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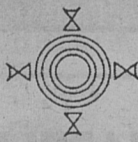
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The "ABCs" of Hepatitis

BY MICHAEL A. HORN, D.O.

Many people are asking "What is Hepatitis B and how is it different from Hepatitis A?"

As the name describes, Hepa means liver and titis means inflammation. A and B are the most common of the Hepatitis viruses, there being up to G known at the present time.

Hepatitis A is contracted primarily by what is known as a fecal oral route. This is because when a person is infective, they are producing and shedding the virus in the feces. Quite often, it spreads rapidly through grade schools due to the decreased cleanliness of children. Another way of contracting Hepatitis A is through eating food that is infected. This is mostly seen in third world countries and also from uncooked fish from infected waters, such as clams and oysters.

Hepatitis A can be very benign, to the point that a person does not even know that they have it, or it can cause nausea, vomiting, stomach cramps, fatigue and jaundice,

and can run for up to six months. After running its course, a person is immune to contracting it again.

Hepatitis B is has both similarities and differences to Hepatitis A. Its similarity is that it can be benign to the point that a person does not even know they have had it, to the same symptoms of nausea, vomiting, stomach cramps, fatigue and jaundice. But this is where the similarities stop. Hepatitis B is contracted through either sexual activities, from mother to fetus or through the sharing of infected needles. Even in the absence of high-risk activities, such as unprotected anal sex, there is a high risk of contracting Hepatitis B. Once a person contracts Hepatitis B, there are a number of courses it can take. One is that the virus will run its course, and the person is now immune to the virus, and once resolved, can no longer pass the virus to other individuals. Another is that a person can become a chronic carrier of the virus. This means that a person's body does not

get rid of the virus and is potentially contagious at all times. Another disadvantage of being a chronic carrier, is that there is a 15-20 percent chance of developing cirrhosis within 5 years, and the risk of liver cancer increases 300 times.

Once contracted, the main treatment of either Hepatitis A or B is mainly supportive. Only in cases of liver failure in Hepatitis B are medications used. The best thing to do is to rest and avoid contact that can potentially infect other individuals, and avoid ingesting anything that will put a strain on the liver. An example of this would be alcohol.

Probably one of the best ways of protecting yourself is through immunization for both Hepatitis A and B. For Hepatitis A, it is a series of 2 shots and for Hepatitis B a series of 3 shots given over a six month period. These can be obtained from your family physician or through Mens Health Project.

Resurrecting the Body Politic

by John Hannah

The holiday season is upon us, and I think it's a good time to consider gratitude. I certainly have a great deal to feel grateful for this year. When I arrived in Vermont six months ago from New York City, I was penniless, homeless, friendless and severely depressed. My t-cell count was in a nose-dive and my viral load was off the scales. Had it not been for the loving concern of my big brother, who is an assistant professor at UVM, and the great heart and fierce intelligence of Ayana Al-Faruk, my client service representative at Vermont CARES, I'm quite sure I would have dropped from the end of my rope.

Working with a variety of other local service organizations, including the Committee on Temporary Shelter [COTS], Vermont CARES helped me along the path to self-sufficiency, getting me started on treatment for my HIV at Fletcher Allen's Comprehensive Care Clinic [CCC] and guiding me through a daunting labyrinth of social services. Before long, with the help of a HOPWA certificate (Housing Opportunities for People with AIDS), I was able to get a small apartment of my own in the Old North End, which I have

recently left for an apartment in the new CARES housing project at Fort Ethan Allen. I am responding well to combination therapy. My viral load has disappeared and my t-cells have nearly doubled. I have just begun working again.

Since coming to Vermont, I have been amazed and inspired by the dedication of our AIDS service organizations to the improvement of many lives besides my own. But from a profound respect for the work they do also arises a responsible need to criticize them. To criticize them constructively, I hope, to help correct flaws in the system so that people living with AIDS in Vermont may receive the finest possible care. As AIDS patients, we must not allow our genuine gratitude to blind us to the inevitable drift of all human organizations toward ossification, self-serving goals and entrenched procedure.

Take as an example the Comprehensive Care Clinic at Fletcher Allen. While the CCC definitely delivers first-rate medical services, in my opinion it has developed organizational weaknesses that could easily be avoided. It seems to have stopped listening to its own mission statement, which declares that "all patients com-

ing to the Comprehensive Care Clinics have a right to establish a strong collaborative working relationship with their health care team that is based on trust, caring and expertise."

Every patient at the CCC is told repeatedly that he or she will be a full participant in the system of care, with cases considered on individual merit in an atmosphere of partnership and collaboration. But the clinic persists, for instance, in its blanket dismissal of Vitamin B-12 supplements and testosterone therapy for patients with HIV.

I literally had to badger the staff into testing my blood levels for both these substances, despite recent, widely distributed scientific findings of the positive effects of both of these supplements on the course of HIV disease.

They tested me improperly for one and misinterpreted the results of both. All in all, they have proved resistant, obstructive and ill-informed about anything that, in their view, smacks of "alternative" or "complementary" therapy, despite the fact that supplemental vitamin and hormonal therapies are common practice at major AIDS treatment facilities