

Being plopped on the chopping block is a queasy experience.

Just ask Tom Richardson, coordinator of the Oregon AIDS Hotline, which during its 11-year existence has fielded an estimated 103,000 inquiries from people concerned about an array of issues related to HIV and AIDS.

For the past couple of weeks, Richardson has been in a relatively ruffled pose as he wondered whether the hot line, a joint project of the Oregon Health Division and Cascade AIDS Project, would be stripped of its state funding.

Without the state contract, which totals \$67,000 annually, Richardson concludes the hot line would be toast. "We couldn't survive," he says.

Thomas Bruner, CAP's executive director, concurs. "All of our contracts are already underfunded, and we have to raise the rest for all of those programs," he explains.

According to Bruner, the hot line's "true costs" reach about \$85,000—meaning CAP has to come up with the additional \$18,000 not covered by the state contract. He says CAP simply doesn't have the resources to keep the hot line operating without that contract.

"That would be it," he says bluntly.

The hot line was escorted to the budgetary guillotine after Gov. John Kitzhaber issued a directive to state agencies calling for across-the-board cuts in their budgets. Agencies submitted proposed reductions to the governor as he worked to craft his state budget. The hot line was one of the programs OHD included in its list of proposed cuts.

On Dec. 1, Kitzhaber unveiled his 1999-2001 spending plan, and, says Dr. Mark Loveless, director of OHD's HIV/STD/TB program, the hot line survived this particular scare.

Loveless says Kitzhaber's budget requests included none of the program reductions presented by OHD. (The governor's plan still faces legislative hurdles.)

"Obviously we're relieved," he tells *Just Out*.

As for why OHD put the Oregon AIDS Hotline on the line, Loveless says it's a choice between reductions in a project like the hot line or slashing funds that go toward the delivery of direct services, the former loses. "Tough choices have to be made," he assesses.

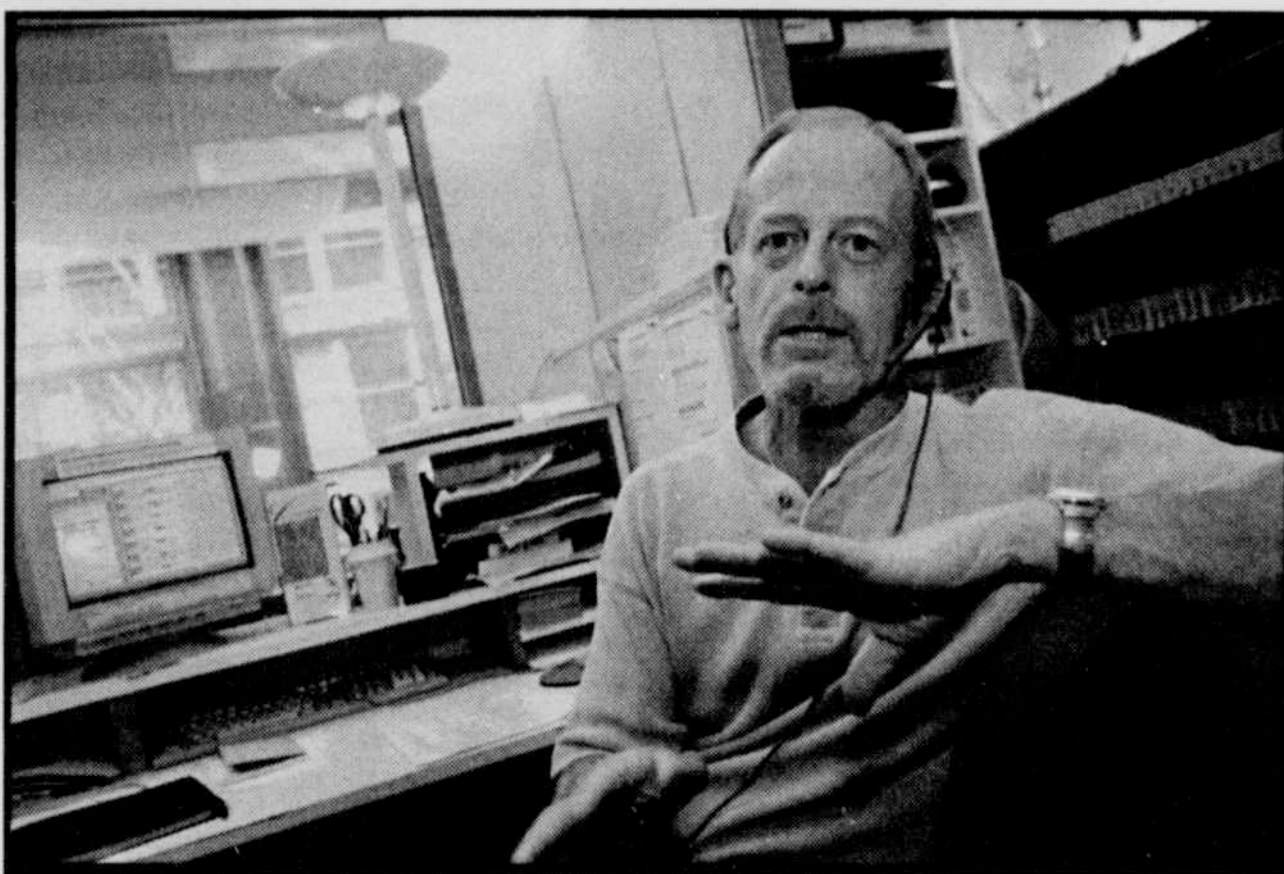
While it appears the Oregon AIDS Hotline has staved off this threat, the very fact that it was submitted as a possible cut has some HIV and AIDS advocates questioning OHD's priorities.

