at the Four Seasons Hotel, 1300 Lamar. Registration for the all day conference is \$40.00. For more information, call 794-4075.

The Living with HIV in Houston Conference will be held on November 9th at Texas Southern University. This conference is sponsored by the AIDS Equity League, AIDS Foundation Houston, HIV Service Providers, Montrose Counseling Center, and Texas Southern University School of Law. Registration is \$15.00, but no one will be turned away due to lack of funds. Registration materials are available at several locations, or call one of the sponsoring organizations for more information.

AIDS Foundation Houston's annual "From All Walks Of Life," walk-a-thon fundraiser will be held on November 3rd, so it's time now to start lining up your sponsors and preparing for the 10K walk, 5K sanctioned fun run, or 10K roll (skates, bikes, or wheelchairs). Call the Foundation, 623-6796, for more details and forms.

The PWA Coalition is again accepting food stamp applications and scheduling interviews at the Multi-Service Center. Call 522-5428 for information. The Coalition's furniture warehouse for its Household Restart program is currently in need of beds, dressers, dining tables, end tables, and bath towels.

The AIDS Mastery Workshop for children and adolescents is scheduled for October 18, 19, and 20th. For more information on this weekend session, call 692-1465.

Medical Steps, sponsored by the Houston Clinical Research Network this month presents "Complements and Quackery" with Dr. Gary Brewton, on Saturday, October 28th, 2:00 PM at the Montrose Library. For information, call Chris at 528-5554.

SPECIAL HALLOWEEN EDITION

Options

Body Positive/Houston
October 1991

AIDS—WIPING OUT EUROPE'S VAMPIRES!!!!

by Charles Tully

The world's last vampire hunter has closed the doors of his offices in London and Vienna forever. The reason: The AIDS epidemic has wiped out almost all the vampires in Europe!

"As late as 1979, Europe had the greatest vampire infestation in its history," Professor W. H. van der Moer said. "Today, less than a few dozen survive, and most of those have fled to the Soviet Union where the incidence of AIDS is less than in Western Europe." Professor van der Moer stated that a rapid decline in the vampire population began in the middle of the 1980s.

"The undead were hard hit by the AIDS virus," he said. "Some of the old ones, like the retired 'priest' who lived in the West End of London, had lived for over 1,000 years. But not even vampires could withstand this virus. It killed them as surely as a stake through the heart, or getting caught in the sunlight."

Professor van der Moer says the vampire population of Europe, by his calculations, declined from a high of 1,035 males and 679 females in July 1979, to a total today of 18 males and a lesser, but unknown, number of females. He says the easy availability of drug addicts and male and female prostitutes made them the natural prey of vampires.

"Unfortunately, their natural prey were also the highest risk group as far as catching AIDS was concerned," Professor van der Moer explained. He said vampires have been a fact of European life since the Dark Ages — a 1,200-year tradition that seems rapidly to be ending.

"Where there are no vampires, there are no vampire hunters," the 78-year-old Oxford graduate said. "Like the undead I once hunted, I am the last of a breed. The world will never see our like again."

A spokesman in the Soviet Embassy in Washington, D.C., declined to comment on the vampire population of Russia.

Vampirologist Stephen Kaplan opposes Professor van der Moer's view. He says that vampire numbers have increased 62 percent in the United States since 1981. A parapsychology expert, Dr. Kaplan says 150 vampires currently live in the United States and Canada.

According to Dr. Kaplan, the typical male vampire stands 5-foot-10, weighs 150 pounds, and looks about 21 years old. The average female is 5-foot-8, 118 pounds and around 20 years old. Neither the male nor female American vampire have fangs, Dr. Kaplan said.

This article is reprinted from Weekly World News. Repeated attempts to contact Mr. Tully, Professor van der Moer, and Dr. Kaplan by the Positively staff, to obtain the latest information on this story, were unsuccessful. We reprint what we have as part of our continuing effort to bring you all the available information about AIDS in America and around the world. Editor

CALENDAR

Wednesday, October 2
(and Oct 9, 16, 23)

Sunday, October 6

Wednesday, October 23

Saturday, October 26
Sunday, October 27

EVERY TUESDAY

NUTRITION SEMINAR

7:00 p.m., Multi-Service Center – Room 143

FALL PICNIC

4:00 p.m., Multi-service Center Grounds

BOARD MEETING

7:00 p.m., Multi-Service Center Conference Room

HALLOWEEN MAGIC

STRESS REDUCTION CLASS

7:00 PM, Multi-Service Center

SERVICES

PEER COUNSELLING: Body Positive offers a counselling program unique in Houston. A ten week, confidential, closed structure allows ten people, led by two trained HIV positive facilitators, to explore a wide range of relevant issues and build or strengthen their personal support system. Call 524-2374 for more information.

BUDDY PROGRAM: A one-to-one support program for those who have recently tested HIV positive to confront issues and explore alternatives. To refer or for more information, call 524-2374.

ANDREW BOYD HIV RESOURCE LIBRARY, located in the Metropolitan Multi-Service Center, is a collection of books, newsletters and other information sources on HIV disease.

GARDEN PROJECT provides an opportunity to enjoy the aesthetic and practical values of gardening. Produce and plants are donated to Stone Soup, Cornerstone House, and area hospitals.

CORNERSTONE HOUSE, a daycare center service for families with HIV, which receives assistance from Body Positive throughout the year.

"GET TESTED NOW" is a multi-media campaign urging individuals at risk of exposure to HIV to get tested and consider appropriate early intervention tactics.

SPEAKER FORUMS and **SOCIAL EVENTS** are scheduled quarterly. See the Calendar section or call the Body Positive/Houston office for details.

BODY POSITIVE/HOUSTON is a non-profit organization serving the needs of HIV seropositive individuals and those who share their concerns. The major focus of the organization is to encourage healthy personal and social attitudes.

POSITIVELY is an official publication of Body Positive/Houston. Mark Siegworth, Editor; Stuart Johnson, Contributing Editor; Terry Smith, Circulation Manager; Dr. Wayne Bockmon, Medical Advisor; Steven Ward, Legal Advisor. Permission granted for non-commercial reproduction.

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Positively

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TREE OF REMEMBRANCE

The First Day of December has been designated as **WORLD AIDS DAY**. Ceremonies around the world on December 1st will honor those who have died of AIDS, those who live with HIV/AIDS, and those who have been touched and forever changed by AIDS in their own life or that of someone they are close to.

For the fourth year, the Houston NAMES Project will commemorate World AIDS Day with the lighting of a Tree of Remembrance. Again this year, Body Positive/Houston will join in co-sponsoring the placing of the Tree in the lobby of the Metropolitan Multi-Service Center. As is past years, a simple ceremony is planned, with the emphasis on honoring those we have lost.

This year's ceremony will begin at 6:00 PM on December 1st in the front lobby of the Metropolitan Multi-Service Center. Music will be provided by HeartSong and the Montrose Singers. A keynote dedication will be given by Reverend Betsy Goss, Director of Pastoral Care at Twelve Oaks Hospital. This will be followed by a reading of the names, hanging the memorial ornaments, lighting of votive candles, and then the lighting of the Tree of Remembrance.

Participants in the ceremony are asked to bring new ornaments for the Tree and personal votive candles for the ceremony. New panels for the Quilt will also be accepted, and panels will be displayed as part of the Tree of Remembrance throughout the month of December.

Refreshments will be served after the ceremony. Beverages will be provided by The Houston NAMES Project and Body Positive. Participants are encouraged to bring cookies, cakes, and other dessert-type foods. Food can be delivered to the Multi-Service Center from 2:00 PM until the start of the program.

