



THE POSITIVE QUARTERLY

A Publication by and for the HIV/AIDS Population of the State of Michigan

July-September, 2002

Volume 4, Issue 3

**“You may say I’m a dreamer
But I’m not the only one
I hope someday you will join us
And the world will live as one...”**

-John Lennon



In Memory of Barbara Garrison

On Passing...

When one of ours is taken from us, many of us ride a roller coaster of shock, anger, fear, rationalization and acceptance. Some of us are able to get to a point where we say things like, “He/she lived like they wanted to,” or “they died well” or maybe even, “All things in time...this was their time.”

Well I guess I do not possess that caliber of emotional health. See, I still hurt. Deep in my gut, under my soul there grows a pain that is never truly remedied. One would think that after almost eleven years of living with HIV and seeing SO MANY DEATHS, I could come to a place of peace. I simply cannot.

The spirits of those I’ve loved still linger about me. Sometimes they softly remind me of their presence with kind and gentle rememberings. Sometimes they prick my awareness with déjà vu that tumbles me into a cold sweat. This usually occurs when I think I’ve done enough, that there is nothing more I can do in a situation where I’m trying to advocate for PWAs. I still hear Kurt, Ricco, Tim, Travis, James, Louie, Jeff...whispering “be true to us.” **(Continued on page 8)**
(Continued from page 1)

The first time I ever talked to Barb Garrison was when she called the Task Force’s office looking for some help. Not long after, her name crossed my desk on a Task Force membership application. Being in a rural area of the state, she was interested in meeting other women who were HIV positive. It started as simple as that, but grew. She asked questions...lots of questions. Soon she started showing up at events, speaking up at meetings, and participating on the Task Force and MHAC. She always told me that she would be honest with me, and she was... almost painfully so.

She worked hard and put her heart into the work. She always said she wanted to make it better, “make it nice” for people. And she did. At the last PWA Retreat, held during Mother’s Day weekend, she went all out helping to make sure the retreat went smooth and made it “nice” for others to enjoy, as well as for myself. I sent flowers to Barb to thank her for her help, and to thank her for her friendship. We joked around on the call, and she would start giggling, this crazy devilish giggle, as we dished the dirt. It wasn’t even a week later that I received the news that she had passed away. I was stunned. How could someone who had grown so strong and fought so hard be gone? When she passed away she was the Task Force Membership and Management/Policies and Procedures Chair. She was no longer that woman who called looking for help, but now one that offered it to others.

I am one of those to whom she offered her help and her friendship. A friendship that taught me a very valuable lesson—never put off doing something for someone else when your heart feels it’s right—for there may not be a tomorrow to say thank you, I was thinking of you, or just a plain hello. I miss her now, not as someone who had HIV or AIDS, but as a gentle yet gutsy woman who reached out and touched my heart somewhere. She will always be with me, her maddening determination, her complete honesty, and that crazy, amazing giggle.

Belinda Chandler

PWA Task Force Community Liaison

In Presence of a Czar

I think it was Shakespeare who wrote, “Madness in great ones must not unwatched go.” With that in mind I decided to schedule a meeting with Scott Evertz, former director of the Office of National AIDS Policy (ONAP). Since we were in Washington, D.C. for AIDS Watch and I had packed an extra tie, I figured why not?

I had done some reading on Mr. Evertz soon after his appointment to get a feel of where he might stand on issues critical to PLWH/As and those who advocate for us. I learned this skill from Rick Otterbein who heads up our AIDS Watch efforts. The way he prepares us for legislative meetings is a big reason why we have so many elected officials and their staff complimenting us on how we conduct our legislative education efforts.

It seems Mr. Evertz has upset everyone from conservatives to liberals, a trait that I find compelling...I thought we'd have a lot in common. Conservatives don't like him because he's gay. Liberals don't like him because he's a Republican, anti-abortion and has a weak resume in HIV/AIDS work with the exception of fund raising.

