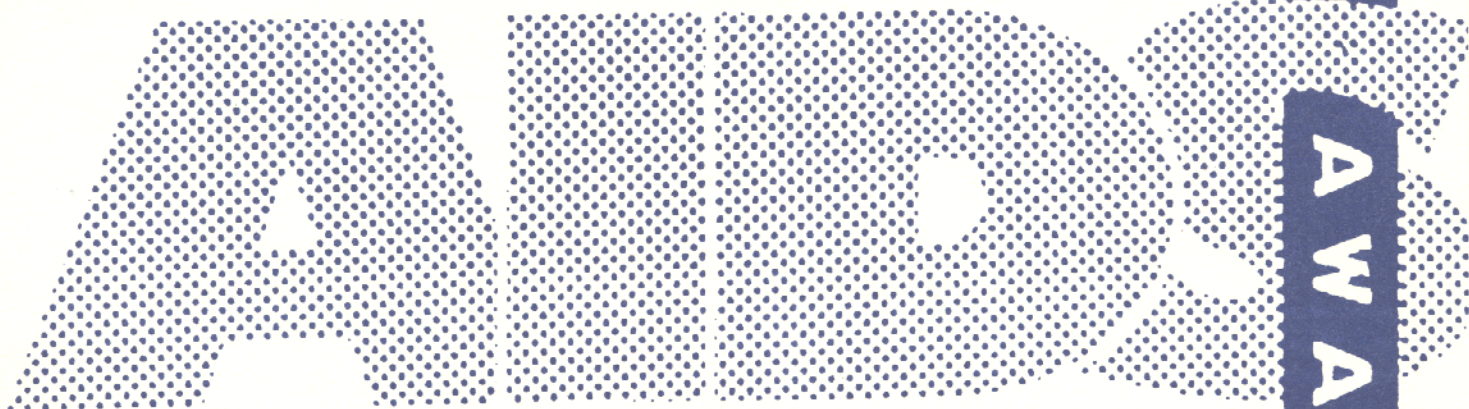


OUTLIVING OUT LOVING OUTLASTING AIDS



October 14 - 20, 1990

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Mayor Masters
A Message on AIDS

Just a word
in Spanish

AZT
Then & Now

See it on
Channel 7 . . .

Coming Home:
Prodigal Son Revisited



ReACT-Believe

The AIDS Committee of Thunder Bay Newsletter
Fall 1990 Volume III Issue IV

free copy!

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The Corporation
Of The City Of
Thunder Bay

OFFICE OF THE MAYOR
JACK MASTERS

500 DONALD STREET EAST,
THUNDER BAY, ONTARIO, P7E 5V3
(807) 625-3911

October 1990

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MESSAGE FROM MAYOR JACK MASTERS

AIDS, has reached epidemic proportion world wide. It is most important that all citizens be made aware of this disease, and for the need to increase our research efforts immensely.

I take this opportunity to indicate the importance of AIDS AWARENESS WEEK. It is a time to intensify the educational efforts so that we are all aware of the facts concerning AIDS-What can be done to avoid contracting AIDS?-How we can help those who have AIDS?-How we can assist in encouraging more active research?

Please find time to be aware, and to take advantage of the information being offered.

Yours sincerely,

Jack Masters
Jack Masters
Mayor

JM/ch

*If you think education is expensive - try
ignorance.*

- Derek Bok

Outrunning for AIDS

*With your \$12 registration receive a
long-sleeved quality designer T-shirt!*

**5K Run/Walk 1990
October 14**

10 a.m. at Boulevard Lake



**Pick up
registration
forms at the
Complex, the
College, at
your local
sports store
or by calling
345-1516.**



Coming Home: Prodigal Son Revisited

A play by Clarence Crossman



*Musical Accompaniment by members of
the Thunder Bay Symphony Orchestra*

**Monday, October 15, 1990
8:00 p.m.**

at the Thunder Bay Art Gallery
Refreshments will be served

Admission is free

*Sponsored by the
Interagency AIDS Awareness Week Steering Committee
For more information call 345-1516*

Are you HIV+?

**Is someone
you love HIV+?**

The AIDS Committee of Thunder Bay offers a support group for those living with AIDS and HIV infection. Contact Glenna at 345-1516 for more information. Confidentiality is assured.

ACT-B Dictionary

ACT-B The AIDS Committee of Thunder Bay. A community-based AIDS Service Organization dedicated to confronting AIDS through education, advocacy and support.

HIV Human Immunodeficiency Virus - the virus believed to cause AIDS.

AIDS Acquired Immuno Deficiency Syndrome - the immune system is disrupted by the HIV virus, leaving the body defenceless against opportunistic infections.

PLWA Person Living With AIDS

HIV+ Having tested positive for HIV antibodies.

Ken Ward

A Cree Native Person Living With AIDS

will give a talk on
"AIDS in the
Aboriginal Community"

Wednesday, October 17, 7:00 p.m.
Thunder Bay Indian Friendship Centre

Admission is free! For more information call 345-1516.





Education

Our Education department acts as a consultation and education resource. We give information on a number of issues, such as workplace policies and the psychosocial issues surrounding AIDS/HIV.

We provide free educational presentations, literature and posters for any interested groups in Thunder Bay and Northwestern Ontario. We visit schools, hospitals, agencies and community groups.