Jack Cox, a consumer advocate with the HIV Advocacy Council of Oregon and Southwest Washington, says he's nervous about what the division's action may portend for the future.

"[OHD] sells itself as building partnerships

CLOSE CALL

When the governor asked state agencies to propose budget cuts, the Oregon AIDS Hotline almost lost its dial tone by Inga Sorensen



Oregon AIDS Hotline coordinator Tom Richardson

with communities and consumers, but does this," he says. "This really causes one to pause."

Cox and others say the hot line is a critical tool for providing callers with HIV prevention and services information and creating links to HIV services in all of Oregon's 36 counties.

Cox also believes the hot line, one of the few statewide HIV programs, is cost effective. He estimates "for every HIV infection prevented by accurate information, the savings in medical dollars alone is an average \$70,000."

And providing basic HIV transmission and prevention information is still a large part of what the Oregon AIDS Hotline does.

Richardson, who estimates the hot line currently receives between 800 and 900 calls monthly, says while the AIDS pandemic is nearly two decades old, "most people still don't seem to get that you can't contract HIV from door-knobs or from drinking glasses."

Established in 1987, the hot line—minus Richardson—is totally volunteer-driven. It provides current information on HIV transmission, testing, prevention and treatment; HIV and STD education brochures, as well as information sheets from various HIV service programs and providers; plus risk assessment and referral to HIV and STD test centers throughout the state.

It also makes available up-to-date treatment periodicals and fact sheets that can be mailed or picked up; information and referral for financial and practical support programs; peer-to-peer telephone support for those with HIV; toll-free access to support and health care providers for low-income rural people with HIV; and physician and alternative practitioner referral.

Furthermore, the hot line has taken on the role of being a statewide information referral line on sexually transmitted diseases other than HIV. Richardson says most callers having sexual contact and fearing exposure to HIV don't realize their activity also carries a higher risk of contracting other more common and more easily transmittable diseases as well.

According to Richardson, of the hot line's 10,000 annual calls, at least 1,600 are from people living with HIV; roughly 4,500 calls come from counties outside the Portland area; and at least 1,000 calls are from people of color.

Both Richardson and Cox say the hot line is frequently the first point of contact for an HIV-positive person to services in the state, and callers remain anonymous.

In a Nov. 18 letter to the governor's policy advisor for health issues, Mark Gibson, hot line volunteer Kathy Kerr wrote: "I could relate to

you countless calls that I felt resulted in changing behavior that could have put the caller...directly at risk of HIV infection.

"I could also relate countless calls where the information I gave helped stem the tide of irrational fear and prejudice toward the disease, [and] calls that calmed the fear and emotional devastation of one who had recently discovered his or her own HIV-positive status."

She added, "I must also say that the intensity level of the calls in recent years has increased. The callers tend to be more disenfranchised and need more assistance than those from five years ago. These callers are people less able to advocate for the services they need, yet they need them no less."

The hot line also acts as the Gay Resource Connection, which offers referrals to sexual minority-related social, support, cultural, spiritual, business, medical, legal and advocacy resources and events throughout Oregon.

In addition, the hot line is hoping to launch a program aimed at assisting people who are having problems maintaining their AIDS treatment regimen.

According to Richardson, studies indicate that some people on the "cocktail" are unable to maintain the complex dosing schedule that is basic to its success. He says hot line staff may, for example, provide callers with specially-designed custom schedules to minimize confusion about which drugs to take when, as well as other ideas to help people stay on track.

"There are so many obstacles and challenges facing people when it comes to HIV and AIDS," says Richardson. "The bottom line is that there are now more people living with HIV and AIDS than ever before, and there's a lot to deal with. What kind of a message is OHD sending by saying the hot line is expendable? It seems to imply we've beaten this thing."

For their part, OHD officials reiterate the "tough choices" argument. And, says state epidemiologist Dr. David Fleming, the information supplied via the hot line can be obtained from other sources, though not as easily.

But some believe many hot line callers simply wouldn't have the energy, patience or know-how to successfully traverse the maze of bureaucracies to obtain information.

"Some people may be able to get what they need. Some may get a little, and some may simply give up," says Bruner.

At least for now, that theory will remain untested.

■ The OREGON AIDS HOTLINE can be reached weekdays from 10 a.m. to 9 p.m., and weekends from noon to 6 p.m. Those calling from the Portland area should dial 223-2437; the statewide number is 1-800-777-2437. Volunteers are always needed.

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