



THE POSITIVE QUARTERLY

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

Summer 2003

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To All HIV Positive Persons Living in the State of Michigan:

On March 12, 2003, Loretta Davis-Satterla, Division Director of HIV/AIDS-STD, Michigan Department of Community Health, released a letter stating that the department would no longer be financially supporting the activities of the Michigan's Persons Living with HIV/AIDS Task Force. We do acknowledge that some internal processes within the Task Force needed to be improved, and we regret the director's decision.

In the beginning days of the Task Force, people's energies were consumed by racial, sexual and sexual orientation issues from within its own membership. Only through hard earned mutual respect, cooperation, collaboration, passionate understanding and even some compromise, did we evolve into the full embodiment of Michigan's PWA that we came to represent. Please notice our staff box at the bottom of page 7. Once upon a time, it listed as many as seven committee chairs of the Task Force. Now only Gary, who has served as editor for four years, and Bill, who was slated to take over the editorship, are listed. No one else exists anymore who can confidently say they officially represent all PWA in Michigan. We are the remnants of that brief existence. But, now you have the opportunity to share that representation.

In meetings we attended concerning the Department's decision, we applaud the Michigan Department of Community Health (MDCH) for continuing to assess the needs of PWAs throughout the state, activities that were originally scheduled to be handled by the Task Force. Those funds earmarked to support the Task Force will now be used to support these statewide needs assessment activities so that more of you can participate in the process. This is a good thing, since when the decision was made, only a handful of people on the Task Force—and we do literally mean from around five to maybe eight key people at any given time—were consistently involved in state-level political processes of HIV/AIDS. In a state where there are thousands of you – and only a few are actively involved - something was wrong! None of us can carry the torch that long without getting lost on the way to the Olympic Stadium.

On pages 4 and 6 of this issue, you will find listings for community forums to be held in various locations throughout the state. It is imperative that you find the location closest to you, reserve the date, and show up, preferably with a carload of other HIV positive persons, and a few more carloads in tandem with you. Incentives will be available for all forum participants. This will be a major and infrequently offered chance to register your concerns. And when you do, we suggest that everyone name the re-establishment of a Task Force as their highest priority.

The Executive Committee of the Michigan HIV/AIDS Council (MHAC) will most likely approve a proposed PWA workgroup. You do not have to be a member of MHAC to be involved in this workgroup. You do not have to go to long boring meetings where you don't know anyone, and don't know or care what bureaucratic process is being discussed. But someone needs to care whether the people living with HIV and AIDS in Michigan are truly listened to and whether their needs are being adequately met. Whether or not a MHAC PWA workgroup will live up to that

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Change...the Only Constant

Commentary By Mark Peterson

Today started so well. I'm walking down Mission Street headed for Market and Third on a crisp, but warming sunny San Francisco morning. Then it grabs me. The all too familiar grip in my gut that instantly starts a sweat and the back of my throat to begin clamping itself shut. See, I did it again. I've been on the same medication regimen for seven years. My particular combo of too expensive, life saving stomach bombs that I should be thankful that I have access to, includes AZT. Now, before you say "still?" Hey, it's working for me. It just means I have to eat something before I take my little pills of joy. That doesn't sound too difficult, right? I mean I've been at this a long time now. How hard is it to make sure you have food in your gullet before swallowing the chalk-covered bits-of-battery acid? The answer: Plenty.

I balance my hand above my head and rest it on the stone of the courthouse wall, a very stately gray mammoth taking up every bit of space on the corner of 7th and Mission. I grab at the brick, feel my stomach spasm and cramp, but through sheer will and years of practice, I am able to calm myself. I tell myself, "no...not here, not out here in front of anyone." I am able to make it another two blocks before ducking into the doorway of a "Pacific Rim" travel agency and release what is left of my morning's dose onto the sidewalk. Maybe I'm particularly odd, but at that moment the only thought I fix on is "Gee, I'll bet I'm not the first one to toss my AZT on Mission Street." Just a few more steps, and I'm in a Chinese market where I buy a ginger soda. I finish my six-block walk to the Argent Hotel for the start of the USCF CAPS Conference. I'm outwardly the energetic, affable, eager-to-begin-the-day PWA. Yep, I know we've all done similar things.