The Houston NAMES Project and Body Positive/Houston warmly invite all of you to join them in honoring and remembering our friends and loved ones.

CHRISTMAS PROJECTS

On Saturday, December 21st, Body Positive/Houston's fourth annual stocking stuffing will take place at the Metropolitan Multi-Service Center. Delivery of the stocking will take place later that same day.

In 1988 when Body Positive was founded, the members made a commitment to help HIV-affected people in many ways. One of those commitments was to spread some Christmas cheer every year. We do this by collecting items, putting them in red stockings and delivering them to AIDS patients in various hospitals around the city. Nurses who help AIDS patients are not forgotten. For the first time this year, our outreach will include children at Cornerstone House, so our need for items for the stockings has expanded and changed.

We invite everyone to bring apples and pears, factory-wrapped candy (especially candy canes), that will be put in all the stockings. We also need pairs of white adult stockings (250 pairs) and socks for children ages one thru seven (100 pairs). Children's socks should be appropriate for either little boys or little girls.

We will also need volunteers to help fill the stockings on December 21st, and volunteers to deliver them later that afternoon. As part of this activity, people also visit various hospitals to sing carols. So warm up the old pipes and get ready. We need to hear from singers who would like to participate.

If you would like to help us again this year, or maybe for the first time, please give us a call at the office (524-2374) and let us know what you can do to help. It's a busy time of the year for all of us, but please consider making some time in your busy schedule for this satisfying, rewarding experience.

BODY POSITIVE NEWSCOPE

Well, October certainly was busy, and the various activities of Body Positive/Houston all turned out just great. Thanks to all of you who attended our **semian-
nual picnic** with the PWA Coalition and MCCR. The crowd seems to get bigger each time, the food better and more abundant, the afternoon more active and fun, and our remarkable string of luck with the weather seems to hold. Thanks again, and we'll see you in the spring.

Thanks also to Dr. Luke Bucci for a very informative series of **nutrition workshops** on the first four Wednesdays of October. Dr. Bucci has a slightly different approach and some new emphases and sidelights. The workshops were well-attended by 20 to 30 people each session, which always seems to happen when the subject is nutrition. So, we hope to repeat this series in the future. Thanks to Tom Schnorr, Montrose Infusion Center and Curaflex Infusion Services for underwriting the event and providing the (mostly) nutrient-rich snacks.

Though we go to printer a couple of days before the event, we hear that the **Halloween Magic** weekend is going to be well attended and lots of fun, and we thank all those who helped support Body Positive/Houston and FIRM in this annual fundraiser.

A couple of reminders for ongoing programs. Stephen deTasnady's weekly **Stress Reduction** sessions continue on Tuesday nights in Room 143 of the Multi-Service Center. These are wonderful evenings of learning how to listen to your body and give it back what it wants. Stephen has a relaxed, low-key approach to gently stretching and toning the body and mind. You can also see Stephen standing in the background of *La Boheme* at HGO. (See—not much escapes our notice.)

We need about four or five more new people to sign up to be Buddies in order to schedule another Buddy Training this year. We would like to hold that in mid to late November. So, if you're interested in sharing what you have learned and experienced to help those newly diagnosed, give the office a call (524-2374) and get on the list.

There has also been some interest expressed in forming another caregivers **Peer Counselling Group**. If there are family and significant others and health care professionals who are interested in having a 10 week group tailored to their needs and issues, call the Body Positive office between 1:00 and 5:00, Monday thru Friday, and talk to the Peer Counselling coordinator.

HEYOEHKAH

We have had several requests to run the short piece that Body Positive President Norris Lang read at the Third Anniversary Celebration. It is by Perry Tilleraas and was taken from the book The Color of Light. Ed.

There is an old native North American Indian tradition called Heyoehkah. The Heyoehkahs, or sacred clowns, were people within the tribe who "did things differently," challenged people's thinking, shook them up. Their function was to keep their people from getting stuck in rigid ways of thinking and living. They were also known as "contraries" because they lived backwards. They walked backward, danced backward, everything they did was contrary to the norm. By their living, they symbolized the shadow of the Creator God, reminding people of their spiritual center.

For gay people, the role of Heyoehkah is especially important: not only are Heyoehkahs often gay, the role of contrary is a sacred symbol of the role we play among society as a whole.

Not long ago, a handsome, courageous, young, gay Indian named Richard, danced Heyoehkah at a pow-wow. When I heard about it, shivers ran down my spine. It was a sign of remembering. It was a sign that we are remembering our relation to the Great Spirit and that the Creator God is remembering us.

His dance also made me realize that from the beginning there has been a Heyoehkah response to AIDS. When the normal response was to react with fear and panic, there were people dancing backward, responding with love and confidence. When, every day, the world began repeating a death mantra, our sacred clowns danced the dance of life. They talked about living with AIDS, surviving, healing, recovering. When the normal reaction to a diagnosis was isolation, our Heyoehkahs dragged us into the community. When the world wanted us to be victims, they drew circles of light around themselves and stood in their power.

Whenever it got dark, they turned toward the light. Whenever people said there is no hope, they said there is always hope. Whenever people said this isn't about us, they stood up and said, "This is about you. This is about us all. Our planet is sick. Earth has acquired an immune dysfunction. We are all living with AIDS."

The heart is inspired by that magical AIDS community of sacred clowns, the contrary people who keep hope alive, who stay spirit-centered, who "do things differently."



MEDICAL PERSPECTIVE

By Wayne Bockmon, M.D.

As you have all heard, ddi, under the trade name of Videx, is now available at local pharmacies. It is now in a chewable tablet form which is a big improvement over the powder. The price is going to be somewhere in the ballpark of \$175.00 per month. The dosage for adults will be 200 mg twice a day for those up to 165 pounds, and 300 mg twice a day for those greater than 165 pounds.

While it is nice to have another drug available to treat HIV, I think it is well to remember that this drug has not proven to have nearly the sustained benefit of AZT and has some potentially very serious side effects. It will be important for those on ddi to continue regular monitoring for toxicities, especially pancreatitis.

This time of year we start seeing cases of intestinal viral illnesses. In those with HIV, even a mild transient episode of diarrhea can cause legitimate anxiety about serious underlying disease. I would like to review some points about intestinal disease that may help in your decision making about when and if to see your doctor.

Most cases of serious intestinal disease involving an opportunistic infection such as cryptosporidium, CMV, MAI, and a long list of others, occur in those who are very immunosuppressed. Most cases of intestinal opportunistic disease occur with CD4 cell counts less than 200 and often below 50.

The duration of an episode of diarrhea is also of clinical significance. Most cases of viral or bacterial gastroenteritis persist no longer than four or five days. Any case of diarrhea that lasts more than ten to fourteen days needs to be evaluated. Certain associated symptoms are of clinical significance. Any diarrhea associated with intense abdominal pain, blood or mucous, deserves the attention of a physician.

People with HIV disease, regardless of CD4 cell count, are susceptible to certain intestinal infections that can cause significant illness. Intestinal parasites such as amoeba or giardia, and bacteria such as salmo-

nella, shigella, or staph, can cause very serious disease even in those with intact immune systems. The risks for these include foreign travel, spoiled or contaminated food, and unsafe sexual practices.

As a general guideline, if you are stricken with an episode of diarrhea, see your doctor immediately if you have intense pain or blood or mucous in the stool. In the absence of these symptoms, treat the episode symptomatically yourself by increasing your intake of clear liquids, avoid dairy products, caffeine and alcohol, and wait to see how long the episode lasts. I recommend against strong anti-diarrheal drugs such as Lomotil early in an illness to allow your body to clear the infection naturally.

