

AIDS

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Drug resistance also can be a problem for AIDS patients.

Of those who do respond to new therapies and see the quality of their lives improve, say Brantley, "the damnable part is that these people are going to live longer, thus increasing the chances of spreading the disease, and so many kids are going out there getting infected."

In fact, while the total number of AIDS deaths declined during the first half of 1996, the epidemic is now tightening its grip on women and blacks.

According to the North Carolina AIDS Advisory Council, 60 percent of men infected with AIDS in the state are black and 88 percent of infected women in the state are black, while only 22 percent of North Carolinians are black.

The Centers for Disease Control and Prevention in Atlanta report that, in 1996, women accounted for a record-high 20 percent of all new AIDS cases nationally, up from 7 percent in 1985.

Call to action

New drug therapies and changing demographics are leading AIDS service organizations to rethink their strategies.

"Our mission statement hasn't changed," says Bill Brent, executive director of the AIDS Service Agency of North Carolina, which serves Wake County. "What has changed is the way we fulfill our mission. The role of AIDS service organizations is more significant than ever, but not as clearly defined."

Brent says the fact that AIDS service organizations are involved in long-term strategic planning is in itself a significant change.

"Fifteen years ago, organizations were truly crisis-managing," he says. "To meet the current crisis head-on, we've got to be prepared. Not planning will be the demise of [AIDS organizations]."

Les Kooyman, executive director of the Charlotte-based Metrolina AIDS Project, says his organization is developing new programs to meet the changing needs of clients.

"We're seeing so many people on a day-to-day level living a much better quality of life, and our services need to reflect that change," Kooyman says.

The Charlotte group is calling on patients to educate themselves about the rapidly growing number of available treatment options, Kooyman says. The organization, which serves 13 counties, also is updating rural physicians on new multiple-drug therapies.

Because Kooyman sees fewer clients going on disability and many getting back into the work force, his organization also is considering offering job training.

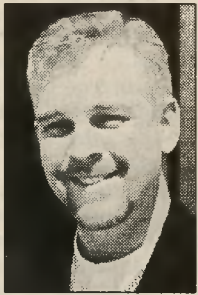
An important issue for people searching for jobs, says Kooyman, is how to explain the employment gap while they were sick with AIDS.

Michael Kennedy of the Charlotte interfaith group says his organization is trying to educate both volunteers and funders about the need for their continued support.

"We've got to do a lot more to help volunteers see the value of their labor," Kennedy says. "They need to see that their being a part of an AIDS patient's life, providing company, is a really valuable thing to maintaining self-esteem and to staying faithful to complicated drug regimens."

Kennedy, who is also a health educator for the Mecklenburg County Health Department, says he realizes that if funders see AIDS as less of a crisis, they'll be more likely to give their money to other causes.

"It's up to AIDS agencies to think about their service mix given the new realities and then be able to articulate this to funders," he says.



Bill Brent

Marks Lane of the Triangle AIDS Interfaith Network says the good news is that service agencies in the Triangle are working together like never before — and largely because their larger funders have asked them to.

"How can we send a strong, unified message of how important our cause is if we can't work together?" Lane says. "Foundations were right to tell us that we need to partner more."

As evidence of coalition-building, the Triangle group has included endorsement letters from other area AIDS agencies in a recent grant proposal to Kate B. Reynolds Charitable Trust, Lane says.

Joe Zuniga at the National AIDS Action Council sees the good news on the medical front-lines as a double blessing. "Thank God for the people with AIDS that we have a new hope," Zuniga says. "The other benefit is that this hope has reinvigorated the AIDS community where, 16 years into the epidemic, there had been a heavy pall of discouragement."

"Our challenge at this point is dealing with the confusion that these headlines have generated."

Retiree serves people with HIV/AIDS

BY KYLE GRAY

Carrboro

As a nurse at UNC Hospitals, Terry Winfield enjoyed working with patients with HIV or AIDS. Although now retired from the field of nursing, she continues to serve her community and to help people living with HIV/AIDS.

For the past two years, she has volunteered three to four hours each week providing support to people with HIV/AIDS at the Orange County Residence Home in Carrboro.

Winfield is one of 50 volunteers who perform more than 290 hours of service each month at the home, which is run by the AIDS Service Agency of Orange County. Since 1995, the agency has provided the home's six guests with a private room, food, transportation, personal care, recreation, emotional support, and a location close to UNC

Hospitals, where they receive treatment.

"When we first opened, we literally could not have stayed open without volunteers," says program manager Sarah Butzen.

HEALTH

"A house volunteer like Terry helps us in many ways. She might take everyone out to a movie. She might prepare a meal. She might help clean the house, or she might provide direct care for residents because of her medical experience."

Winfield also provides house guests with transportation to and from medical appointments, runs errands, plans house activities and greets visitors.

"I love assisting people with health problems in a less intense atmosphere," she says. "I feel very

good when I'm here.

"I have volunteered all of my adult life. There is always something to do with people with these particular needs, and I am comfortable with this group of people."

Butzen says that Winfield's "ongoing service to the home's guests has proven to be invaluable. We had a terrible week back in 1995 when two of our guests died. To have a volunteer like Terry, who sat and talked with their families, is wonderful."

Winfield's commitment to serving her community goes beyond her service to the home. She also serves as a lunchtime monitor at a local homeless shelter.

Contact your local health department or hospital to find out about volunteer opportunities to assist people living with HIV/AIDS.

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