What I just described is a reoccurring theme I've noticed playing itself out over this past year. A wise man once told me, "Man, doin' the same damn thing over and over again, expecting things to turn out differently is the real definition of insanity." I know that without having food in my stomach, my meds will seize me in a violent feverish full-body cramp. Yet too often I'm in a rush, or it's not a convenient time, or food is not available, or...even more revealing, I actually believe that this time will be different.

I see this same sort of belief happening with PWA involved in community planning. Whether it's called Community Planning, PWA Input, Consumer Advisory Boards (question: When did we stop becoming "People with AIDS" and become "Consumers?" Did I miss that meeting?) or whatever group name assigned us by those who seek our input, we have attributed to the cycle of insanity by continuing to do the same thing and expecting a different result.

We have continued to hold strongly to the things that can be used to divide us. Sometimes I believe we actually fear success. What if our pet issues were actually addressed in some positive manner, what then would we cling to as proof of our vulnerability?

Well, not with the disbanding of the Task Force and recreation of something like a needs assessment advisory committee with a very large number of initial applicants. (I wonder how they'll stay away from developing some kind of internal "process." This attention to process was cited as one reason the Task Force needed to restructure.) We have the opportunity to actually see if we can create a new mechanism which speaks for the needs of all of Michigan's PWA. I applaud all those who intend to create from the ashes of the Task Force a phoenix of a new, more focused, more united PWA body.

As I have said in many different venues, including the pages of this newsletter, the need to speak with one voice is paramount to effective PWA advocacy. To do this we must cease the egocentric, cult-of-personality models we've relied on in the past. We must stop doing this same thing over and over, expecting that the same problems won't raise their destructive and divisive heads.

The new group allows a very laser-like focus to develop around not only communicating needs, but also ensuring they are addressed via our only community planning entity. It's the perfect mechanism to create changes in service provision to better address the needs of Michigan's PWA. So, the question is, are we now finally ready to succeed? Are we ready to stop pontificating and learn what we must to conduct the most discerning needs assessment possible in order to create a truly PWA responsive environment in HIV care and prevention planning? I believe this to perhaps be our last best chance to get it right.

It seems I have piled all the responsibilities for positive outcomes in this endeavor on the PWA. Actually I'm of the opinion that it is our role to lead this mission. That said, it is incumbent upon the Michigan Department of Community Health to utilize this new mechanism to its fullest capacity, the boundaries of which I fear are very narrow and constrictive. In this new model, from where will the voice of policy change come from? Who will find the voice and the venue to discuss the less than concrete needs of PWA? Sure, transportation, case management, etc., are important, but where will the state hear the deep, convoluted truth of the stigma one faces living with AIDS in Michigan? From where will the stirrings of the political, racial and social injustices faced by PWA come? Who will speak for those who shared our same risks prior to (and, to tell the complete truth) after our infection? The Task Force began addressing these issues, and in some people's opinions did so outside of their expressed mission. Do we hope that the PWA who currently have seats on MHAC to carry forward these issues? Do we ask them to not only represent themselves, but also attempt to advocate for all PWA?

I believe MDCH holds these community and psychosocial issues as important areas that contribute to the rise in HIV infections and the need for compassionate services for PLWH/A. I also believe however, that with only a needs assessment committee as the PWA input mechanism, HAPIS will not get to the

full impact of these issues. There has been provisional “thumbs-up” to a MHAC PWA workgroup with objectives that speak out on the real and less politically tasteful issues faced by PWA.

When discussing the future of PWA input in the state and the specific ramifications of the loss of the Task Force, members of the Task Force were told by MDCH/HAPIS leadership that the remaining operating funds for Task Force activities were now going to go to “direct services.” This is a very responsible use of these funds. However, this decision begs the following questions: Who will receive these funds? Which service categories will be funded? What methods of prioritization and allocation will be used? Without direct PWA input and oversight of these issues, how is this information going to be communicated back to the community?