If your illness lasts more than ten days, your doctor will want to perform laboratory analysis on a stool specimen. You might want to call the office first to arrange collection of a specimen.

A couple of particularly nasty virus strains are predicted for this year's influenza season. All those with HIV disease are encouraged to get a flu shot. They are safe for those with HIV, and may prevent serious respiratory problems.

MAGIC THANKS

Special thanks to all of those who worked so diligently planning, organizing, and coordinating every aspect of Halloween Magic. The Planning Committee and those who assisted them spent hundreds of hours making this a truly special event. Hats off to each and every one of you.

GET TESTED NOW

AIDS/HIV. The sooner you know, the more you can do.

520-TEST





HIV AND THE LAW

by Steven K. Ward, Attorney-at-Law

Q: I have a friend who has decided to sell his life insurance after being diagnosed with AIDS. What are some of the problems involved with such a transaction?

A: The selling of a life insurance policy is called "viatication." There are several problems that can arise and that the insured should be aware of:

1. Under most plans, the beneficiary must consent to the transfer.
2. If the beneficiary is a minor or minor children, than their interests should be carefully considered and protected.
3. The amount obtained by the insured is usually only 50% to 80% of the face value of the policy.
4. If the insured is on SSI or Medicaid, the selling of the policy can create problems since it can be interpreted as income.
5. Under current law, it appears that the proceeds of the policy sale are fully taxable as income to the insured.
6. The insurance proceeds are no longer protected from creditors of the estate of the insured.

The decision to sell a life insurance policy is a major one. Most likely you will feel more comfortable consulting your attorney and tax advisor. Since selling the policy can trigger several undesirable results, such as taxable income, you should be fully informed of such adversities prior to making a decision.

Q: I am currently going to medical school and was shocked to read in the paper recently about a third-year dental student who was dismissed from school due to his HIV infection. Can this be true?

A: Yes, the Washington University School of Dental Medicine has been upheld by a federal court judge in its dismissal of the dental student infected with HIV. The case is still open for appeal. (*Doe v. Washington University*, DC EMO, 88-2509-C(4), 10/2/91).

The University argued that the student could transmit HIV infection to patients of the University's dental clinic, where invasive procedures are practiced. Unfortunately, this is a very simplistic, and perhaps inaccurate, view of the facts. For example, it is unclear in the Bergalis case, which the University used as precedent, whether the plaintiff was infected with HIV by the dentist or by the use of unsterilized equipment.

Therefore, the reliance of Washington University on the Bergalis case is misplaced, since transmission by the dentist was never definitely proved. In fact, Washington University overlooks the reality that a dentist who is HIV negative could transmit HIV infection from patient to patient through the use of contaminated dental tools.

Hopefully, these causation issues will be considered in future cases and in the appeal of the Washington University case. It is definitely unfair to dismiss a dental student with HIV infection when the facts are unclear, and when the mode of transmission of HIV is so clouded. Perhaps the school should concentrate more on sterilization procedures if it is truly serious about avoiding HIV transmission in an invasive procedure.

Houston

AUDETTE CENTER

A Montrose Clinic Affiliate

in cooperation with
**The PWA Coalition-Houston
and Body Positive**
presents

"NEXT STEP" Workshops

A program for people who have tested HIV positive and wonder "What do I do now?" Also includes:

- Free T4/T8 blood test
- Free RPR (syphilis) test
- Free TB skin test

Workshops are offered in English and Spanish at
4211 Graustark (behind the Audette Clinic at 1200 Richmond)

For an appointment or more information, call:

713-528-5531 (Voice)

713-528-3577 (TDD)

(funded by the Texas Department of Health)

COMMUNITY REPORTER

Houston NAMES Project has been selected to participate in Foley's 42nd Annual Thanksgiving Day Parade on Thursday, November 28th in Downtown Houston. Foley's has been a major supporter of NAMES Project in the past. The participants will wear their standard "whites." There will be recognition by on-air TV personalities, with a prepared statement of what NAMES Project is and what it represents. This parade is broadcast yearly in over 65 television markets. For more information on participating, call 52-NAMES or Pete at 868-9837.

The Living with HIV in Houston Conference will be held on November 9th 8:00 AM to 4:00 PM at the Thurgood Marshall School of Law, Texas Southern University, 3100 Cleburne. Sponsors of the Conference are AIDS Equity League, AIDS Foundation Houston, HIV Service Providers, Montrose Counseling Center, and Texas Southern University. The scheduled topics include employment and discrimination issues, Social Security and entitlements, insurance law, estate planning, maximizing your health options with and without insurance, disclosure of HIV status, and professional burnout. There will also be a panel discussion by PWA's, and a lunch Keynote Address by Juan Palomo. Registration is \$15.00, but no one will be turned away because of lack of funds. Registration materials have been mailed, and are available at the Body Positive office.

Family Service Center now offers home care services for individuals and families affected by AIDS/HIV, and beginning November 14th will have an HIV therapy group. They have also begun administering the rural outreach case management program begun by the PWA Coalition. For more information on these and other programs of the Family Service Center, call 867-7776.

Diocesan AIDS Ministry also offers support groups and programs especially as outreach for women and families. Contact Vivian at 524-0182 for more information about their programs.

AIDS Foundation will offer another "Introduction to Alternative Therapies" panel on Thursday, November 21st, 7:00 to 9:00 PM at the Montrose Library, 4100 Montrose. Issues include nutritional awareness, physical fitness, self-esteem, spirituality, and stress management.

PWA Coalition and L.I.F.E. Physical Therapy offers its ongoing low-impact aerobics and fitness sessions on Thursday (6:00 - 8:00 PM) and Saturdays (10:00 AM - Noon) at the Multi-Service Center. The program includes body composition measurements, postural evaluation and pain control in addition to fitness. Call the Coalition (522-5428) or Kelly Sacky (796-2272) for more information. Kelly has also expanded her hours working with patients at Thomas Street Clinic. She is now there Tuesday and Friday, 8:30 AM till Noon.

Houston Clinical Trials Network will present "The Biology of Hope" with psychotherapist Bill Scott on Saturday, November 9th, 4:00 PM at the Montrose Library. Bill will discuss the importance and effects of positive thinking on the health and lives of people infected with HIV.

The next **AIDS Mastery Workshop** is scheduled for the weekend of November 22-24. The workshop is an intense experience which seeks to challenge the notion that the quality of life is dependent upon the circumstances or duration. It is designed to release the relationships and patterns that keep us tied to the past and undermine our self-worth. For more information, call Jim Griffith at 464-6971.

The Four Seasons Club is sponsoring a "Military Ball" fundraiser for the **Colt 45's Assistance Fund** Sunday, November 10th, 4 - 10 PM at the Brazos River Bottom. For ticket information, call 861-8444.

READING THE MAIL

By Mark Siegworth

Because of my work with *Positively* and my full time job with an HIV service provider organization, I see a large volume of mail of all types, from all sorts of places. Often I stack things until I have time to read for a while. Sometimes the stack grows to a full box before I can review it all, looking for that which is new, interesting, and sometimes surprising. The point is, there is a lot of information being generated and mailed, and it gets difficult to take it all in, much less respond and react. So, I thought this month I would sift out a few items for information and response. There is a lot of personal opinion and editorial comment in what follows. The positions are mine, alone.

First, in very glossy cover, wonderful design and layout, came the official report of the National Commission of AIDS, titled "America Living with AIDS." It told us what many have known for years—that the federal government's response to AIDS has been inadequate. It called for national health care and a "comprehensive national AIDS plan." The punch it pulled is in not saying that the inadequate government response has cost thousands of lives which might have been saved.