My reasons for wanting to meet with him ranged from morbid curiosity to a sincere desire to inform him of how his statements, past, present and future, impact those of us living with HIV/AIDS as well as the overall philosophy of AIDS policy for at least the next three years. The question on most advocates' minds is “how much power does he really have?” There were stories told of keeping him shut away from the public eye and that his presence in the administration was merely a token tossed to the left in order to make amends for the “now you see it...now you don't” fiasco of the administration's early decisions on the Office of National AIDS Policy.

What I found out about him in my preparation was that he has actually been vocal on some important issues. He openly supports syringe exchange programs (of course without suggesting federal funding) and he went public to support the targeted MSM materials used in California that had conservatives yelping about “indecent and homoeroticism” and calling for full scale audits to ferret out these dastardly smut mongers who use the public trust to advance the gay agenda. Okay, sure, I thought—that much venom had to be pro-

portional to the amount in which the stuffed shirts were actually turned on by the pamphlets.

Anyway, back to my meeting with the former Czar. The short story was that he was courteous, professional and maybe a little taken aback at first by what a straight farm boy from Michigan was rattling his cage about *pol-icy* and not talking about funding issues. You see, he's not a legislator. He does not approve spending bills. His job is to lead the policy and public discourse on HIV/AIDS issues that in turn may lead to allocation of funding. So, that's where I framed the discussion.

I asked him specifically about statements coming out of the President's Advisory Council on AIDS (PACHA) that have raised the ridiculous debate over the effectiveness of condoms. Thank Tom Coburn for that one. This issue highlighted the divergence of messages coming from ONAP and PACHA. We discussed that mixed messages, especially concerning the effectiveness of condoms, were risky and harmful. He lamented this situation and the structure that allows for it. So I simply asked him to refute those arguments in public. I hoped he would take me up on that.

We also talked about the bottleneck that has been slowing up approval and distribution of Rapid Testing methods. I highlighted Michigan's early concerns over Orasure usage and our positive impact in outreach and public health clinic testing once we were able to fully understand the technology. I surmised that with the ability to do the same in Michigan with new technology we could be even more effective. Again, I asked him to make a public statement in support of the necessary waivers to get this technology out to the field in the most effective manner possible. Yes, again, I hoped he would take me up on this, too.

The final part of our discussion concerned advocates' fears that our efforts would become hindered because our methods (effective targeting and involvement of the at-risk population) may not fit within the conservative agenda. In Michigan we believe that some of our best programs come from involving PWAs, substance users and commercial sex workers. The issue is that some people in public health and policy development see those of us who fit those definitions as distasteful and completely inappropriate (*Continued on page 3*)

Statewide process replaces regional plan

UNLESS YOU'VE BEEN WAY UP NORTH IN THE U.P. WITHOUT A TELEPHONE OR MAIL DELIVERY, you're aware that major changes are underway in Michigan concerning the planning and allocation of resources for both prevention and care of HIV/AIDS. The Task Force has been kept apprised of this situation and is contributing opinion concerning what responsibilities the Task Force might undertake in this new structure.

Preliminary outlines of the new look, which includes elimination of regional community planning processes, describe a leaner, streamlined system where decisions are unencumbered by multi-leveled decision making bodies. Ideally that's what we should have been shooting for all along.

Potential activities proposed by HAPIS to engage the community in this process include convening community groups in "various geographic areas of the state for the purposes of collecting input on continuum of care needs and HIV prevention priorities."

The new MHAC, with a leaner 40-member core, would rely more often on workgroups and ad hoc advisory groups created and disbanded as priorities changed. Within this skeleton structure is the enhanced role of the Task Force with its specific needs assessment assignment, which takes on greater significance in the new economized system.

Co-chair Tim Monohan has presented in meetings that the Task Force should become "authorized to conduct needs assessments and assist in allocating funds per those needs assessment results." It is also

generally agreed between Task Force members that we have input into the grievance process.