(continued from page 1) challenge, or will simply become a prop in some bureaucratic charade, remains to be seen. We hope with all our hearts that the latter does not happen. We know what happens when an organization is given lots of responsibility, but no authority to carry out its tasks. We know what it is like to be working ourselves to exhaustion only to end up right where we started. We know what it is like to continuously work professionally for free and feeling exploited in the process. So, you may ask, why are you holding in your hands a newsletter that still displays the Task Force logo at the top? Because the Michigan Department of Community Health has agreed to financially support this newsletter and the website until the end of the fiscal year. We thank HAPIS for allowing us the opportunity to rant, rave, vent, reflect and pontificate with virtually no censorship or editing for content. It is anticipated that we will publish one more issue of The Positive Quarterly in the Fall. Maybe it will be all good news to report by then.

Gary and Bill

Message from the Hopi Elders

*We have been telling the people that this is the Eleventh Hour
Now you must go back and tell the people that this is the Hour
And there are things to be considered*

*Where are you living?
What are you doing?
What are your relationships?
Are you in the right relation?
Where is your water?
Know your garden.*

*It is time to speak your truth.
Create your community.
Be good to each other.
And do not look outside yourself for the leader.
This could be a good time!*

*There is a river flowing now very fast.
It is so great and swift that there are those
who will be afraid.
They will try to hold onto the shore.
They will feel they are being torn apart
and they will suffer greatly.*

*Know the river has its destination.
The elders say we must let go of the shore,
and push off and into the river,
Keep our eyes open, and our head above the water.
See who is in there with you and Celebrate.*

Okay, maybe those questions are premature. Maybe they're even unsettling. But that's what active, informed PWA do...we ask questions. I don't think our role has changed much...just our venue. Maybe it is time to see this as an opportunity. Maybe this is in fact, a rebirth of the PWA role in community advocacy. Maybe, even I can get a little excited about the opportunities that change brings with it. Maybe we've all gotten tired of the insanity and can decide a different course to different problems and different solutions.

Heck, I'd like the chance to make some *brand new* mistakes. Could be some brand new victories at the end. You comin'?



*At this time in history, we are to take nothing
personally. Least of all ourselves.
For the moment that we do, our spiritual growth
and journey comes to a halt.
The time of the lone wolf is over,
Gather yourselves!
Banish the word struggle from your attitude
and your vocabulary.
All that you do now must be done in a sacred manner
And in celebration.*

*“We are the ones we've been waiting for...”
-The Elders, Hopi Nation, Oraibi, Arizona*

*This poem was forwarded to Mark by a friend in Mississippi
who had heard of our struggles.*

Community Forum Registration

Please register me to attend the community forum in the following area:

- _____ Traverse City, Park Place Hotel, July 19th, 1 - 4 pm
- _____ Grand Rapids, Prince Conference Center, July 21st, 5 - 9 pm
- _____ Kalamazoo, Radisson Hotel, July 22nd, 5 - 9 pm
- _____ Lansing, Sparrow Professional Bldg., July 23rd, 5 - 9 pm
- _____ Detroit, Museum of African American History, July 24th, 5 - 9 pm
- _____ Frankenmuth, Bavarian Inn, July 26th, 12 - 3 pm
- _____ Pontiac, Holiday Inn Select, July 28th, 5 - 9 pm
- _____ Benton Harbor, Ramada Inn, July 29th, 5 - 9 pm
- _____ Marquette, via conference call

Refreshments, snacks, and participation incentives will be available at all forums.

Information about the community forum can be mailed to me at:

Name: _____
Address: _____
City: _____
Zip: _____

Return to:
2479 Woodlake Circle, Suite 300
Okemos, MI 48864

Or fax to: 517-241-5911

Don't forget to fill out a 2003 PWA Needs Assessment Survey!

Attention PWA: Information You Should Know!

Michigan's PWA Conference-Retreat Workshop Summaries

One of the most heavily attended workshops at this year's PWA conference-retreat, was the "Update on HIV in the New Millennium" presented by Dr. Peter Gulick, whose candor, honesty and friendly manner has won him praise from the HIV/AIDS community for years.

It is a risky misperception to assume we have the epidemic of HIV and AIDS under control, he says. Fifteen percent of newly diagnosed people in 2003 are infected with a resistant virus, and 25% have advanced AIDS, indicating that they have carried the virus for years.

Other misconceptions concern the word "undetectable," and what behaviors an undetectable diagnosis indicates might be considered safe. Overall, there is less chance to get an opportunistic infection if you are undetectable, but "still, it's not impossible to transmit" the virus, Gulick says. A false sense of security can lead to "activities that put you at risk."