Speaking of which, the current cumulative numbers are: National—186,895 cases, 118,411 deaths. Texas—13,938 cases, 8986 deaths. Harris County—5630 cases, 3759 deaths. In 1990 HIV was the 10th leading

cause of death in Texas. All of these numbers are going to increase rapidly when the CDC changes the definition of AIDS to T4 Cell count under 200, a move which has been delayed from January 1991 to April. Somebody knows.

Next, a lengthy, detailed letter from Dr. Jonathan Mann, the Chair of the VIII International Conference on AIDS, telling us why the Conference was moving from Boston to Amsterdam in 1992. Basically, its because of "a discriminatory U.S. policy regarding the entry of people infected with HIV into this country," which lead to the decision that "in order to host the 1992 Conference, the Harvard AIDS Institute had to leave the country." So, an opportunity to learn and be heard for thousands of American PWA is lost. We all ought to be a lot madder at our government than we are.

Now, for the good news. Press releases from the National Institutes of Health tell us that TMP/SMX (Bactrim/Septra) works as well, maybe better, than pentamidine in preventing or delaying recurrence of PCP.

Also, the trials comparing foscarnet and ganciclovir show that both drugs are effective in treating CMV retinitis, but that those on foscarnet live longer.

Next month, I may go back into the stack, or may tackle one of my other fun-filled information gathering activities—like answering the phone, or going to meetings. Thanks for your time.

DON'T DROP OUT OF SIGHT

If you are changing addresses or updating subscription information, please be sure and notify the Body Positive office by the 25th of the month to insure that you receive your next issue of *Positively*.

Subscriptions are free and issues are mailed third-class bulk rate in a plain envelope with no return address. This is why that it is important that you notify us of address changes well in advance, as third-class mail is NOT forwarded and is not returned to Body Positive.

If you wish to assist with mailing *Positively* the next work day is Monday, December 2, 1991 at the Multi-Service Center on West Grey, starting at Noon.

The Body Positive office phone is 524-2374 (Fax: 524-5424).

UPDATE ON VACCINE DEVELOPMENT

by Gabriel Torres, M.D.

Last year we had a special report from the International AIDS Conference on vaccines. We have had several request for a followup from this year's Conference. Since our source was no longer available, we have borrowed this article from Gay Mens Health Crisis "Treatment Issues," with their permission. Ed.

Significant advances in vaccine development were reported by European and American researchers at the Seventh International Conference on AIDS in Florence, Italy. Vaccine research over the past few years has focused on the prevention of HIV infection in animals and the testing of potential vaccines for safety and tolerance in HIV infected humans. These approaches attempt to stimulate an immune response against the virus and retard progression of the disease. Most vaccine experiments are first conducted in animal models, such as cats, rhesus monkeys, macaques and chimpanzees. Researchers hope that vaccines in animals will work similarly in the human body.

BACKGROUND: Vaccines are designed to stimulate the production of antibodies and cellular responses which protect against infection. Antibodies are substances produced by plasma cells (a type of white blood cell) whose function is to recognize certain proteins found on the surface of viruses or bacteria which have entered the body. Antibodies bind to these viral proteins and neutralize them. Such an action can be difficult to achieve with HIV because the original virus is able to change the proteins on its outer coat. Neutralizing antibodies, therefore, may not be enough to stop viral reproduction or the destruction of certain important immune cells. Therefore, another major challenge in HIV vaccines is to trigger a cellular response, or to activate white blood cells, (i.e., T-cells, phagocytes, macrophages, and natural killer cells). These cells kill the virus and the cells infected with the virus.

VACCINE APPROACHES: An antibody and cellular response can be achieved in a variety of ways with the use of vaccines. Whole live virus and whole inactivated virus injected into the body may create such a response but also carry the risk of causing HIV infection. The safest vaccine is one produced by technology. A genetically engineered vaccine is referred to as recombinant. Only part of the virus is incorporated into the recombinant

vaccine, called a subunit. Researchers have identified specific regions in the HIV virus which trigger an inhibiting immune response. One such region is the focus of a vaccine being tested in both animal and human experiments. It works as follows: A specific HIV outer-coat protein, gp120, contains a specific region called the V3 loop. The V3 loop does not change and so provides a stable target against which to develop a vaccine. Antibodies directed at the V3 loop bind to HIV, neutralizing the virus, and prevent it from infecting target cells. Unfortunately, during natural infection, neutralizing antibodies alone do not protect the infected person from developing disease, since the structure of HIV is so complex. Other vaccine approaches consist of inserting pieces of the HIV outer envelope into another virus, such as vaccinia (the smallpox virus), in order to trigger an immune response. This type of vaccine is called a recombinant vector vaccine because the live vaccinia virus serves as a vector, or transport vehicle for the HIV protein. Finally, other researchers have used synthetic peptides (small pieces of an HIV-derived protein) to induce an immune response.

ANIMAL EXPERIMENTS: Several animal studies presented in Florence generated considerable controversy. For instance, the simian immunodeficiency virus (SIV)—the long-considered monkey equivalent of HIV in humans—was challenged as not being suitable for testing vaccines directed against the V3 loop. One American study found marked differences between HIV and SIV in the way each virus stimulates production of neutralizing antibodies (abstract #Th.A.14). Among other differences, SIV, unlike HIV, requires the whole gp120 protein to stimulate production of antibodies.

Additionally, most SIV experiments introduced the virus by an artificial means, such as an intravenous challenge (the virus is injected directly into the bloodstream). Protection against the virus which is acquired across mucous membranes (through the vagina or anus) has not been achieved in the SIV model. U.S. vaccine expert, Dr. Dani Bolognesi, however, defended the SIV model, despite the differences noted above. Bolognesi contends that crude vaccines made from killed whole virus, or from killed infected cells have been successful in preventing infection of SIV in macaque monkeys.

Another focus in Florence was the use of a monoclonal antibody vaccine, which is highly specific against the V3 loop (abstract #Th.A.64). A monoclonal antibody is a protein manufactured in the laboratory which targets a

single region in HIV. Protection against disease obtained by injecting monoclonal antibodies into an animal or human is referred to as passive immunization. The vaccine, developed by Merck, Sharp and Dohme Corporation, was found to block infection of the same strain of HIV used to produce the monoclonal antibody. Three chimpanzee experiments using different types of monoclonal vaccines targeting the V3 loop achieved protective immunity in animals challenged with the virus.

Another study reported that a recombinant gp160 subunit vaccine, called rgp160, made by Immuno, Inc., protected a chimpanzee from HIV infection for two and a half years (abstract #Th.A.13). Another chimp, injected with the same vaccine, has remained HIV-negative for three and a half years, the longest period of protection of any HIV vaccine to date. Based on the response of the first chimps studied, a similar vaccine was granted approval by the FDA in November, 1990, for phase I testing in human beings. These trials are currently underway at five AIDS Vaccine Evaluation Units (AVEU) in the United States.

HUMAN EXPERIMENTS: The results of some early safety trials in humans with various recombinant vaccines were presented in Florence. There is much hope that these trials will pave the way for large-scale efficacy trials within the next three years. A study from Vanderbilt University reported on a phase I trial using two recombinant vaccines in ten uninfected volunteers (abstract #F.A.1). The first vaccine was genetically engineered and was produced by inserting the gp160 gene into a vaccinia virus. It was produced by Bristol-Myers Squibb. A booster vaccine, consisting of a subunit of purified gp160 (VaxSyn), made by MicroGeneSys Inc., was then given to the same ten volunteers 11 to 27 months after the initial vaccinia-derived vaccine was administered. After they received the booster, the vaccinated volunteers developed immune responses, including neutralizing antibodies, determined to be strong enough to protect them against HIV infection.