The ACT-B Resource Library stocks the largest selection of current, factual educational resources on AIDS/HIV in Northwestern Ontario. Books and videos are available on loan. The pamphlets, brochures and posters are also free. We also stock condoms, lubricant and latex gloves.

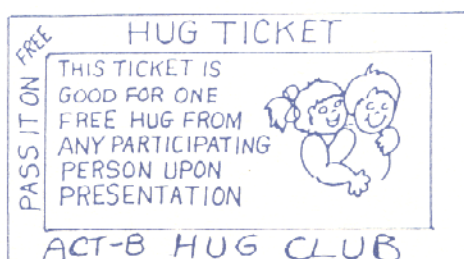
Our AIDS Infoline, 345-SAFE (345-7233) operates 24 hours a day, 7 days a week. Talk to staff or volunteers Monday to Friday from 8:30 a.m. - 5:00 p.m., or afterhours, listen to an informative, up-to-date taped message about AIDS/HIV.

The education committee is a volunteer committee that brainstorms and then develops educational campaigns, special events and educational projects relevant to Northwestern Ontario.

For more information about our programs call (807) 345-1516.

Volunteer Training

A Volunteer Training was held Saturday, September 22 at the Thunder Bay Yacht Club. Training is provided for all new volunteers on AIDS and HIV infection and what it is like to live with AIDS. For information on the next session contact Sheila at 345-1516. Enrolment is limited so please apply early.



AIDS Awareness Week 1990

AIDS Awareness Week is a province-wide event coordinated by the Ontario AIDS Network and endorsed by the Ontario Ministry of Health. The AIDS Committee of Thunder Bay, Confederation College, Lakehead Psychiatric Hospital, Lakehead University, McKellar Hospital, Port Arthur General Hospital, St. Joseph's Hospital and the Thunder Bay District Health Unit are sponsoring AIDS Awareness Week in Thunder Bay.

AIDS/HIV is a growing concern in Thunder Bay and Northwestern Ontario. The disease affects everyone. People living with AIDS and HIV infection are our neighbours, co-workers, classmates and friends. They are people living normal lives with AIDS and HIV.

AIDS Awareness Week is about understanding AIDS/HIV, not fearing it. It's about sharing and what it's like to cope with the virus. It's about caring.

This year's theme for AIDS Awareness Week is "OUTLIVING, OUT LOVING, OUTLASTING AIDS". This means AIDS is about living, about caring and that for the AIDS/HIV person; healthy survival is of prime importance.



California reasoning

Carolyn Mahboubi, 25-year-old manager of a Beverly Hills clothing shop, explains why she takes time to work for several local charities: "Being involved with reality and improving it is important to me."

Source: Los Angeles Times magazine.

ACT-B Services

The AIDS Committee of Thunder Bay (ACT-B) is a non-profit, charitable organization that provides services for those who are affected by AIDS/HIV. We also provide ongoing education for our community to prevent the spread of HIV infection. We are a member of the Ontario AIDS Network and the Canadian AIDS Society.

Support Services

The Support Services are geared toward helping people with AIDS, those who have tested HIV+ and their families, friends and carepartners. We provide assistance in coping with the difficulties which may arise as a result of their health status.

We offer two support groups. One for those who have AIDS and those who are HIV+. Another is for family, friends and carepartners. Counselling and emotional support is also provided for individuals and families.

Referrals are made to other agencies for specific needs. We advocate on our consumer's behalf if they are dealing with harassment or are not receiving fair treatment from agencies, institutions, or employers.

Daily tasks such as housekeeping, transportation, cooking and shopping can become difficult when living with AIDS/HIV. Our volunteers can provide practical support when necessary.

ACT-B can offer short term assistance for those with emergency financial needs. A request for emergency assistance can be made by anyone affected by AIDS/HIV.

AIDS Awareness Week

October 14 - 20

Sunday, October 14

5k Fun Run/Walk
10 a.m.
Boulevard Lake

Monday, October 15

Opening Ceremonies
11 a.m.
Marina Park

Keynote Event
8 p.m.
Thunder Bay Art Gallery
Playreading: Coming Home:
Prodigal Son Revisited
& members of the Thunder
Bay Symphony Orchestra

Tuesday, October 16

Presentation - Ken Ward
6:30 p.m.
Kashadaying Residence

Wednesday, October 17

Michael McCrimmon
"HIV & Chemical
Dependency"
1 p.m.
Thunder Bay District
Health Unit

Lakehead University
Health Fair Display
9 a.m. - 4 p.m.

Premiere of
Kee-Way-Win
"Journey"
7:30 p.m.
MacLean Hunter
Cable TV
Channel 7

Thursday, October 18

Ken Ward
"A Cree Native Person
Living With AIDS"
Free Presentation on
"AIDS in the Aboriginal
Community"
7:00 p.m.
Thunder Bay Indian
Friendship Centre

Candlelight Vigil
7:30 p.m.
Meet at 285 Bay St.
for a short, silent
walk to the Unitarian
Hall

Kee-Way-Win
"Journey"
9 p.m.
MacLean Hunter
Cable TV
Channel 7

Friday, October 19

Healthy Sex Cabaret
8:00 p.m.
at The Boda

Inservices
Lakehead Psychiatric
Hospital

McKellar General Hospital
"Psychological Aspects
of AIDS"
12 p.m.