HIV replicates at a tremendous rate, with 36% of its viral population turning over daily. About 2 trillion virions are produced lifelong, and 30 billion of those are within the first few weeks of infection. That the virus proliferates and can re-grow so quickly is part of its success. This reality illustrates the importance of treatment adherence, because failure to comply with dosing then triggers a selection of drug resistant viruses.

Standard treatment interruptions (STIs) were a hot topic at the most recent Retrovirus and Opportunistic Infections International Conference. Current data suggests that those in early disease—with those persons in their first year of disease or less—do better with STIs than those with chronic disease, where it is not always as successful. STIs are not an approved standard of treatment yet, and Gulick advises not to experiment with it. If you are determined to use an STI, you should go off all of your drugs and not just stay on one.

PWA can find themselves confused regarding what levels of t-cell counts or viral loads indicate that treatment should begin. Newer research is exploring the intricacies of the viral load versus t-cell load connection. Normal t-cell levels can range from 500 to 1200. Even the common cold can drop a person's t-cells to 300. Studies suggest those undergoing STIs have their t-cells monitored if they are above 350, and go back on treatment if they drop to 250.

Genetic differences between individuals suggest that people react uniquely to disease treatments, so persons with the same viral load and t-cell counts can react differently to the same treatment. One thing that doesn't change, though, is that when t-cells drop below 200, it is more likely that an opportunistic infection will occur. T-cells still remain a major factor in assessing health.

It used to be a given fact that life expectancy lessened to one to two years after an opportunistic infection had occurred. Now, that's not true, and persons who have experienced life threatening infections have rebounded with amazing success.

About six or seven research centers are looking into the stimulation of CD8—or fighter—cells. Some sophisticated testing for immune memory in t-cells exists, but nothing is in

general use yet. As for a vaccine, finding the stable part of the virus is key to its success.

With a heightened direction to therapies that attack the virus in new innovative ways, new treatments on the horizon include integrase inhibitors, which prevent the virus from inserting into the t-cells and T-20, a fusion inhibitor that works where the virus attaches. [Readers might wish to refer to the May/June 2003 issue of *Positively Aware* for an excellent update on new drug regimens. —Ed.]

Dr. Gulick is an Associate Professor in the Department of Internal Medicine, College of Osteopathic Medicine, Michigan State University. Summaries on a selection of other workshops follows.

Feed Your Head: The Importance of Nutrition

A detailed justification for breaking old habits, and establishing new standards for personal management of one's nutritional intake, was the goal of Dr. Lark Lands workshop. She says that we have internalized bad messages when it comes to eating, and that whatever our income level, our money will go farther and be spent more intelligently if we just "eat at home."

Along with helping to boost immune response, maintaining adequate levels of nutrients helps improve quality of life by lowering side effects from drugs by keeping doses of medicine from being missed. Lands says that the average body's supply of antioxidants is inadequate to fight the level of oxidative stress people with HIV and AIDS experience. Mitochondrial stress is relieved when oxidative stress is countered with good nutrition. And according to Stanford University researchers, the liver takes a "hit" all the time, even without Hepatitis C infection.

Dr. Lands, researcher, nutrition expert, journalist and former POZ Magazine science editor, promoted use of the nutritional product, RESURGEX, at the retreat. Attendees received samples of this product, and were told it may be ordered from the Houston Buyer's Club at 880-350-2392. The club also sells an assortment of other nutritional supplements at a cost below well-known national chains.

River Huston: Healing With Humor

Writer, poet, activist and lecturer River Huston entertained a supportive crowd at Friday night's plenary urging people to learn to take care of themselves. Huston says we have acquired a "learned helplessness" that makes us become dependent upon a taxed system. Huston's talk embraces life and HIV, saying that "HIV improved my sex life." The disease "gives us insight into humanity" and, she says, "There is life after HIV. There is sex after HIV."

As for sex tips (Huston's arrest for presenting a condom demonstration in New Jersey made national headlines) she says there are three pieces to good sex. Intimacy, communication, and chemistry.