Another researcher who has used the vaccinia virus vaccine in humans is Dr. Daniel Zagury of the Pierre and Marie Curie University in France. He was ordered by his government, however, to stop testing the vaccine after three AIDS patients received the vaccine on a compassionate basis, died. Their deaths were due to improper inactivation of the vaccinia virus.

In Florence, Dr. Zagury also presented data on a new vaccine therapy which may have restored immune function in six other AIDS patients (abstract #M.A.67). This vaccine—a combination of alpha-interferon, HIV proteins, and an inactivated HIV pseudo-virus—has been referred to as a vaccine “cocktail.” Zagury reported marked clinical improvement in the six AIDS patients

treated with the vaccine cocktail, including increases in T4 cell counts to near normal values. A press release from the conference news office was highly critical of the presentation, and called Zagury an “enfant terrible” and his vaccine cocktail, “the dubious concoction of a witch.”

GP160 VACCINE (VAXSYN): A more rigorous and widely-publicized vaccine trial was reported in the *New England Journal of Medicine* (324:1677-84, 1991) just a week before the conference. The trial tested recombinant gp160 (VaxSyn), produced by genetic engineering by MicroGeneSys, Inc. in Connecticut. The trial was conducted at the Walter Reed Army Institute of Research, Rockville, Maryland. Thirty HIV positive volunteers who had asymptomatic infection and T4 cell counts over 400 were injected with the vaccine, given either as three or six injections over 4-6 months. In 19 of the 30 participants (63%) both antibody and cellular immunity to HIV proteins increased in response to the vaccine.

After ten months of follow-up, the mean T4 cell counts had not decreased in the 19 subjects who responded to the vaccine. Counts decreased by 7.3% in the 11 patients who did not respond. The best responses in the trial were seen in those subjects who received six injections and those who had over 600 T4 cells upon entry in the trial. There was no increase in HIV replication or viral activity in any of the subjects as a consequence of vaccination. This study, though very promising, must be interpreted cautiously since it is still unclear whether T cell responses to gp160 and neutralizing antibodies will translate into clinical benefits for patients with HIV. A larger phase II trial involving 140 subjects is fully enrolled at the Walter Reed Research Center. The first analysis of the data should be available in early 1992.

CONCLUSION: Significant progress has been made in the design and testing of vaccines that have the potential for protecting both HIV-uninfected and HIV-infected persons. Because of the large variability in HIV strains and because of the ability of the virus to mutate, vaccines directed at conserved regions, such as the V3 loop, have the greatest potential for success. The potential for vaccines to serve as immunoetherapies in persons already infected seems to be real. The years to come await much larger efficacy trials to determine if the preliminary results of phase I trials will be reproduced in large populations of persons at risk for HIV or with asymptomatic infection. The World Health Organization and the vaccine researchers will be convening to decide on the specific populations to be used in the large vaccine trials. Unfortunately, the potential for significant benefit from a vaccine in persons with advanced disease is very low.

**THE LIGHTING OF
"THE TREE OF REMEMBRANCE"**

**CO-SPONSORED BY HOUSTON NAMES PROJECT
AND BODY POSITIVE/HOUSTON**

=====

**YOU ARE INVITED TO AN OBSERVANCE OF
1991 WORLD AIDS DAY**

**FOR THE FOURTH YEAR, WE WILL REMEMBER AND HONOR THOSE
WHO HAVE DIED OF AIDS BY HANGING MEMORIAL ORNAMENTS ON A
TREE. THIS YEAR WE WILL ALSO BE LIGHTING CANDLES.**

THE EVENING WILL INCLUDE:

READING OF THE NAMES HANGING OF MEMORIAL ORNAMENTS AND LIGHTING OF CANDLES IN MEMORY OF THOSE WHO HAVE DIED OF AIDS LIGHTING OF "THE TREE OF REMEMBRANCE"

**BRING AN ORNAMENT(S) TO HANG ON THE TREE AND VOTIVE
CANDLE(S) TO LIGHT.**

NEW PANELS FOR THE QUILT WILL BE ACCEPTED.

MUSIC AND REFRESHMENTS WILL BE PROVIDED.

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DAY AND DATE: SUNDAY, DECEMBER 1, 1991

TIME: 6:00 P.M. UNTIL 8:00 P.M.

**PLACE: METROPOLITAN MULTI-SERVICE CENTER
1475 WEST GRAY, MAIN LOBBY
(BETWEEN DUNLAVY AND WAUGH DRIVE
ACROSS FROM THE RIVER OAKS PLAZA SHOPPING CENTER)**

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**FOR MORE INFORMATION, PLEASE CONTACT HOUSTON NAMES PROJECT
(52-NAMES) OR BODY POSITIVE/HOUSTON (524-2374)**

CALENDAR

Wednesday, November 20

BOARD MEETING

7:00 p.m., Multi-Service Center Conference Room

Sunday, December 1

TREE OF REMEMBRANCE

6:00 p.m., Multi-Service Center Lobby

Saturday, December 21

ANNUAL CHRISTMAS PROJECT

All Day, Multi-Service Center and Hospitals

EVERY TUESDAY

STRESS REDUCTION CLASS

7:00 PM, Multi-Service Center

SERVICES

PEER COUNSELLING: Body Positive offers a counselling program unique in Houston. A ten week, confidential, closed structure allows ten people, led by two trained HIV positive facilitators, to explore a wide range of relevant issues and build or strengthen their personal support system. Call 524-2374 for more information.

BUDDY PROGRAM: A one-to-one support program for those who have recently tested HIV positive to confront issues and explore alternatives. To refer or for more information, call 524-2374.

ANDREW BOYD HIV RESOURCE LIBRARY, located in the Metropolitan Multi-Service Center, is a collection of books, newsletters and other information sources on HIV disease.

GARDEN PROJECT provides an opportunity to enjoy the aesthetic and practical values of gardening. Produce and plants are donated to Stone Soup, Cornerstone House, and area hospitals.

CORNERSTONE HOUSE, a daycare center service for families with HIV, which receives assistance from Body Positive throughout the year.

"GET TESTED NOW" is a multi-media campaign urging individuals at risk of exposure to HIV to get tested and consider appropriate early intervention tactics.

SPEAKER FORUMS and **SOCIAL EVENTS** are scheduled quarterly. See the Calendar section or call the Body Positive/Houston office for details.

BODY POSITIVE/HOUSTON is a non-profit organization serving the needs of HIV seropositive individuals and those who share their concerns. The major focus of the organization is to encourage healthy personal and social attitudes.

POSITIVELY is an official publication of Body Positive/Houston. Mark Siegworth, Editor; Stuart Johnson, Contributing Editor; Terry Smith, Circulation Manager; Dr. Wayne Bockmon, Medical Advisor; Steven Ward, Legal Advisor. Permission granted for non-commercial reproduction.

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BODY POSITIVE/HOUSTON
1475 West Gray, #176
Houston, Texas 77019
(713) 524-2374; Fax (713) 524-5424



Positively

VOL.4 NO. 12

DECEMBER 1991

GET THE HOLIDAY SPIRIT



Once again this year, we are asking you to share a little bit of your renewed Holiday spirit and generosity with others. For the fourth year, Body Positive will have a special Holiday project to hopefully brighten the lives of those living with HIV. This time of year, the feelings of sharing and caring abound, and we at Body Positive hope that you can find a little time in your busy schedules to help.

This year's Body Positive visits are going to eight hospitals and care centers. We anticipate seeing 200 adults and 100 children. For the first time this year, Cornerstone House, a caring daytime home for children affected by HIV/AIDS, is on the list, so our needs are different; and with the increased numbers, our needs have expanded. We have a lot of stockings to fill, and we sure hope that you can assist us.