"Drug Dependency
& AIDS"
8:30 p.m.
MacLean Hunter
Cable TV
Channel 7

Saturday, October 20

Intercity Mall Display
All day

Sunday, October 21

Kee-Way-Win
"Journey"
2 p.m.
MacLean Hunter
Cable TV
Channel 7

Displays

Port Arthur General Hospital
Videos and Inservice
St. Joseph's General Hospital
Confederation College

For more information about events, phone 345-1516.

Too much of a good thing is wonderful.

- Mae West



Sunshine

A People Living With AIDS (PLWA) group outing.

What a great way to start Friday, July 20th! Summer clouds lazily drifted across a blue clean sky. The temperature rose steadily as did anticipation to get on the road for a picnic at Kakabeka Falls.

Nine of us were to spend the day together. I can't forget "Gus." He belongs to Russ and Max, or is it the other way around? Anyway Gus is a dog. He came to represent the variety of feelings and emotions that coursed throughout our group. "Gus," stood for unity; spreading himself around to be patted, to be fed, to be comforted, to give comfort and to be loved.

We loaded up Sheila's truck and ACT B's van, with lawn chairs, sunscreen, picnic coolers and joviality. Ron drove, informing those of us who smoked, that we weren't to light up. Of course we promptly obeyed the policy.

Along the way, we began talking. "Did you eat breakfast? How are you feeling today? Who remembered their pills?"

After unloading, setting up the bar-b-que and remodelling the picnic area, we began to relax. Time didn't seem important. Sheila ran around with her 35mm snapping everything and everyone. I tried holding my stomach in; that was fruitless and soon gave into the day. Kids were laughing, playing, building sand-castles and splashing in the cool water. They were peaceful sounds, innocent actions. We got involved right along with them.

Competition became fierce in a game of horseshoes between: Norman, Russ, Ed and Ron. I have no idea who won, indeed if anyone did. Who cared? We were together, sharing a moment of our lives in happiness and carefree abandonment. It was then time to hit the cool, fresh water. Ed, Norm and myself actually swam, while Ron waded around evading splashes. Tom and his

mother, Dorothy were lifeguards. Sheila worked on her tan. The frisbee was tossed around, our appetites were whetted.

Max joined later in the day but not late for the food; food there was in abundance. Hamburgers came courtesy of Dorothy and Tom. "Smokies", were donated by Ed, who incidentally did a magnificent job as chef. All too soon it was time to go home.

My most memorable moment of an almost flawless day occurred on a short hike. We stopped up the river a way and took in more sun. I reflected on how the day had unfolded. At first, I was apprehensive; I would be with people I didn't know and who didn't know me. Now at the end of the day, my favourite element rushed and roared by. The sun in it's brilliance continued to shine on. Underlying everything was the reality that I have AIDS and that all of us were affected directly or indirectly with this reality. For the moment all was well. Life was as it should be. The river gave me conviction that life goes on. I wasn't alone and God....but, it's great to be alive!

Jim....

Person Living With AIDS in Thunder Bay



What happens to the soldiers that didn't die during the battle? Are they expected to just carry on while the imprint of death is stamped in their memories? Friends and companions lost forever, never to be recaptured in the physical essence of life. Never to be forgotten by those who carry on.



A Condom by any other name . . .

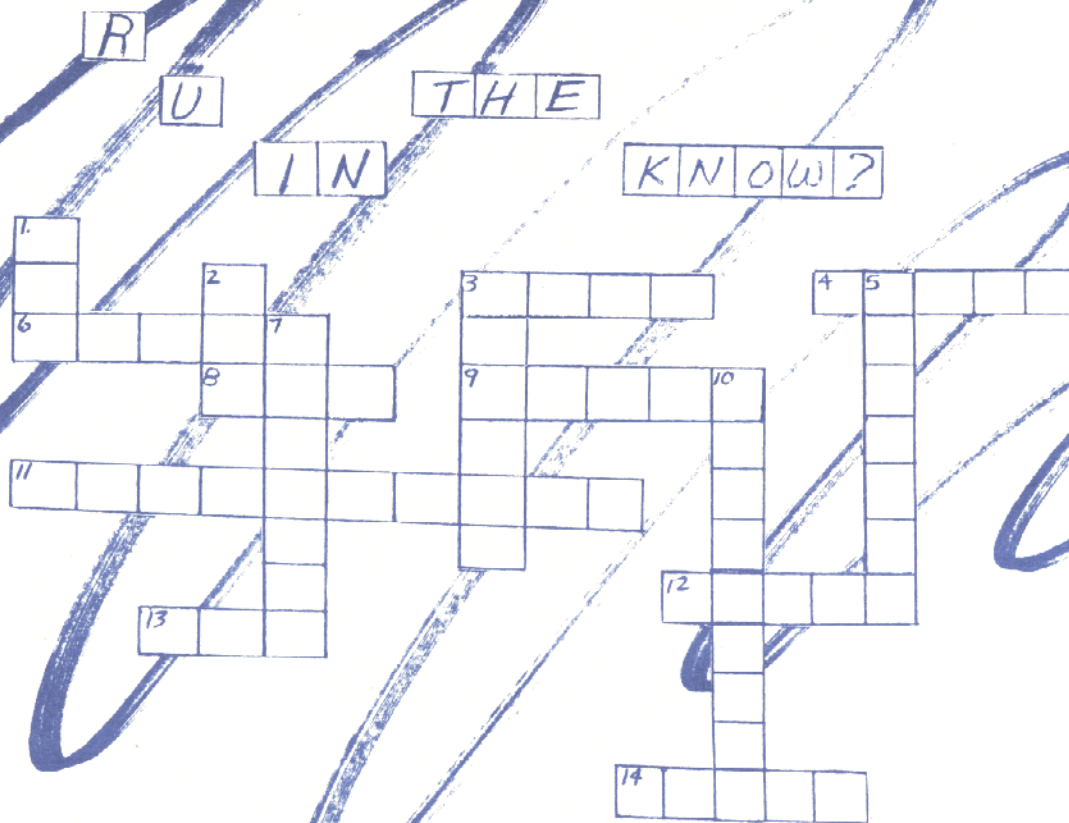
From the authors of *The Great Cover-Up: A Condom Compendium* (Civan, Inc.), Susan Zimet and Victor Goodman here are a few names for condoms you may not have heard!