(Summaries continued on page 7)

Term Limits Necessitates Continuing Education of Michigan Senators and House Representatives

By BILL QUINN

Legislative Education Member

The former Michigan Persons Living with HIV/AIDS Task Force and the HIV/AIDS Alliance of Michigan (HAAM) once again joined forces to bring home the facts, stats and financial needs of Michigan PWA. What has become known as "Legislative Education Days," this year's "cramming session" took place on Feb 18-19 in Lansing with six members from the former Task Force.

The contingent of advocates set appointments in advance to meet with their local officials to put a "face" on AIDS. Politicians are people too, willing to listen to PWAs' plights, when it is being spoken by those infected or affected by the disease.

By combining representatives of HAAM who ARE paid lobbyists working with AIDS Service Organizations (ASO) and PWA, it creates genuine concern (and hopefully response through legislation) by touching the hearts of our

elected leaders. This year's primary focus involved the possible elimination of the Wayne County Plus Program and changes to Medicaid, which would affect the solvency of Michigan's Drug Assistance Program, which provides for the necessary medications to PWA who are either without prescription drug coverage or are working poor without Rx coverage (the underinsured).

As a member of this committee for a few years, I noticed a much better receptiveness by those elected officials with whom we met this year than in any past year. Perhaps it was because of term limits that we were better received this time around.

I have seen how getting involved in this consumer oriented process does make a difference. Let's take a moment and look at a couple of examples of past successes.

In December of 2002, Congress approved a \$10 million increase for the Ryan White CARE Act, after the White House had originally considered flat funding. Lobbyists, consumers and other concerned parties were seeking an additional \$277M.

Last year, the AIDS Drug Assistance Program (ADAP) was running out of money in several states. This would

have meant that there would be no available funds to provide for life saving medicines for PWA.

However, due to the diligence and continued efforts of people who care, ADAP received an additional \$70M in funding to carry the program through the end of the fiscal year. This avoided gaps in coverage to PWA. The reason this was so critical to PWA is that once a drug regimen has begun it cannot be stopped and restarted without the risk of resistance setting in.

I have mentioned all of this because as of March 2003, there is no longer a Task Force (see editorial on page one). If there is to be any education, lobbying or advocacy done by Michigan PWA, it will have to be done at a grassroots level. This means that every one of Michigan's PLWHA need to be out there calling, writing, e-mailing and meeting with their elected officials on a regular basis telling them what issues are important to them, and how their decisions affect their lives. It can no longer be "business as usual," and leave that sort of effective education left to others to get the message to local and national elected officials. WE no longer exist my friends, it's now just you and I.

Community Forum Schedule

Saturday, July 19, 2003 - Traverse City

1:00 to 4:00 p.m.

Park Place Hotel
300 East State Street
Traverse City, MI

Monday, July 21, 2003 - Grand Rapids

5:00 to 9:00 p.m.

Prince Conference Center (Calvin College)
1800 East Beltline
Grand Rapids, MI

Tuesday, July 22, 2003 - Kalamazoo

5:00 to 9:00 p.m.

Radisson Hotel
100 West Michigan
Kalamazoo, MI

Wednesday, July 23, 2003 - Lansing

5:00 to 9:00 p.m.

Sparrow Professional Building
1200 East Michigan, 2nd Floor
Room D & E
Lansing, MI

Thursday, July 24, 2003 - Detroit

5:00 to 9:00 p.m.

Museum of African American History
315 E. Warren Avenue
Detroit, MI

Saturday, July 26, 2003 - Frankenmuth

12:00 to 3:00 p.m.

Bavarian Inn Lodge & Conference Center
One Covered Bridge Lane
Frankenmuth, MI

Monday, July 28, 2003 - Pontiac

5:00 to 9:00 p.m.

Holiday Inn Select (near the Silverdome)
1500 Opdyke
Auburn Hills, MI

Tuesday, July 29, 2003 - Benton Harbor

Ramada Inn
798 Ferguson Drive (Exit 28 off of I-94)
Benton Harbor, MI

Marquette - A conference call will be scheduled in the future

Critiquing the PWA Conference: Successes, Improvements Discussed

Two weeks after its conclusion, Michigan's PWA conference was evaluated at a meeting with Task Force members and MDCH/HAPIS staff. Excellent ideas to improve and refine participation and interest were presented, and Loretta Davis-Satterla, HIV/AIDS/STD Division Director, said that "some type of PWA event will be ongoing."

