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national news

HIV violence: Breaking the link

His 15-year relationship became increasingly abusive as "Jim" began to show symptoms of HIV infection. He would flee his partner's violence, often camping out overnight at a neighborhood coffee shop until his partner left for work the next morning. Sometimes he slept during the day, missing medical appointments. His health deteriorated more rapidly because of that and the increased stress of the relationship.

Violence is an all-too common partner of HIV.

"HIV/Violence," a report and policy recommendations, was released April 4 by the National Association of People with AIDS and the New York City Gay and Lesbian Anti-Violence Project.

Cornelius Baker, NAPWA's acting executive director, said the report grew out of a 1992 survey by the organization which revealed that nearly a third of its members had experienced or feared HIV-related violence. He cited Ryan White as perhaps the most visible example, actually "driven from his community" because of fear of HIV.

But most of the violence is hidden. As the report states, "A palpable shroud of silence and denial surround bias-related crimes—especially where HIV is concerned."

According to the report, "Shame about HIV is a fertile ground for ongoing escalating episodes of violence, especially when isolation—a common feature of the disease—exists."

The report defines HIV-related domestic violence along a continuum that "ranges from threats of abandonment to physical and sexual assault to emotional, financial and psychological abuse." It warns that public policies of partner notification "as currently practiced, may contribute to or compound HIV-related domestic violence."

The report takes the medical community to task for an unspoken policy of "don't ask, don't tell" with regard to domestic violence affecting its patients.

Justin Henderson, a nurse with Housing Works in New York, said most health care providers tried to ignore the issue: "They didn't feel they had the time, the skills, or the appropriate referral resources for such an effort."

A. Widney Brown is coordinator of the HIV-Related Program at AVP, the only person in the country working full time on the issue. A second program will begin shortly in Chicago.

She has seen incidents of domestic abuse, of neighbors driving people with AIDS from their apartments, of medical and social service providers denying client services.

"Usually what makes people seek assistance is the secondary victimization [when the police or another agency are not helpful in dealing with the initial incident]," she said.

In fact, 50 percent of AVP's HIV-positive clients have not reported the incidents, and 3 percent tried to make a report but were refused.

Brown advised that "traditional models of intervention, such as the criminal justice system, may not work." She prefers an education-driven rather than a litigation-driven system: "We must say [as a society], 'We will not tolerate this.'"

The detailed recommendations of "HIV/Vio-

lence" focus upon greater research to better understand the issue; education and training of service providers to screen for violence; and a commitment by society to no longer tolerate this violence.

"HIV/Violence" is available from NAPWA at (202) 898-0414, or AVP at (212) 807-6761.

Bob Roehr

Contaminated polio vaccine possible AIDS cofactor

A California research scientist is pointing to polio vaccine as a possible cofactor in AIDS, chronic fatigue syndrome, Gulf War Syndrome, and other chronic diseases that have emerged in the past decades.

Dr. Howard B. Urnovitz, chief science officer of Calypte Biomedical, based in Berkeley, Calif., said, "This is coming towards a unified field theory for AIDS."

He presented aspects of his theory in testimony on March 28 before a U.S. House of Representatives subcommittee investigating Gulf War Syndrome, and on April 12 at the 8th annual Houston Conference on AIDS in America.

Urnovitz focuses on retrotransposons—parts of normal genes that may play a role in creating "molecular memory," the immune system's way of remembering exposure to infection and the response necessary to fight that infection. Detection of antibodies to these retrotransposons indicates an underlying breakdown of the immune system.

A newly designed diagnostic research test has shown a correlation between retrotransposon antibody levels, CD4 count and HIV viral load. It suggests another tool for tracking progression of HIV infection and staging therapeutic intervention.

Urnovitz points to the 1.6 million Americans in the 1950s who were infected with polio as children and seemingly recovered. Yet autopsies performed on accident victims of that age cohort consistently reveal high levels of polio virus fragments in the brain stem and other neural tissue.

He identifies the "inactivated" polio vaccine used in America from 1955 to 1961, which was grown in monkey kidney cells, as containing low levels of "up to 18 contaminating monkey viruses. Many of the new syndromes have some association with the possible contaminates in the vaccine."

Urnovitz theorizes that a second agent, such as HIV, "causes an additional inflammatory response and causes a re-emergence of all these old fragments, or a re-expression of them.... Whammo—what happens is you get this crashing of the immune system."

In the case of Gulf War Syndrome, veterans were inoculated with a polio vaccine booster immediately before deployment. In later tests they have exhibited a low antibody response to certain polio serotypes. Urnovitz believes that battlefield cofactors of chemical or infectious agents, while the body was still building its immune response to the booster, overloaded the system and led to chronic health problems.

He cites France, which has never used "live" polio vaccine, and correlates that with the absence of Gulf War Syndrome among their returning troops or of chronic fatigue syndrome among the general population.

Dr. Raphael Stricker, an AIDS physician at the California Pacific Medical Center in San Francisco, said that if the theory holds true, it would be "a major missing piece to the possible origins of chronic diseases." He called for research to determine whether exposure to contaminated polio vaccines is a risk factor in progression to AIDS and "whether we should look for ways to minimize the inflammatory response to fragmented viruses."

Bob Roehr