French Letter, Raincoat, Rubber, Baby Balloon, Balloon, Cabinet of Love, Diving Suit, English Hat, Envelope, Fearnought, Fish-skin, Frog, Grecian cap, Johnnie, Male Safe, Night Cap, Potent Ally, Rubber Duckie, Shower-cap, Safety Cap, Sweater, Shoe, Thimble, Thing, Very Tight Trousers.

Society! Have we become so callous? Have we lost the sense of humanity that binds us together in this fight? What happens to the soldiers? Will they be forgotten or perhaps remembered for the strength with which they fought? Mankind will perhaps strive to reach a new plateau in his evolution, simply by understanding the full impact that AIDS has on society.

Ronald H. Rogers

Person Living With AIDS in Thunder Bay



Across

3. Unprotected sex and sharing needles are activities that involve ____
4. A term for describing needles and syringes for IV drug use.
6. HIV is a ____
8. super____, bat____, spider____
9. HIV has to get into your ____ to cause infection
11. an object that doesn't transmit HIV
12. When you're having sex, ____ is the most effective barrier to prevent HIV transmission
13. an activity that could transmit HIV
14. a body fluid that carries HIV

Down

1. the virus believed to cause AIDS
2. street term for seminal emission
3. slang for condom
5. a kind of sex considered low risk for HIV transmission
7. an effective means of greatly reducing HIV transmission
10. a latex barrier for women to use for oral sex

Just a word in Spanish . . .

The AIDS Hotline offers services in French, Greek, Chinese, Portuguese, Italian, and yes, in Spanish.

The AIDS Hotline is a service of the Ontario Ministry of Health and is toll-free.

call: 1-800-668-2437

Monday - Saturday - 10 a.m. - 10 p.m.

Sunday - 12 p.m. - 7 p.m.

French: 1-800-267-7432

TDD: 1-800-267-7712

Greek - Tuesday 5 p.m. - 10 p.m.

Spanish, Portuguese & Italian -

Thursday 5 p.m. - 10 p.m.

Chinese - Friday 4 p.m. - 10 p.m.



Behold the turtle. He makes progress
when he sticks his neck out.

- James Bryant Conant

In Thunder Bay you can call the
AIDS Infoline at the AIDS Committee of
Thunder Bay at 345-SAFE, that's 345-7233.

Monday to Friday 8:30 a.m. - 5 p.m. talk to our staff
and volunteers. Afterhours and weekends listen to an
informative taped message.

You do not have to give your name.

ACT-B Advisory Council

Fred Ball	Director, Public Health Laboratory
Doug Broman	Producer, Thunder Gay Magazine
Nicky Clark	Supervisor, P.A.G.H., Infection Control
Joy Fedorick	Educator & Native Advocate
Mickey Hennessey	City Councillor
John McDonald	Lawyer
Mary McKenzie	Coordinator, Palliative Care, McKellar Hospital
Marie Portier	Residential Care Worker
Eleanor Richardson	Educator & TVO Regional Liaison
Steve Roede	Family Physician

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George Arnold	Director
Rick Atkinson	Director
Carl Gray	Director
Betty Kruzick	Director
John McDonald	Director
Jeanette Munshaw	Director
Barbara Reid	Director

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Ma-Nee Davis	Native AIDS Project Coordinator
Darcia Kohuska	Education Coordinator
Lawrence Korhonen	Office Manager
Karen Maki	Fundraising Coordinator
Glenna McLeod	Support Services Coordinator
Eileen Parker	Communications/Outreach Coordinator
Michael Sobota	Executive Director

Gallois' Revelation

"If you put tomfoolery into a computer, nothing comes out but tomfoolery. But this tomfoolery, having passed through a very expensive machine is somehow enobled and no one dares to criticize it."

Please give us your feedback! Comments, concerns, compliments and criticisms about the newsletter, our publications, or about any aspect of the agency. You can phone or mail. You can remain anonymous if you wish. We'd like to know your comments in order to improve on weak points, and continue to deliver our strong points.

Thank you to the agencies and individuals who have given us their comments. They are greatly appreciated.