Consortia will no longer be funded through HAPIS as of 10/01/02. RCPGs will be funded to 12/31/02. Regional meeting costs will no longer be funded by DHAS-HAPIS, but regions are welcome to meet as they wish.

Over \$840K is estimated to have been spent on RCPG and consortia planning activities locally. A minimum of \$400K will be redistributed to direct services in care and prevention. No changes or interruptions will be made to service delivery.

(Continued from page 2) for such lofty concerns as disease prevention. The other point that's typically made is that, after all, if we didn't do things that put us at-risk, then we wouldn't have become HIV positive. We are therefore not innocent. I'm glad to say that his statements on this suggest that he sees things much as we do here in Michigan.

This discussion landed us squarely in the middle of the abstinence debate. With suggestions from administration advisors to divert more money to abstinence only education programs spinning in my head, I asked him squarely what his intent was. He reminded me of his statements in California supporting targeted and effective outreach materials.

He also spoke of using the entire continuum of education from abstinence to risk/harm reduction, suggesting the best way to include any of these methods was to use the tool that worked for the person at-risk. If they had chosen abstinence, we need to help support that. If they are sexually active or use substances then you move through the risk/harm continuum. OK, so I was impressed.

What is the final take-home message here? I found Mr. Evertz to be a well-meaning resident of a precarious perch. On one hand, if he openly supports issues which will put him at odds with the administration, he'll be removed or worse, kept as silent window dressing. If he fails to heed the urgings of HIV/AIDS advocates, then he runs the risk of being labeled as an out-of-touch Republican token.

I spoke to him of this dilemma and asked what we could

do to be of assistance. During our discussions, I had highlighted specific agencies and programs in Michigan that were making a difference and how even the smallest policy shift could put our efforts on a back-pedal and in the end lead to a growing epidemic in Michigan.

His suggestion for how we could help was simple and surprising. He said, "Show me." He also said that he would like to visit Michigan and see the programs I discussed and how we do what we do. He had recently returned from New York where he saw a street outreach program first hand, and that had helped him see really good work being accomplished in HIV prevention.

So now the ball is on our court. It's our turn to not just talk about it, but to show a senior policy advisor the work we do here.

We always say that we stay ahead of the curve in Michigan. Maybe this can be another opportunity to make an impact beyond our borders.

As this issue was going to press, it was announced that Scott Evertz had been replaced in his position as head of the Office of National AIDS Policy by Joseph O'Neill, acting head of Health and Human Services office of AIDS and HIV policy. Evertz was appointed as special assistant to HHS Secretary Tommy G. Thompson to assist in further developing and implementing the department's overall global strategy to fight HIV/AIDS, Tuberculosis and Malaria. -Ed.

One of the pleasures of editing a publication is the freedom to select which article appears on the cover—or in our case, the front page. Usually this decision is easy, with one story screaming for front page exposure. Sometimes it's a toss up between two equally important articles. For this issue, the choice was obvious. Whether our personal mission is to secure adequate funding for HIV/AIDS care and prevention, helping with the new statewide plan, assisting other states in their quest to form their own task forces, a mixture of all of these issues, or simply the mission to live mindfully and at peace with our disease, one constant reality remains...that of our own mortality.

That truth hit me personally this past year when four people I knew from my Region 3 passed away in rapid succession. Each had been a member of the Task Force at one time or another. First there was Marty Tauber, whose gentle nature, vision and advocacy had helped to create the Task Force itself some eight years ago. Then Steve Falkenstein followed, who had been a Task Force member in the late 1990's. More recently we lost everyone's favorite curmudgeon with a twinkle in his eye, Michael "Nick" Nicholas, followed far too quickly by Barbara Garrison.

