more willing to take risks when developing, approving, and prescribing drug therapies for HIV. Partly because of this pressure, drugs such as AZT, DDI, and Foscarnet have been approved for use in HIV disease much quicker than other drugs have been in the past. For instance, the April issue of the Centers for Disease Control's *MMWR* recommends a new prophylactic (preventive) treatment for *Pneumoncysti carinii* pneumonia (PCP). This new therapy includes a drug (TMP-SMX) not approved by the FDA for the prevention of PCP.

From a medical perspective, then, we are definitely seeing increased activity at all levels as research continues to lead to new improvements in treatment options. People with HIV are being able to maintain their quality of life much longer–especially when early treatment has been received.

THE SITUATION IN OREGON

An update on the current HIV/AIDS situation in Oregon must focus on the progress and statistics of the disease. As of June 1, 1992, 1,407 people have been diagnosed in Oregon with AIDS. There may be many more people living in Oregon with AIDS because they were diagnosed elsewhere. The number of diagnosed AIDS cases, of course, does not include people living with or contracting HIV. Our best estimate is that there are 10,000 Oregonians with HIV.

For people of all colors the diagnosed cases of AIDS breakdown is: 79 percent identify as gay or bisexual men; an additional 11 percent identify as gay or bisexual injection drug user; three percent are women of every sexual orientation. Overall, people of color make up six percent of all diagnosed cases. AIDS has been diagnosed in residents of all but five Oregon counties.

During 1991, a total of 22,734 HIV antibody tests were performed at Oregon public sector sites–usually at the county health departments. The number of people who were tested increased dramatically following Magic Johnson's disclosure of HIV. The money available for testing has declined, and as a result, county health departments may now request donations or charge a fee for what was a free test. But–and an important point–*no one* will be denied the HIV test because of an inability to pay.

Of these 22,734 tests, 2.7 percent of the clients tested positive. Roughly half of the first-time testing clients were female–a shift from past years. Most of these women were considered low risk for HIV. Over 90 percent of the first-time clients who tested positive for HIV were male. Seventy-eight percent of these positive tests were men who reported male homosexual activity, injection drug use, or both.

Nationally, there continues to be press coverage about the changing demographics in AIDS cases. Clearly in Oregon the primary risk group remains men who have sex with other men. Consequently, the Health Division remains committed to emphasizing prevention efforts within the gay community. Those of us in the gay and lesbian community must continue to play a significant role in those prevention efforts.

If you haven't yet volunteered to work in a local community-based organization, consider doing so. If you've been putting off getting tested, please–if you're at high risk–contact your local health department and ask for an appointment to be counseled and tested. Be here for the cure.

David Lane is with the Oregon Health Division.

HIV enablers

"We can no longer say that HIV infection is always a death sentence," says the man who discovered the virus that most experts believe causes AIDS. Dr. Luc Montagnier of Paris' Pasteur Institute said he has studied numerous people who were infected with HIV up to 10 years ago but still have perfect immune systems. He believes these people are healthy because HIV needs viral, bacterial and/or chemical co-factors to destroy a person's immunity.

For example, Montagnier and his associates suspect that tiny bacterial "mycoplasmas" increase HIV's ability to copy itself and then damage a person's defenses. "Mycoplasmas used to be harmless, but it is possible that the massive use of tetracyclines [a family of antibiotics] in the 1970s caused them to change [mutate] into deadly forms which could then enable HIV to cause AIDS.

"A time will come when we can prevent HIV infection from progressing to AIDS," he said. "The person will probably always be infected with HIV because it is a retrovirus but someday we will be able to prevent it from causing problems."

Doctors should test for homophobia instead

The Department of Health and Human Services has dropped plans to ease proposed restrictions on AIDS-infected physicians, dentists and others who perform invasive surgery.

Both the current and the proposed guidelines urge surgeons, dentists and others who perform invasive procedures to voluntarily undergo testing for HIV, which causes AIDS, and to seek advice before local review panels about whether to continue practicing if they test positive. The less restrictive guidelines proposed by Center for Disease Control officials dropped two controversial provisions: that physicians inform their patients they are infected, and that health officials draw up a list of procedures believed to offer the greatest risk of transmission.

The new proposals were withdrawn after legal questions were raised within the department over whether the recommendations violated the will of Congress. This decision means that states could prohibit AIDS-infected physicians from performing certain surgical procedures, and require doctors that are allowed to continue practicing to tell their patients they are infected.

Phone help for HIV

A new and innovative program is attempting to reach gay and bisexual men who are remaining at high risk of HIV-transmission through unsafe sexual behavior.

By providing a toll-free number, permitting participants to remain anonymous, and offering services without cost, the project's staff are hoping to reach individuals who might find it difficult to seek counseling in their own communities.

Known as Project ARIES, this service involves 14 weekly group counseling sessions–all of which are conducted by telephone. Participants benefit from group support while learning new ways of being intimate without risk.

The project can be reached by dialing (800) 999-7511.