Write to: AIDS Committee of Thunder Bay
P.O. Box 3586
Thunder Bay, Ontario
P7B 6E2

(807)345-1516
8:30 a.m. - 5:00 p.m.
Eileen Parker, Editor, ReACT-Believe

The opinions and medical information offered by ReACT-Believe are those of the individual authors and not necessarily those of the staff or Board of Directors of the AIDS Committee of Thunder Bay. Medical information offered by ReACT-Believe should be used with your own discretion. Please consult your doctor.

candlelight VIGIL

to remember and support

THURSDAY, OCTOBER 18, 1990
7:30 P.M.

ASSEMBLE AT 285 BAY ST.,
FOR A SHORT, SILENT WALK
TO THE UNITARIAN HALL

Goodbye Michael Chan

Michael Chan, a Board Member of ACT-B has left our agency to move to the salty air of Fredricton, New Brunswick. Michael is a founding member of ACT-B. He has been a Board member and has chaired our Personnel Committee and was Treasurer of the Executive Committee, and he's even done BINGO! We will all miss him.

Welcome Glenna!

Hi! Let me introduce myself. My name is Glenna McLeod and I am the new Support Services Coordinator. After only two weeks here at the committee, I feel like part of the family. Thank you to everyone for making me feel so welcome. To those of you I haven't met, please come in and introduce yourself. I look forward to meeting and working with all of you.

**CONDOMS
ARE
SAFE.**

BY
DON ARIOLI and CATHERINE BLAKE

[This book] is a wonderful, entertaining approach to a serious subject. In this day and age of terrible epidemics, we have to find innovative ways to restore respect for the use of condoms. Perhaps the only way that hasn't been tried is by way of amusement. - Dr. Sol Gordon

A limited number of copies of this funny little book are available. You can get one for only \$6.00. Drop by our office at 285 Bay Street.

Thank You!

As a non-profit agency there are many individuals, groups and businesses that lend us a helping hand. We can't name them all, but here's a few who have done some things that are extra special in the last few months. We would like to extend them a big **Thank You!**

* Thank you to all who volunteered their time and support for our successful **Yard Sale**.

* Thank you for your donations.

* Thank you, **Japan Camera** for the help with our photography needs.

* Thanks to the Thunder Bay media, who help to get our message out to you.

*** Thank you to all those who helped for our Benefit Performance of Longtime Companion: Three's Company Silk Flowers, Sweet Thursday Bookstore, Alliance Distributors, Cineplex/Odeon Theatres, Sean Mundy for the lovely music and to all the volunteers that provided us with a simply decadent Dessert Buffet!**

* Thank you to Northern Crystal for providing the water cooler for our meeting of the Ontario AIDS Network.

* Thank you to the students at P.A.C.I. for raising money for our AIDSupport Fund.

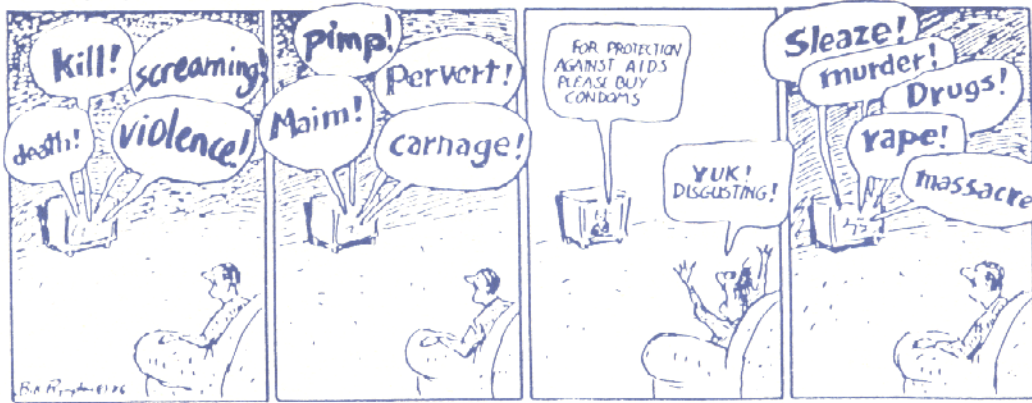
* Thank you to Abitibi Provincial Mill for the donation of paper.

* Thank you to **Thunder Bay Restaurant** and the **Second Cup** for using their locations for filming scenes for our video projects.

* Thank you to MacLean Hunter Cable TV for the generous donations of their time, equipment, studios, knowledge and advice.

* And last, but surely not least, a special thank you to all our **volunteers** who keep this agency going strong.

Bill Plympton



Native Outreach

The first Northwestern Ontario Native Outreach Program will be taking place **November 5-12**. Free educational presentations on AIDS will be given in Kenora, Red Lake, Pickle Lake, Sioux Lookout and Geraldton. These presentations are given in English and **Ojibway**. For more information about what day the program will be in your area contact **Ma-Nee Davis** at (807) 345-1516.



**See it on
Channel 7 . . .**

Kee-Way-Win "Journey"

A show on Native People & AIDS
Tuesday, October 16, 7:30 p.m.
Thursday, October 18, 9 p.m.
Sunday, October 21, 2 p.m.