To relegate Barbara's memorial to the back page or to hide it inside would have done an injustice to a woman who HAPIS manager Deb Szejda said "had a lot of class." We need to be reminded of our common reality, that we are all more likely than not going to be making that final trip sooner than we might have, were it not for our disease. As I reread those bittersweet, poignant reflections from those whose only method of coping was to put feelings into words, and then to share them with me in the form of a submission, I knew I had to give their efforts the prominence they deserved. No other issue matters if we don't allow room for our collective sorrows.

Barbara's life and death rated a front page banner in her home town newspaper, the Herald Palladium in St. Joseph, Michigan. But I believe she would be more impressed with our front page tribute in the Positive Quarterly.

On other matters sacred and absurd, political conservatives fibrillated over the announcement that PBS would introduce an HIV positive puppet as a new member of the South African cast of its internationally popular children's program, "Sesame Street." Having heard the original announcement on National Public Radio, I was immediately impressed by the possibilities. In a sample scenario, the HIV positive female puppet laments to her friends that other children are ignoring her or calling her names. Her friends assure her that they know they can't catch HIV from playing with her, touching her or even hugging or kissing her. Then they go off to play, the little positive puppet safe and secure in the circle of her true dear friends.

No where in the news report was it even hinted that this character would be incorporated into the United States broadcasts. However, in Africa, where even two and three year olds are faced with the blunt reality that HIV infection imposes upon their daily lives, the character works to uphold personal self-esteem amid the chaos that has resulted in a majority of children in many African countries becoming orphans at tender ages.

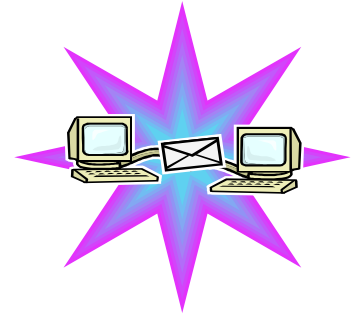
As you will read elsewhere in this publication, President Bush's proposed budget for FY 2003 once again flat-funds vital HIV/AIDS programs. Given the chance, this virus is capable once again of getting out of control in a major way. All it needs is for the veneer of invincibility worn by mainstream society to be stripped away from inadequate funding and lack of attention. The United States only looks petty, immature and common when they stoop to participating in such ethnocentric diatribes. There is a real world out there, and too many of our leaders are not paying attention to it.

**The Positive Quarterly
Publishers:
Michigan's PLWH/A Task Force
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Lansing, MI 48909
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[Http://www.mipwa.org](http://www.mipwa.org)
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Arkansas Replicates Michigan Model

Surfing the Internet, Dan Stone helps create southern-style empowerment



About five or six years ago I joined the Internet age. I talked my sister into putting me on her AOL account and then started to reinforce my knowledge of HIV/AIDS. I also had the opportunity to meet others around the world involved with HIV/AIDS. One of those individuals was from Arkansas, a beautiful, natural state that I love to visit since I have family there.

It was through the Ask Gay Guy Anything chat room on AOL that I met Rick Ramsey. Rick is an AIDS activist who made me feel welcome in the AGGA chat room. Through Rick I found tons of resources on HIV/AIDS online. He is one of the people from Arkansas who came to Michigan in April to meet and talk with the Task Force about organizing a similar organization in their state.

When we first started to talk Rick Ramsey was only active with the Arkansas AIDS Foundation and locally with HIV/AIDS issues in Little Rock. As our talks progressed, we identified different issues we faced in our respective states, including: standards of care, access to care, confidentiality, teaching rural doctors current treatment standards and compassion, and most importantly, input to the state from people living with HIV/AIDS.

About two years ago, Rick started to organize People Living with HIV/AIDS in Arkansas. This loosely-knit group of HIV/AIDS-empowered people formed an ad-hoc committee to get the State of Arkansas to fund a drug assistance program. To their surprise, not only did they find enough support in their Congress, but the Governor of Arkansas was willing to sign the funding bill. It passed!

Unfortunately the head of the Arkansas Health Department failed to file the paperwork with the federal government. This grant, with matching federal dollars, would have provided Arkansas with almost \$5,000,000 for a drug assistance program. They now have just over \$800,000 for the next five years.