From now thru December 20th, we need your donations for the stockings. Particularly, we need apples and pears, factory-wrapped candy (especially candy canes), pairs of adult socks (white only), childrens' socks appropriate for either boys or girls, and personal items like small sample sizes of tooth paste, deodorant, bath powder. All of these items will be stuffed in the stockings and delivered to patients at the various care centers.



We will also be purchasing special items and fillers, so donations of money are also needed for this project.

Please make deliveries prior to the 21st at the Body Positive office, 1475 West Gray. Office hours are 8:00 AM till noon, 1:00 PM till 5:00 PM Monday thru Friday. Any help that you can give will be gratefully appreciated by the Holiday Committee and those we visit.

Then, on Saturday, December 21st, we are in need of worker elves to do the stocking stuffing. We will start promptly at 10:00 AM, and hope to be finished by 3:00 PM. This has in past years been a wonderful time for volunteers. Lots of hard work, but Body Positive would never mistreat an elf, so there is also lots of fun. This is a great opportunity for those who have not been involved before to come and join us. Please call the office at 524-2374 if you are interested in working with us this year.



We know you are all going to help just as much as you can, because you always have in the past, making this one of Body Positive most popular and rewarding activities. So, thank you in advance for helping make this another successful project.

THE HOUSTON HIV PLAN

For the past three months, five subcommittees have been working on writing a long range planning document to address the direction and needs of HIV services in Houston/Harris County for the next five years. The committees have worked in the areas of health care services, psychosocial services, case management, education, and early intervention. Participants in the process have been the Greater Houston AIDS Alliance, the Ryan White Planning Council, the University of Texas School of Public Health, and the Early Intervention Planning Committee of the City of Houston Department of Health and Human Services. Their goal has been to have the plan completed by December 31st. Committees have just completed their part of the job, the School of Public Health is now putting all their work together into a preliminary draft.

Now comes the part where you—*Positively* readers, People With AIDS, caregivers, the entire HIV community in Houston—have a chance to provide your comments and suggestions into this process. The draft will be available on Monday, December 16th from the Greater Houston AIDS Alliance, and public forums will be held on Wednesday, December 18th for citizen input. There will be two forums, one at 11:00 AM till 1:00 PM, the other from 6:30 till 8:30 PM. Both will be held at the Metropolitan Multi-Service Center on West Gray.

Copies of the draft will be available at both the Body Positive office and the PWA Coalition office in the Multi-Service Center on the afternoon of the 16th, so that you can study them prior to the community forums. This is a great opportunity for each of you to put your experiences to work to shape the future of HIV services in Houston.

The Board of Directors of Body Positive have made a commitment to review this plan carefully and encourage all those affected by HIV to do so as well. Concerns have been expressed by several sources that there was not enough PWA input into this process. Well, now is our time to get involved in the planning of our own futures. Body Positive urges all members of the HIV community to take the time to look at this preliminary draft, think about what is needed in Houston for the next five years, and to attend these very important community forums and make your voices heard. See you there on the 18th.

BODY POSITIVE NEWSCOPE

CORNERSTONE HOUSE IS HAVING A DECEMBER FOOD DRIVE TO REPLENISH THEIR NEARLY EMPTY FOOD PANTRY. They need the following items, which are provided to families of the children at the daycare center and other families with HIV: Powdered milk, cereal, rice, dried beans, peanut butter, crackers, fruit juices, canned vegetables, spaghetti, spaghetti sauce, macaroni and cheese, flour, sugar, baby food and especially Infamil and Similac with iron. If you would like to donate food items to Cornerstone House, call FIRM at 682-5995 to arrange a donation.

Nan Robson, co-chair of Body Positive's fundraising committee, wants to talk with dedicated people who want to help her assist our organization by raising funds. If you are interested, please call the Body Positive office 524-2374 and give us your name and telephone number. Nan will call you to set up a time to meet to discuss the function and needs of this very important committee. Past fundraising experience is helpful, but is definitely not a requirement.

So far, we have had a fantastic response to our fundraising letter in November. Supporters have been very generous in their response to our request for 1992 funding. Those of you who have not yet responded, please help us however you can during the month of December.

The Body Positive Board will be holding it's annual day-long retreat in January. Last year's first attempt at this was very successful. It gives the board members time to evaluate programs, direction of the organization, and full discussion of important issues affecting Body Positive. If you think there are issues, needs, or programs which should be considered by Body Positive in the coming year, give us a call and let us know what they are. You are the organization, and we need to hear from you.

GET TESTED NOW

AIDS/HIV. The sooner you know, the more you can do.

520-TEST





MEDICAL PERSPECTIVE

By Wayne Bockmon, M.D.

Clarithromycin is now available by prescription under the brand name Biaxin. It comes in a 500 mg tablet which will cost between \$2.50 and \$3.00 per tablet, representing substantial savings over the Buyer's Club prices. This drug looks very promising for treatment of MAC. Dosing for an acute illness is 2000 mg or more per day, and 1000 mg per day thereafter as maintenance. Even this more effective new drug against MAC will have to be given in combination with other antimycobacterial drugs to be effective. One word of caution: This drug is approved for treatment of upper respiratory infections only. For insurance reimbursement purposes, your doctor may want to give you a diagnosis of sinusitis rather than MAC.

The interaction of syphilis and HIV is still generating controversy. A recent report in the Journal of Infectious Disease suggests that we become even more aggressive in treating HIV positive patients who are diagnosed with syphilis.

Standard therapy for syphilis relies upon a fully functional immune response to help suppress the infection. We know that syphilis invades the central nervous system in 40% of patients with early disease. This article argued that a simple dose of benzathine penicillin is inadequate coverage for primary syphilis in HIV positive persons. It is now suggested that even primary syphilis be treated with at least three doses of benzathine penicillin one week apart in those with HIV. All patient with HIV with untreated syphilis of unknown duration need to have a lumbar puncture. Neurosyphilis, when found, requires high dose intravenous penicillin for 10 days. HIV positive people treated for syphilis also require more frequent and more rigorous follow up testing to verify adequate coverage.

The special concerns of HIV infected women is a topic about which more is now being published. One very important change in standard care for HIV positive women involves the annual Pap smear for cervical cancer. One study published recently documented that not only do HIV positive women have a higher inci-

dence of cervical cancer and precancerous changes, but also that these findings are often missed by a routine Pap smear. It is now suggested that HIV positive women should not only have a thorough pelvic exam and Pap smear annually, but also a colposcopic exam with cervical biopsies. Cervical cancer is treatable and curable if found early.

Personal note: I remain in awe of the incredible grace and dignity of Magic Johnson, as he conducted himself through a media circus. As an old fan, I am going to miss him on the basketball court. He will find that he has many good people as teammates on this new court.

POSITIVELY NEWS AND MORE

Due to scheduling problems in the last half of December, other activities, and just to give everyone a well deserved break, there will not be a January issue of *Positively*. So, everyone working and everyone reading, have a wonderful Holiday season, and we'll see you again in early February.

The envelope stuffing, mail preparation day for that issue will be Monday, February 3rd, from noon till 9:00 PM at the Multi-Service Center. We now have a volunteer coordinator who calls and reminds people. If you would like to help, call the office at 524-2374 and get on the list. We sure can use the help.

Speaking of help, thanks to everyone who has worked so hard this year to get *Positively* out on time. I would love to give you all their names, but some of them are shy, and we don't print names without permission (which I haven't asked from most of them), so I simply issue a heart-felt "THANK YOU" to all of you. You know who you are.