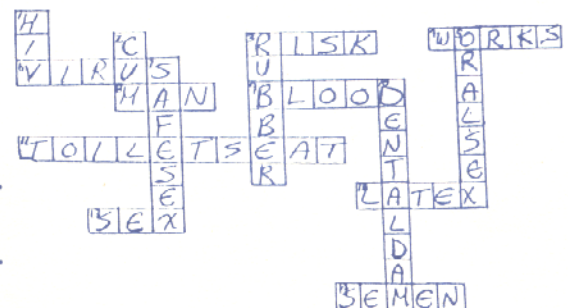
Drug Dependency & AIDS
Wednesday, October 18, 8:30 p.m.
Sunday, October 21, 11 a.m.
Wednesday, October 31, 8:30 p.m.

Outreach '90

The Eastern Tour of our 1990 Outreach Program took place September 17 - 30. Darcia Kohuska, our Education Coordinator delivered over 30 presentations. She visited Longlac, Geraldton, Nipigon, Terrace Bay, Marathon, Heron Bay, Mobert and Beardmore. She gave presentations to high schools, elementary schools, hospitals, agencies and Native groups.

ACT-B has secured funding from the Ontario Ministry of Health and the Trillium Foundation to implement the Outreach Program. The program responds to concerns voiced about the growing need for information about AIDS, from the smaller and more isolated communities in Northwestern Ontario. The Outreach Program establishes a liaison between ACT-B and the outlying communities to foster an exchange of information.

These presentations are delivered free along with literature, videos and posters to all interested groups. For more information about upcoming Outreach Programs contact Eileen Parker, Outreach Coordinator at (807) 345-1516.



TREATMENT

This material is published for the sole purpose of acquainting readers with the latest developments in AIDS therapeutics. The opinions and medical information offered by ReACT-Believe are those of the individual authors and not necessarily those of the staff or Board of Directors of the AIDS Committee of Thunder Bay. Medical information should be used with your own discretion. Please consult your doctor.

AZT THEN AND NOW

"HAVING HOPE WON'T GUARANTEE THAT YOU'LL SURVIVE AIDS, BUT NOT HAVING HOPE SEEMS TO GUARANTEE THAT YOU'LL SUCCUMB QUICKLY."

- MICHAEL CALLEN

The purpose of this article is to fuel that hope which Michael Callen speaks of. His physician, Dr. Joseph Sonnabend has suggested that earlier cases of AIDS were somehow sicker than those being diagnosed today.

The following is an attempt to share with you current and past knowledge of one therapy....the therapy of AZIDOTHYIMIDINE or AZT. These facts are in no way an attempt to sway the reader to prescribe for, or against AZT but to impart up to date study, observations and learning.

Azidothymidine (AZT) is an anti viral drug which has been proven active against the Human Immunodeficiency Virus (HIV). Retrovir (AZT), the proprietary trade name of the generic term Zidovudine (AZT) was invented and developed over 25 years ago as a cancer chemotherapy, by Jerome Horwitz. It was shelved as being totally ineffective against cancer. AIDS is considered a condition of immune suppression caused by the HIV virus, replicating and eating its way into T-4 cells which are essential to the immune system. HIV is a retrovirus which contains an enzyme called reverse transcriptase which converts viral RNA to DNA. RNA & DNA are located within the T4 cells. The HIV virus takes over the T4 cells, causing replication to cease.

In the early 1980's when the AIDS epidemic began, drug companies around the world began studying hundreds of compounds looking for a cure or at least a treatment for AIDS. Burroughs Wellcome, a subsidiary of the British drug

company Wellcome, by chance sent the failed cancer drug, then known as Compound S to the National Cancer Institute. Dr. Sam Broder, head of the NCI, found that it inhibited HIV viral replication in vitro. (laboratory)

A panel of 11 top AIDS doctors chaired by Dr. Itzhak Brook knew that the Burroughs Wellcome study was flawed and that long range effects of AZT were completely unknown. The panel were conferring in the Food and Drug Administration (FDA) building in consideration of giving lightning quick approval of the drug. It was known that AZT did not stop death and that some who were switched in the study to AZT did die. The severity of the side effects was known. AZT is considered chemotherapy and patients receiving it needed blood transfusions. Around 4 p.m. on a cold January day the panel recommended approval. AZT - one of the most toxic, expensive and controversial drugs in the history of medicine became the only FDA approved anti viral therapy. The data the company had produced proved it was prolonging life concluding that the benefits clearly outweighed the risks.

The most toxic effect of AZT is bone marrow suppression resulting in anemia. Burroughs Wellcome identified other side effects: loss of mental acuity, muscle spasms, rectal bleeding, tremors, headaches, pains in the neck and nausea. Anemia is the most common side effect, which is actually the depletion of red blood cells. According to Dr. Peter Duesberg; "Red blood cells are the one thing you cannot do without. Without red cells you cannot pick up oxygen." Several studies have concluded that AZT by itself has no effect on the two most common opportunistic AIDS infections - Pneumocystis Carinii Pneumonia (PCP) and Kaposi's Sarcoma (KS). Azidothymidine should be administered with caution if there is evidence

AZT - one of the most toxic, expensive and controversial drugs in the history of medicine

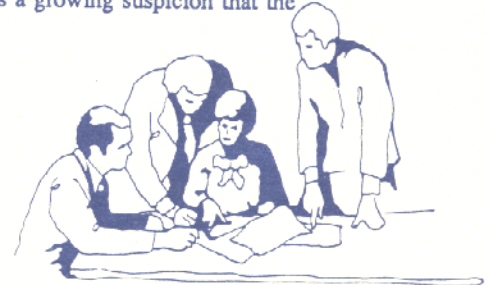
of liver or kidney dysfunction.