The next big assignment for this ad-hoc committee was to receive state approval to become a task force. This proposal was met with support by the health department. The task force concept met with some opposition from other AIDS activists and ASOs. I was surprised that these entities would go against something that can only benefit those living with HIV/AIDS.

My understanding is the AIDS activists do not feel things need to change, that what they have now is all right. As for the ASOs, their thinking is more out of fear than concern for their clients. They are afraid that this "Task Force" might cost them money. This is how Rick describes them: "Folks who have built homes and bought cars on little or no action."

However, there is little anyone can do when a state representative says, "I am impressed with your ideas. Keep doing what

you are doing to bring PWAs to the table." Rick has also told me the head of their HIV/AIDS section would like to meet with Loretta Davis-Satterla, Director of the Michigan Department of Community Health, Division of HIV/AIDS-STD. This could be a good thing for both Michigan and Arkansas.

To further their goals, Arkansas PWAs Eric Bell, Lee Langston, Rick Ramsey, and Steve Turner traveled to Michigan to attend April's Task Force meeting.

Using the Michigan's Persons Living with HIV/AIDS Task Force model, Arkansas created a system that empowered people living with HIV/AIDS across their state and has the blessing of the Arkansas Health Department. Moreover, they are united as a whole unit to ensure that services and needs are met for the entire HIV/AIDS community.

Rick Ramsey says the state, in support of the program, has suggested they request at least a \$70,000 budget for next year. So what are the goals and projects the Arkansas Task Force has identified? Other projects planned include:

- 1) In August the Delta area of Arkansas will be the testing site for community forums. From there, they will conduct forums in other regions.
- 2) Lee Langston and Steve Turner are attending the National HIV/AIDS update conference in southern California.
- 3) Lee Langston and Rick Ramsey are heading to Washington to attend all of the Titles sessions.
- 4) Ramsey and Langston will also be attending the Treatment Advocate Conference in December.
- 5) The group hopes to appropriate funding to bring two Michigan Task Force members to Arkansas either this fall or early in 2003.

Arkansas AIDS advocates might have accomplished all that they have so far without the help of Michigan, but it feels good to know that my interest in connecting with other HIV positive people through the Internet helped bring about such changes faster than they might have. As a final note, I want to close with something Rick told me recently: "Everyone who came to Michigan is still talking about our Michigan trip...you guys made a great impression on Eric and Steve and Lee."

I can only add that we need to continue the work we are doing and help our brothers and sisters in other states to unite and form their own task forces. Let's give our founding members a great round of thanks for everything they did to create this body and to keep their goals in mind whenever we meet.

Dan Stone chairs the Task Force Special Events Committee

Michigan AIDSWatch Contingent Strengthens Connections in DC

- Preliminary CDC estimates show the number of new AIDS cases in the United States increased by 8% in 2001—the first increase in six years.
- Last year, there were an estimated 40,000 new infections; over 70% of those were among people of color and half among people under 24 years of age.
- Yet, for the second year running, President Bush has proposed flat funding for critical HIV/AIDS prevention programs in his FY 2003 budget.
- Disappearing federal surpluses and shifting national priorities have made a tough fight even harder.

By **RICK OTTERBEIN**
**Legislative Education Committee
Chair**

AIDSWatch was a unique opportunity for people from all over the United States to go to Washington, DC, to unite with one strong voice in support of a solid federal commitment to AIDS programs. AIDSWatch is the largest annual constituent-based federal HIV/AIDS advocacy and education event in the nation, bringing together hundreds of people living with HIV and their families, care providers, and AIDS advocates.

This year, four Task Force members; Mark Peterson, James Curry, Bill Quinn and Rick Otterbein, went to this event to educate their legislators on how critical these programs are and how they affect each of their lives. Glenn Derrick and David Krause, both from the Detroit area, also joined them. 600 persons attended this year's event.