THANK YOU

HIV AND THE LAW

by Steven K. Ward, Attorney-at-Law



Q: My insurance company recently sent me a notice that a cap was to be enacted on all HIV related illnesses of \$20,000.00. There was

no similar cap placed on other types of illnesses, such as cancer or heart disease. Is this legal?

A: Unfortunately, I am seeing more and more insurance companies attempting to limit their claims related to AID or HIV related illnesses. The legality of a cap on HIV related illnesses was recently tested in federal court here in Houston. Judge Norman Black of the U.S. District Court for the Southern District of Texas ruled on June 28, 1990 on the subject of caps in the case of McGann v. H&H Music Co., CA No. H-89-1995. In the McGann case, the plaintiff found his million dollar coverage reduced to \$5,000.00 for AIDS related illnesses.

Judge Black ruled that since the employer, H&H Music Co., had changed its group health insurance plan to a self-insured plan, that it was entitled under ERISA to change benefits when there is no contract prohibiting such a change. The court reasoned that the switch to a cap on AIDS related illnesses was not discriminatory under Section 1140 of ERISA, since the group medical plan had sustained serious financial losses in the past years. Judge Black states in the summary judgment opinion that "The purposes of the changes in the group medical plan made by defendants jibe with the ultimate purpose of ERISA: protection of the plan." The opinion further states that "The alterations were not made to discriminate against McGann or anyone who was diagnosed with AIDS."

This decision thus allows a cap on AIDS related illnesses if the medical plan falls under ERISA, which most do. It is unfair in my opinion, and hopefully this case will be overturned on appeal or new legislation will prohibit such caps targeted against HIV and AIDS.

Q: I have been diagnosed with AIDS for the past two years. When I left work, I converted my policy under COBRA to a private policy which had premiums of about \$700.00 per quarter. Recently, I received a notice from my insurance carrier that my new quarterly premiums would be over

\$2,000.00. Is there anything that can be done about this?

A: Unfortunately, when coverage is converted under COBRA, it is not unusual for the premiums to be higher than average. This is because apparently the insurance company to which the conversion is made places all the higher claim individuals in the same group. Thus, individuals who are already ill and have substantial medical bills, including HIV infected persons, are all "dumped" in the same undesirable group with astronomical premiums, since everyone in the group is sick.

There is some litigation in California on this matter, but I have not seen any successful legal challenges to this conversion practice in Texas. What we need is more protective legislation to prohibit unreasonable rate hikes to HIV infected persons. What we recommend is to send a certified letter to the insurer in an attempt to obtain a settlement, but as the law now stands, relief is difficult to obtain. Many of the individuals who cannot afford astronomical premiums end up being forced to use public health care facilities.

Houston

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in cooperation with
The PWA Coalition-Houston
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HUMAN COSTS

By Sally Fisher

Sally Fisher is a co-founder of Northern Lights Alternatives, and the founder of Taking Care. This article is reprinted from the August 1991 issue of PWA Coalition Newsline, with permission.

When most of us think of the cost of AIDS health care, we think of it in terms of financial cost. To be sure, the financial costs are prohibitive. Health care in the United States is reserved for the rich and those best insured. It will have to do with repair at best. We live in a country where human concerns take a back seat to power, greed, and militarism. Government neglect, pharmaceutical price gouging, padded insurance claims by doctors, insurance bail out, exorbitant fee structures and lack of forethought have brought our health care system to the brink of collapse. As the AIDS epidemic plummets into its second decade, emergency measures are called for.

Not only is AIDS health care costly in financial terms, it is costly in human terms. This human cost rises daily. If you are indigent, there is little quality care available. At many public hospitals one may have to wait as long as five months for an appointment. It is possible to die from some manifestation of AIDS before even getting an HIV antibody test. How devastating to know that your life does not matter. How dehumanizing to be told that the system has no room for you. And how dehumanizing for those who do the telling.

For those who find themselves fighting for insurance, or paying premiums that are inflated and insulting, the struggle is debilitating. A person with AIDS/HIV should be supported by every means possible, not forced to expend energy fighting with a company that finds it more cost-effective for him or her to be dead.

And what about the cost to health care professionals? As the crisis in the medical system worsens, the providers of service feel the burden most acutely. Burnout has reached epidemic proportions. Doctors find that they have to redefine their roles. They are no longer the all-knowing savior. AIDS has changed their ability to be life savers. The system in which they work often ties their hands in terms of delivering care to their patients.

For nursing staffs, burnout has become the brutal companion to their jobs. Feeling overwhelmed, overworked and unprepared for the demands that are made upon them, they are falling by the wayside. Loss and

grief are constant confrontations. For health care workers who are PWAs or HIV-seropositive, the confrontation is even more exaggerated. When ministering to our friends and watching the AIDS/HIV community being devastated, it is hard to find comfort or to feel that there is a light at the end of the tunnel. This holds true for the staffs of many AIDS services as well.

With the creation of the AIDS Mastery Workshop, in the first weeks of 1986, I began my daily involvement with the AIDS crisis. I spend a lot of time in hospitals and hospices. I work closely with caregivers. I walk friends and loved ones through the health care system. The lack of care given to caregivers is appalling. It is clear to me that burnout is a companion epidemic to AIDS. For me, working with burnout has become the next step. Caregivers are the front line, the trench warriors of this battle. But in this war, unlike the Persian Gulf, the government has let its troops down. These troops are left out there to fend for themselves.

This abandonment is very reactivating. Most of us go into caregiving because we have some profound need to be needed or useful. Some of us feel on a very deep level that we have to earn our place in the lives around us. *Co-dependence* is a word that springs to mind. Please know that none of this negates the deep care and compassion for other human beings, and the genuine desire to serve, that also calls us to the front lines. But the unresolved issues of childhood, as well as pressing personal issues, are co-factors along with the burden of work-related stress in burnout.

This explains why not everyone is burned out. The lucky ones, or the ones who have been working at it for a while, have developed the ability to distinguish between personal needs and what is going on at the hospital or agency. These personal issues, once sorted out, can be handled in therapeutic settings rather than acted out on the job. This will allow satisfaction to return, even in the face of loss, overloading and abandonment in the system. It often goes unnoticed that the quality of life for caregivers reflects directly in the care they give. Unfortunately, the quality of life of practitioners and service providers often takes a back seat to other seemingly more pressing needs in this time of economic crunch.

THE DRUG DEVELOPMENT AND APPROVAL PROCESS

By: C. Vance Gordon, Ph.D.
Dale E. Wierenga, Ph.D.

The recent approval of ddi has brought renewed interest in the FDA's approval process of new drugs, which has come under scrutiny and criticism for its handling of promising treatments for HIV and various opportunistic infections. The authors of the following article work at the Office of Research and Development of the Pharmaceutical Manufacturers Association. With that bias intact, Positively presents it as an educational feature, to acquaint readers with the language and basics of the process. Ed.

In reviewing this report, it is important to keep in mind the realities of the drug discovery and development process. The U.S. system of new drug approvals is perhaps the most rigorous in the world. On average, it takes 12 years and \$231 million to get one new medicine from the laboratory to the pharmacist's shelf, according to a 1990 study conducted by the Center for the Study of Drug Development at Tufts University.

The flow chart accompanying this article gives the success rate of drugs for each phase of the development process and the length of time each step takes. Overall, about one in five of the medicines that begins clinical trials makes it through the trials and the approval process.

New medicines are developed as follows:

Preclinical Testing. Laboratory and animal studies are done to show biological activity against the targeted disease and the compounds are evaluated for safety. These tests take approximately three and one-half years.

Investigational New Drug Application (IND). After completing preclinical testing, the company files an IND with FDA to begin to test the drug in people. The IND becomes effective if FDA does not disapprove it within 30 days. The IND shows results of previous experiments; how, where and by whom the new studies

DRUG DEVELOPMENT AND APPROVAL PROCESS

It takes 12 years on average for an experimental drug to travel from lab to medicine chest.