Despite the presence of AZT - HIV continues to replicate but at a reduced rate. According to the May 1989 issue of Treatment Update, an American physician reported the effects of AZT (200mg. every four hours) in six PLWA's over a period of 15 months.

Initially the patients responded well and were disease free for 9-15 months. After an interval they began to report increasing fatigue, loss of appetite and energy, sometimes low grade fever accompanied by night sweats. Upon examination, patients were found to be suffering from weight reduction, muscle loss and fungal infections of the mouth. This evidence enforces the suspicion that the virus eventually becomes resistant to AZT.

The July/90 AIDS Treatment News #107 reported that HIV has been proven to mutate frequently. Some strains of mutation are resistant to AZT and can be found in patients who have never taken it. Resistance appears to increase with the amount of time one has taken the drug.

Dosage has always been a chief concern and topic of contention between doctors, researchers, scientists and patients alike. There is a growing suspicion that the



minimum effective dose has not yet been firmly established. What is known is that it was wrong from day one. In a 1989 Canadian AZT treatment study sponsored by Burroughs Wellcome, the recommended dosage was 1200 mg. daily consisting of two 100 mg. capsules every four hours day and night. Issue #4 (May 23/1986) of the "Treatment Update" publication, suggested that side effects could be dose related. During the March, 1990 "State of the Art Conference on AZT Therapy for Early HIV Infection"; initiation of AZT was recommended for both Symptomatic and Asymptomatic HIV + individuals whose T4 cell counts were below 500. The daily recommended therapy was 500 mg. ACTG.019, a major American trial published its results in the New England Journal of Medicine, concluding that 500 mg. was not only lower in toxicity but possibly more effective than the 1500 mg. dosage. In April, the FDA changed the official "labelling" to include an optional dose reduction to 600 mg. per day after one month of a 1200 mg. daily dose. At the "VI International Conference", Dr. Marcus Conant, a practitioner who has treated AIDS and HIV since it was discovered said that Doctors were not seeing liver toxicity

TREATMENT

on the lower dose of 500-600 mg. daily and that about 1% of patients with over 250 T-helper cells needed to stop AZT because of toxicity. A small study has shown effect at 300 mg. per day. This study is far from conclusive but it does suggest that people who have to lower their dosage because of side effects or use of other drugs which depress blood cell counts may still benefit. European data showed that it need not be administered every four hours. Currently, some physicians are prescribing 200 mg. every eight hours/600 mg. daily.

Burroughs Wellcome in its bid to have AZT, FDA approved, assured the medical panel that the drug was intended as a stop-gap measure for very sick patients. August 17 1989, the U.S. government announced that 1.4 million healthy HIV + Americans could benefit from the treatment, even though they show no symptoms of the disease. Dr. Anthony Fauci, head of the National Institute of Health after a two year trial declared, it was clearly shown that early intervention will keep AIDS at bay. In February 1990 AIDS Treatment News #96 reported; the FDA recommended early use of AZT, stating that the side effects are less of a problem if patients are healthier when they begin treatment particularly at the lower doses. There seemed to be less concern about viral resistance with early use and more positive thinking that the drug might be more effective at slowing the development of the disease if prescribed earlier. MUCH IS STILL UNKNOWN ABOUT THE LONG TERM EFFECTS OF AZT.

The drug continues to be controversial 3 1/2 years later. It has been studied throughout the world. By August of 1989, the use of the drug had spread to over sixty countries with an estimated 20,000 recipients. A great deal is known yet there remain unanswered questions. What are the long term effects of AZT? Are there additional side effects not yet disclosed regarding toxicity and toleration? It is a fact that not all HIV infected people can take the drug, therefore who can or better yet, who cannot? Can AZT be discontinued without consequences? If so, under what circumstances and when? Azidothymidine is a chemotherapeutic drug. It does kill dividing blood cells and other cells, thus it is directly immunosuppressive. Only very few cells, about 1 in 10,000 are actively making the virus containing DNA, therefore, it must kill incredibly large numbers of cells to inhibit the virus. What are the long term effects of that statement? How much damage is there in the bone-marrow? Is it repairable? Finally, what about resistance?

On the other hand, AZT is prolonging life

and buying time. It provides hope. Treatment for AIDS is possible. Scientifically, it does appear to help. People using AZT have lower incidences of opportunistic infections and with early therapy, blood transfusions are rare. Improvements in T4 cell counts are evident. Viral replication is impeded. CRYPTOSPORIDIOSIS (diarrhea) is clearing up. AZT is an antibiotic and an anti viral; therefore scientists are suggesting it may suppress certain bacterial infections for those taking the drug. There are improvements in neurologic functions; that is in memory, visual attention and motor functions, therefore, the quality of life is improved. A Dutch study has concluded AZT prevents the development of dementia with early intervention. There is no Canadian nor American confirmation on this report.