Attendance was down in some workshops and down overall in general, compared to the number of registrants, suggesting the likelihood that some attendees chose not to fully participate. [Cross-analysis of hotel registrants and retreat registration rolls was unavailable at press time. -Ed.] Receiving a ticket for attending workshops, to later be redeemed for door prizes, and requiring a deposit for registering were two ideas that might work to improve commitment to participation.

It was agreed that keeping the first night a social hour would be an improvement. Many people complained that the heavy load of workshops after an arduous drive of many hours, was too much a strain on HIV positive bodies. Initial review of the planned retreat schedule had deemed it not full enough at one point, and HAPIS initiated more workshops in order to justify funding. A more sensitive balance between the two seems appropriate.

The conference evaluation forms submitted by attendees provided good ideas concerning topics for future workshops. While our concern for the newly diagnosed must continue, it was stated that more topics addressing long-term survivors were needed as well. Acquiring social connections, skills and strategies, how to "come out" to others, a workshop on "Why Did This Have to be a Death Sentence?" and confronting solitude and loneliness, are all ideas that deserve serious consideration for future PWA conferences or retreats.

A discussion about the difference between a "retreat" and a "conference" seems appropriate. For input, we refer to activist and colleague Odis M. Bullock, President and Director of Survivors & Beyond, who has shared voluminous opinions and commentary regarding the Task Force, conference-retreat, and AIDS activism in general in the state of Michigan. As he has noted, conferences are for the exchange of ideas and information, and can become quite exhausting, whereas a retreat is supposed to be the exact opposite, a withdrawal for reflection and self-renewal.

While it makes sense from a funding point that any yearly event be filled to its capacity for maximum benefit, it should challenge future planners to identify the point of diminishing returns; as they say, you can lead a horse to water but you can't make them drink. Similarly, you can have all the workshops in the world, but if everyone is so exhausted that they can't even attend them, what is the point? We hope that future planners will take these points under serious consideration when planning ongoing PWA events and functions.

Gary and Bill

(Summaries continued from page 5)

'Girl Talk' Gets the Facts Out

Almost twenty women took on the initiative of becoming better self-advocates by attending the institute on women's issues at the PWA conference-retreat. They were told by Carol Salisbury, RN, that any changes occurring in women with HIV and AIDS are still not quite understood. Symptoms such as abnormal pap smears, (HPV-human papilloma virus), pelvic inflammatory disease, chlamydia, gonorrhea, and trichomonis, altered menstrual cycles, early menopause, facial hair and diabetes are all concerns for the HIV positive woman. Heart attacks and strokes are also on the increase. Estrogen is a key hormone for women, helping with brain function as well as alleviating other symptoms, but should not be used by those who have or have had blood clots. Yearly breast and pelvic exams, consulting with infectious disease and primary care physicians, eating a healthy diet and getting enough exercise, are all positive steps women can take to gain better control over their health.

Instruction and dialogue included safe sex issues, abstinence, proper condom usage, and tips on how to be romantic with their partners with love and affection, not just sexual relations, but with "mind, body and soul" (reflecting the theme for this year's event.) -reported by *Linda Searcy*

African American MSM: A Chance to Talk

Watching the video "All God's Children" at the beginning of this workshop spurred "lively discussions" among the twenty-two participants in attendance. Under facilitator Derrick Anderson's direction, the group formed four breakout groups to discuss AIDS phobia as it affects persons of color, the role of the church, the role of persons in their own empowerment, and the responsibility of the community to protect itself from infection by informing on violators. The group left on a positive note, and seemed to be more united by their experience in the workshop. -reported by *Felix Sirls*

Other topics discussed were case management and how it should work; living in sero-discordant relationships (where one partner is HIV positive and the other is not); what you should know if you just became HIV positive; learning how to deal with Social Security and disability issues; and confidentiality rights of PWA. Yoga, 12 Step programs, acupressure and meditation, as well as an impromptu and rousing Sunday morning gospel service, added the "Soul" portion of the weekend.

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LAAN LIFE RIDE Cycles to Top of Michigan AIDS Fundraising Events



Once again the Lansing Area AIDS Network (LAAN) will offer participants the opportunity to get some exercise, breathe fresh country air, commune with other HIV positive people and their supporters, and help raise money to provide direct services for clients.