Only five in 1,000 compounds screened in preclinical testing make it to human testing.

One of these five tested in people is approved.

Preclinical Testing		Phase I	Phase II	Phase III	FDA	Approval
YEARS	3.5	1	2	3	2.5	Total = 12
Test Population	Laboratory and Animal Studies	20 to 80 Healthy Volunteers	100 to 300 Patient Volunteers	1,000 to 3,000 Patient Volunteers	Review Process	Post-marketing safety monitoring
PURPOSE	Assess safety and biological activity	Determine safety and dosage	Evaluate effectiveness. Look for side effects.	Verify effectiveness, monitor adverse reactions from long-term use.		Large-scale manufacturing
			Expedited Review: Phases II and III combined to shorten approval process on new medicines for serious & life-threatening diseases.			Distribution
						Education
% of all new drugs that pass		70% of INDs	33% of INDs	27% of INDs	20% of INDs	

will be conducted; the chemical structure of the compound; how it is thought to work in the body; any toxic effects found in the animal studies; and how the compound is manufactured. In addition, the IND must be reviewed and approved by the Institutional Review Board where the studies will be conducted, and progress reports on clinical trials must be submitted at least annually to FDA.

Clinical Trials, Phase I. These tests take about a year and involve about 20 to 80 normal, healthy volunteers. The tests study a drug's safety profile, including the safe dosage range. The studies also determine how a drug is absorbed, distributed, metabolized and excreted, and the duration of its action.

Clinical Trials, Phase II. In this phase, controlled studies of approximately 100 to 300 volunteer patients (people with the disease) assess the drug's effectiveness and take about two years.

Clinical Trials, Phase III. This phase lasts about three years and usually involves 1,000 to 3,000 patients in clinics and hospitals. Physicians monitor patients closely to determine efficacy and identify adverse reactions.

New Drug Applications (NDA). Following the completion of all three phases of clinical trials, the company files an NDA with FDA if the data successfully

demonstrate safety and effectiveness. The NDA must contain all the scientific information that has been gathered. NDAs typically run 100,000 pages or more. By law, FDA is allowed six months to review an NDA. In almost all cases, the period between the first submission of an NDA and final FDA approval exceeds that limit; the average NDA review time for new molecular entities approved in 1990 was 27.7 months.

Expedited Process. Under a plan implemented by FDA early in 1989, Phase II and III may be combined to shave two to three years from the development process for those medicines that show sufficient promise in early testing and are targeted against serious and life-threatening diseases, such as cancer.

Approval. Once FDA approves the NDA, the new medicine becomes available for physicians to prescribe. The company must continue to submit periodic reports to FDA, including any cases of adverse reactions and appropriate quality-control records. For some medicines, FDA requires additional studies to evaluate long-term effects.

Discovering and developing safe and effective new medicines is a long, difficult and expensive process. The research-based pharmaceutical industry will invest \$9.2 billion in research and development this year, and that investment has been doubling every five years.

COSTS (continued)

The human costs of AIDS health care overlap in reality with the financial costs. It is very expensive to have staff out on sick leave or stress leave. It is costly to replace staff and train new personnel. Malpractice, which often results from burnout and the inability to make appropriate decisions, is very expensive. In other words, it would be cost effective to take care of the caregiver. An emotionally and psychologically healthy staff will ultimately save the system millions of dollars. Burnout costs money. That cost is filtered through the system and ultimately, the burden is carried by those seeking care. And so it goes full circle.

Again it is the lack of human concern that has allowed the system to degenerate to the place that has made health care a luxury instead of a right. We need to be speaking out. We need to be making demands for a national system that is of the people, for the people, and by the government. Universal insurance is critical. There is no excuse, in a nation where people are allowed to amass fortunes, and wars are fought for oil, to neglect the basic right to life and emotional health. As debilitating as the physical atrocities of AIDS can be, the emotional and psychological ramifications are equally far-reaching. This devastation can be measured in human and financial terms. Perhaps when it is finally clear that treating people with respect and grace and dignity is cost-effective, something will be done.



The Tree of Remembrance, sponsored by the Houston NAMES Project and Body Positive, will be on display throughout the month of December in the main lobby of the Metropolitan Multi-Service Center on West Gray.

ANSWERING THE PHONE

By Mark Siegworth

This month, I was going to discuss "Going to Meetings," but I got most of that out of my system talking about the upcoming Community Forums on the Houston HIV Plan. I've worked closely with that process, and it ain't perfect. It really needs lots of input from PWAs, clients of the system, and the community at large. I again urge all of you to study the plan and attend the forums.

So, this month it's Answering the Phone, which I do a lot. I talk to all kinds of people from all points of view who are dealing with HIV. As we end 1991, a few points just have to be made.

FIRST—There are an awful lot of people out there who really need help, and the capacity of the existing support system just isn't adequate to meet all the needs. All of the organizations who are providing services to PWAs are strapped for cash and donations of goods and services. This Holiday Season especially, dig deep and help where ever you can. The needs are there, and so are the rewards.

SECOND—The Body Positive message still needs to get out. So many people I talk to have, for whatever reason, waited until something is seriously wrong with them or they are in a real crisis situation before they act. Early testing, early planning, and early medical intervention could have prevented or minimized many of these situations. The word needs to get out, not just to PWAs, but also to the system that should be providing these services.

THIRD—And finally. The opportunities are there for you to learn what you need to learn, get whatever help is appropriate, and rebuild your life in a healthy, happy form. The operative phrase is "Take Charge" of your life, your options, your decisions. Use whatever is available, and help it be there for others later. Sounds like a good way to start a new year.

CALENDAR

Wednesday, December 18

COMMUNITY FORUM, HOUSTON HIV PLAN

11:00 a.m. and 6:30 p.m., Multi-Service Center

Thursday, December 19

BOARD MEETING

7:00 p.m., Multi-Service Center Conference Room

Saturday, December 21

ANNUAL CHRISTMAS PROJECT

10:00 a.m., Multi-Service Center and Hospitals

Saturday, January 25

ANNUAL BOARD RETREAT

All Day, TBA

EVERY TUESDAY

STRESS REDUCTION CLASS

7:00 PM, Multi-Service Center

SERVICES

PEER COUNSELLING: Body Positive offers a counselling program unique in Houston. A ten week, confidential, closed structure allows ten people, led by two trained HIV positive facilitators, to explore a wide range of relevant issues and build or strengthen their personal support system. Call 524-2374 for more information.

BUDDY PROGRAM: A one-to-one support program for those who have recently tested HIV positive to confront issues and explore alternatives. To refer or for more information, call 524-2374.

ANDREW BOYD HIV RESOURCE LIBRARY, located in the Metropolitan Multi-Service Center, is a collection of books, newsletters and other information sources on HIV disease.

GARDEN PROJECT provides an opportunity to enjoy the aesthetic and practical values of gardening. Produce and plants are donated to Stone Soup, Cornerstone House, and area hospitals.

CORNERSTONE HOUSE, a daycare center service for families with HIV, which receives assistance from Body Positive throughout the year.

"GET TESTED NOW" is a multi-media campaign urging individuals at risk of exposure to HIV to get tested and consider appropriate early intervention tactics.

SPEAKER FORUMS and **SOCIAL EVENTS** are scheduled quarterly. See the Calendar section or call the Body Positive/Houston office for details.

BODY POSITIVE/HOUSTON is a non-profit organization serving the needs of HIV seropositive individuals and those who share their concerns. The major focus of the organization is to encourage healthy personal and social attitudes.

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