This article has not covered AZT combinations. Doctors and researchers suggest this may be the wave of the future. Ask your doctor, educate yourself to the possible combinations. Use resource and educational facilities such as: ACT-B in Thunder Bay and ACT in Toronto. Possible combinations including a brief description are:

i) ERYTHROPOITIN (EPO + AZT) - used for AZT related anemia and bone marrow toxicity. This combination suggests the possibility that blood transfusions will no longer be required.

It's usage is experimental at this stage.

ii) Acyclovir (ACV + AZT) - There is nothing concrete that ACV is an anti viral but what is known are the positive results with the herpes virus.

iii) Probenecid (AZT + Probenecid) - This combination may result in higher blood levels which could produce stronger HIV suppressing action, suggesting possible dose reductions.

iv) Vitamin E (AZT + Vitamin E) - appears to protect bone marrow from toxicity. Higher blood levels are a possibility.

v) Alpha Interferon (AZT + Alpha Interferon) - is currently approved for Kaposi's Sarcoma (KS). The side effects are numerous. Data is incomplete and the combination may not be entirely useful.

NOBEL PRIZE winner Walter Gilbert, states: *There have always been drugs that we use without knowing exactly how they work. The really important thing to look at is the clinical effect. Is the drug helping or isn't it?*



POINTS TO PONDER:

- * If you have symptoms of AIDS or want to know if you carry the HIV virus, the most effective advice is perhaps the most difficult. GET TESTED!! Find out your status and if you are positive, treatment of any kind including AZT can begin immediately.
- * People with below 500 T - Helper cells do better being treated with AZT than without it.
- * The minimum effective dose of AZT has not been firmly established.
- * Regular dosing at the prescribed intervals is essential. If you miss one, do NOT double up.
- * Doctors suggest AZT therapy be not stopped whenever possible as stopping can lead to increased HIV replication.
- * Your body is your temple. Watch what you put into it and be cautious of high fat meals.
- * Avoid swallowing AZT without something to wash it down. It is caustic enough to create esophagus ulcerations.
- * A largely dismissed but not conclusive fear is that ASA (ACETOMINOPHEN) may alter the metabolism of AZT.

OF INTEREST TO WOMEN AND CHILDREN:

- * Women account for 6.9% of all reported AIDS cases.
- * Long term use and effect of AZT in pregnant women and nursing mothers is currently under study, therefore has not yet been determined.
- * It is not known if AZT is excreted in human milk.
- * Women, minorities, and IV drug users have been modestly represented in major AZT studies.
- * As of 1990, it has been determined that AZT works the same in children as in adults, the same in women as in men.
- * In 1989 AZT became available in syrup form making it easier to administer to children. It became free of charge to those children who met certain medical requirements.

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- VI Int'l Conference Overview from Marcus Conant MD
- Treatment Update.....Various issues
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- An International Perspective on Treatments
- Medical News and Perspectives
- Spin Magazine - AIDS Words from the Front - Celia Farber
- Health Protection Branch - ISSUES
- BETA - Bulletin of Experimental Treatments For AIDS
- Burroughs Wellcome Inc. - Canadian RETROVIR Treatment Study

A LITTLE KNOWN VOLUNTEER

Speak Up

Women

Living With AIDS & HIV

CALL FOR SUBMISSIONS

Through a Canada Arts Council grant, Darien Taylor and Beverly Rudd are compiling an international anthology documenting the voices and visions of women living with AIDS and HIV.

Submissions could include but are not limited to:
pages from diaries
autobiographical material
dreams
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letters to partners, parents, children etc...
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essays
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and anything else you could think of.

Material submitted in languages other than English is welcome.

Please send submission along with a brief biography and contact address

by APRIL 1, 1990 to:

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fax: (416) 340-6521
call: (416) 594-1445

Please send copies to avoid possible damage.



Little did I know, when I attended the OAN in Thunder Bay in July, that I would meet one of ACT-B's "little known volunteers."

I was billeted with the Ivany's. Peter, Susan and their two sons collectively provided me with a comfortable, hospitable, and friendly visit.

My fondest memory, however, relates to their son, Derek, the Ivany's host-a-naturel.

In the wee hours (i.e. 6:45 a.m.) of the Sunday morning of the conference, I tiptoed upstairs at the Ivany's to iron a dress. Peter and Susan weren't up to greet me (Odd isn't it? Ironing is quickly becoming a dying art!), but Derek was. He greeted me in a somewhat shy manner and noted that I didn't seem to have a beverage. He pulled his treasured Carnation Instant Breakfast out from the cupboard and asked whether I'd like one, naming the three available flavours. I told him I had never tried Instant Breakfast. He replied that they're tasty as well as good for you. We decided that I should try chocolate (my all time favourite flavour).

Derek's next action won my heart. You've heard the old adage, "the early bird gets its own breakfast?" Not this time! That's right -- Derek himself made me breakfast! That's a treat I have rarely experienced, mostly because no one ever gets up as early as I do, especially on Sunday mornings!

Derek watched for my response. It WAS delicious, but I'm not sure whether the apparently sweet glow of satisfaction on my face had more to do with the smooth taste of the Instant Breakfast or the delight of being served up by this absolutely charming volunteer host.

Future projections?

1. At any such time that I again dine on a Carnation Instant Breakfast, a sweet memory will surface.
2. ACT-B better not let this volunteer get away!

Cheryl Opolko
Chair, ACCKWA

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Coordinator at 345-1516 for more
on how you can help.

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