The group was able to meet personally with Senator Debbie Stabenow (D) and Representatives John Conyers, Jr., (D-14th), Carolyn Kilpatrick (D-15th), Dave Camp (R-4th), Vernon Ehlers (R-3rd) and Joseph Knollenberg (R-11th). Each member of the Michigan delegation focused on specific issues to discuss. Issues presented included adequate funding levels for the Ryan White Care Act, The Minority HIV/AIDS Initiative (MHAI), CDC HIV Prevention Programs, HOPWA, NIH-Funded HIV/AIDS Research, SAM-

HSA, and the U.S. Commitment to Global HIV Initiative.

Informational packets were given to each member. You can see these documents by visiting the NAPWA website and clicking on the AIDSWatch link. If you do not have web access, please contact the Task Force for this information.

The event was timely for Representative Conyers, who will include AIDS-specific language in his universal health care bill proposal he is planning to present to the House sometime in early August. To prepare for that event, Task Force members from Region 1 will be working with his office to hold a town meeting sometime in August so that he can speak with people from his area - living with or caring for those with HIV - and discuss the

universal health care proposal. Rep. Conyers does plan to attend this event personally.

James Curry states, "AIDSWatch was an eye-opening experience for me. The training session on Sunday greatly increased my awareness of pertinent legislative issues. I was intrigued by the role-play, which educated us on the do's and don'ts in reference to advocating with our legislative representatives. The experience of meeting with each congressperson or their representative gave me a better understanding of the importance of our individual voices being heard. I pray that people of color will take a more active role in any sessions pertinent to our political well-being. I am grateful that the Task Force allowed me this worthwhile experience." (Continued on page 7)

"The experience of meeting with each Congressperson or their representative gave me a better understanding of the importance of our individual voices...I pray that people of color will take a more active role in any sessions pertinent to our political well-being."

-James Curry

Berrien County AIDS Center Becomes Satellite Office of CARES

Due to a non-compliance of contractual duties, Berrien County AIDS Center (BCAC) funding has been redirected.

Cooperative action by the Michigan Department of Health, HIV/AIDS Prevention and Intervention Section (HAPIS), the regional coordinator, BCAC personnel, and CARES (an AIDS service organization located in Kalamazoo), allowed CARES to hire all three BCAC case managers and to obtain the organization's funding contract. At this time, those employees are still located in their offices at Mercy Center, Benton Harbor.

Letters were sent to all clients of BCAC informing them of the organizational change and asking those willing to become CARES clients to sign the appropriate releases. No lapse in services has occurred.

BCAC had experienced an exponential growth rate over the past three years, during which the foundation for adequate funding had not been laid, says former BCAC board president and acting executive director Judy Darling. The board, which comprised many new volunteers, had been in discussion with

various funding sources but no formal agreement had been completed, thus leaving the organization with no funds after the contracts were terminated.

The situation comes at a time when Michigan is changing from a regional consortia model to a statewide service plan. Compounding the problem are concerns of some activists who fear the lack of competition and choice in the area will kill innovation and create complacency within the case management model.

It was suggested at the July Task Force meeting that members of the community participate in CARES board meetings, and in other ways to further engage themselves in the organization in order to better express their needs and concerns.

The Michigan AIDS Fund (MAF) is slated to conduct an objective needs assessment in the Berrien County area in order to document unmet needs and identify stakeholders in the area. Stacey Barbas, MAF program officer, said the community assessment should be completed by October 1.

(Continued from page 6) While in D.C., Mark Peterson personally spoke with former AIDS Czar Scott Evertz concerning some important issues. *(see In the Presence of the Czar, page 2)*

The main focus of AIDSWatch is on federal appropriations for domestic and international HIV prevention, care, treatment, research, and housing programs; however, AIDSWatch also addresses other important issues such as HIV prevention

policies, expanding Medicaid to cover HIV disease and early HIV treatment services, and the promotion of voluntary, non-coercive HIV testing and counseling.