The annual event will be held July 18-19, beginning in Spring Arbor and continuing to an overnight in Kalamazoo. The next day cyclists will travel the automobile-restricted Kal-Haven Trail to Saugatuck. The annual bike ride in Traverse City has been temporarily postponed due to restructuring within Wellness. While they hope to revive their ride next year, this leaves the LAAN event as Michigan's only AIDS bike ride for this year. LAAN's goal is to raise \$15,000. Last year they raised \$14,665. All of this amount went to direct services. Cost for registration is \$25 for one day, and \$50 for both days. The fee covers breakfasts, lunches and access to the SAG (supply-and-gear) wagons, complete with water, food, energy bars, emotional support and, if need be, rest and recuperation. Registration deadline is July 4th. For more information, please call Brenda Stoneburner at: 517-394-3560, ext. 13.

No Lack of Support in Jackson: PWA Group Reflects Community Awareness

Every first and third Wednesday of the month a little bit of magic happens in a church basement meeting room in Jackson. It's magic, at least to an outside observer, because of the acceptance and dignity that seems to permeate the atmosphere.

The Jackson area AIDS support group is sponsored by HIV/AIDS Resource Center (HARC), and exists at the far west end of the "old region 2." Because of its position near the juncture of several ASO boundaries, the group has had participants who receive case management in Lansing or Kalamazoo.

HARC case manager Ken Mendez originally got the group started. When Mendez had to stop work, Tom Rathbun took over the volunteer job of support group coordinator. Rathbun says he was targeted for the job because "he was out and had HIV for the longest time." But his abilities and dedication have proven him to have even more qualities of value than just his outness and length of diagnosis.

What struck me during my visit was the sensitive handling of a personal emergency that happened on the spot. One young man, overcome with emotion, was taken into a private room, where Rathbun and other members of the support group helped him talk things out.

Later, when I got the chance to talk to this young man, he said he was starting medications for the first time, and

dealing with all the emotions and reality that brings with it. It was obvious that the intervention from other group members had helped him immensely. Now he is reportedly "doing very good," Rathbun says.

Although attendance has been virtually exclusively men, with the majority being gay, the group is open to all genders. And no one can argue that gay men continue to be a major population within the AIDS epidemic.

Meetings are divided into two parts, with the first part dealing with people's problems, and the second part discussing planned activities and social events.

On the day I visited Jackson, they were completing their last Prevention Options for Positives (POP) survey, conducted by then-Task Force Chair and MAPP (Midwest AIDS Prevention Project) employee, Mark Peterson.

Designed to obtain information on safe sex practices, this survey was conducted prior to the training and again after. Participants received certificates acknowledging their completion of the training. [The POP survey idea was taken from Task Force retreat survey data that indicated a need for prevention education for HIV positives. -Ed.]

Sadly, the Jackson group recently experienced the loss of one of its members. Rathbun says that this young man had been getting back on his feet and working on fixing his relationship, but died of non-HIV related causes. Yet, this tragedy illustrates that concerning

HIV, everything is related.

A support group named 'Solutions' has been started for affected family and friends of PWA, and meets the second and fourth Wednesdays of the month. All support groups meet at St. John's United Church of Christ, 801 South Mechanic Street. For more information, call 517-784-1306.

Other Jackson Community Events

Along with a strong HIV/AIDS support group, Jackson has demonstrated an awareness and sensitivity to gay and lesbian issues as well, with its Parents and Friends of Lesbians and Gays (PFLAG) group especially active.

Making both a visual and vocal presence, PFLAG recently held a Michigan Circle that brought together such organizations as Big Brothers Big Sisters, Closets are for Cloths, CARE, the Triangle Foundation, and speaker Ruth Seymour, senior editor for *Between the Lines*.

Jackson High School sponsored a showing of the AIDS Memorial Quilt in May, further raising the AIDS awareness profile.

PFLAG Jackson prints a wonderful newsletter that is of benefit to anyone, not just local residents. It is available in print or through free online sign-up. For more information about Jackson area PFLAG, write to PFLAG Jackson, PO Box 4065, Jackson, MI 49204. The organization has tax deductible status as a 501c(3). -Gary Karch