AIDSWatch is a project of the National Association of People with AIDS, in partnership with AIDS Action and the National Minority AIDS Council. Many other national organizations concerned about HIV/AIDS also participate in the planning, funding and support of this event.



Michigan residents and Task Force members met with Senator Debbie Stabenow in her Washington, DC offices during AIDS-Watch 2002. Pictured from left are Task Force Chair Mark Peterson, Detroit residents David Krause and Glenn Derrick, Task Force Legislative Education Committee Chair and AIDS-Watch statewide coordinator Rick Otterbein, Senator Debbie Stabenow, and Task Force members Bill Quinn and James Curry.

Dental Professionals Educated on HIV Issues

Task Force members express gratitude for dental demonstration program at Kalamazoo event

If the recent presentation on HIV/AIDS: Promoting Oral Health could be duplicated about two dozen times throughout various locations in Michigan, then the problems that come with limited participation by professionals, geographically restrictive access to dental care, and apprehension by care providers to treat HIV infected patients might all be alleviated. And if the receptive and attentive attitudes of participants in this event are any indication, selling the dental reimbursement program to a larger participatory pool should not be difficult.

Such was the conclusion of Task Force members Jim Gilbert and Gary Karch, who participated in the July event at Borgess Medical Center, Kalamazoo. The event was a collaborative event by HAPIS, the University of Detroit Mercy and the AIDS Education & Training Center.

Featured presenters included Gregory Kuldane, M.D. of Grand Rapids and James Winkler, DDS, PhD, University of Detroit Mercy. Merry Gastambide, Dental Demonstration project coordinator, was also in attendance. She explained the reimbursement process and emphasized that payment levels are competitive with various dental plans that many of the dental clinics in attendance already honor. In addition, payment turnaround time is quick and efficient.

Gilbert and Karch generously praised the quality of material presented. From Dr. Kuldane, participants received a thorough overview of the general conditions existing with HIV/AIDS disease, including past history, interpretation of the disease process, symptoms, drug therapy and treatment, and current trends in disease progression.

Dr. Winkler then continued with clinical descriptions of oral manifestations that indicate immune compromised situations. Dentists and technicians were advised that they are on the frontline of diagnosis, as oral symptoms of HIV disease may be missed by general practitioners or even infectious disease specialists, and are often the first symptoms to appear.

Gilbert and Karch both said they were grateful for the dental care they receive, but emphasized that many other persons cannot find providers in the eleven counties of Region 3 who are willing to participate in the dental program. It was hoped that those in attendance might help spread the word about the adequate level of payment expected and ease of clerical work involved.

The major problem providers had with the program was a high incidence of no-shows from HIV positive clients, which is an economic problem for clinics with full case loads. Gilbert said it most likely was because of side effects that occur suddenly and that can disrupt a planned schedule. However, it was agreed that a call confirming the cancellation should be standard practice from clients.

An extensive evaluation of the Dental Demonstration Project conducted last year provided valuable data from which the program has identified unmet needs in service availability as well as the project's successes. The program in Kalamazoo is one step along the path toward greater participation by providers and clients.

The Dental Demonstration Project is accepting applications from new clients. Persons currently enrolled must reapply annually. To receive an application, call (517) 241-5933 or (888) 826-6565.

As I now gently cut out a name card for Barbara and carefully place it on my "mourning wall" I know again that there is to come a time when her voice blends in the whispers and urges me onward. I long to hear her again.

Many times, when experiencing the loss of a loved one, we try to find the greater lesson. I lack this capacity as well. I have only questions stirring about me, with no grounding in the comfort of rationalized truth. The questions are: Why her? Why now? When will we have given up the last soldier so that we can return to home and safety?

Again, I have no answers. I only know that more will die. More will mourn. More will visit me in the shadow wisps of my memory. Until the day that I too, gently light upon the shoulder of one I loved and sigh "be true to me."
Mark Peterson