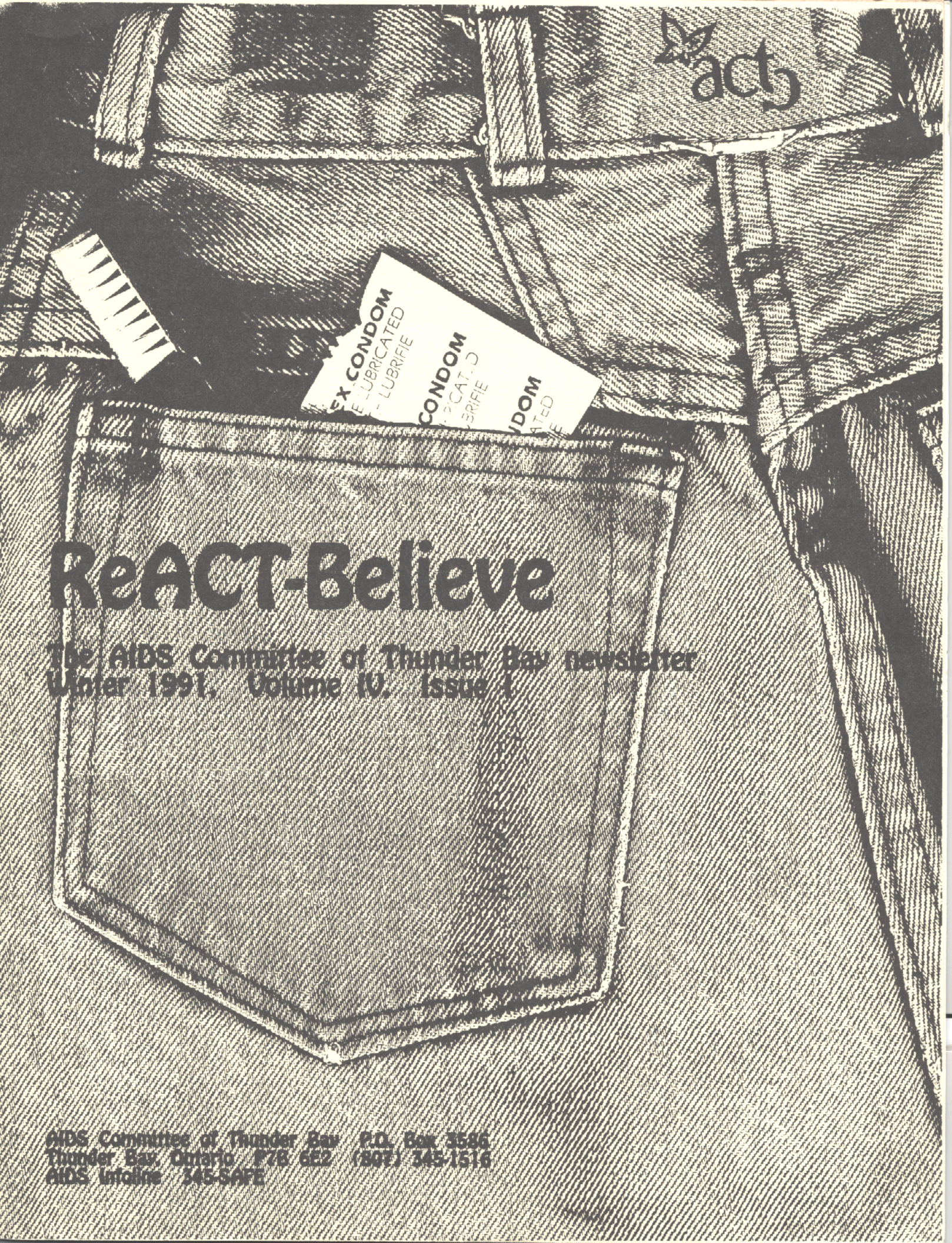

ReACT-Believe

The AIDS Committee of Thunder Bay newsletter
Winter 1991, Volume IV, Issue 1

AIDS Committee of Thunder Bay P.O. Box 3586
Thunder Bay, Ontario P7B 6E2 (807) 345-1516
AIDS Infoline 345-SAFE

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Joy Fedorick	Educator & Native Advocate
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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.

Romance with ♥ Intelligence

Before romance, Call the ***AIDS Infoline*** *at* ***345-SAFE*** *(345-7233) and get the facts about AIDS and safer sex.*

♥ *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.

♥ *Outside Thunder Bay, call the Ontario Ministry of Health AIDS Hotline. It's toll-free!*

English *1-800-668-2437*
Monday to Saturday
10 a.m. - 10 p.m.
Sunday - 12 p.m. - 7 p.m.
French: *1-800-267-7432*
TDD: *1-800-267-7712*

ACT-B Dictionary

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

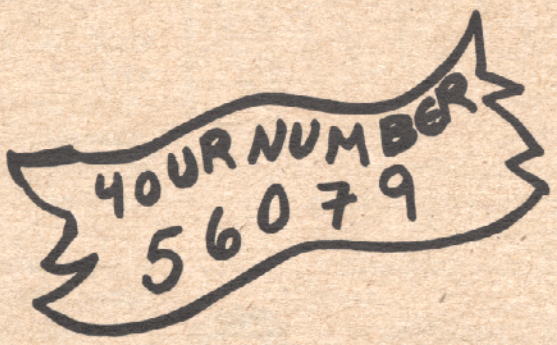
HIV Human Immunodeficiency Virus - the virus believed to cause AIDS.

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

PLWA Person Living With AIDS

HIV+ Having tested positive for HIV antibodies.

Anonymous



Testing

The AIDS Committee of Thunder Bay supports anonymous testing and believes that anonymous testing is needed.

Often people don't get tested for HIV because they feel they don't need the test or for fear of a lack of confidentiality. With the stigma surrounding AIDS and HIV infection, they don't want everyone to know what their test results are, or that they have ever been tested.

Confidential testing, which is the current avenue for testing in Ontario, allows for the testing site, the doctor and the public health department to know your name.

If a person doesn't want confidential testing, where does that leave them? - wondering if they are HIV+? Perhaps not getting the test or postponing it, which would delay vital early treatment, or, not worrying about it and if they are HIV+, possibly spreading HIV to others. Often if people feel they must be tested, they will travel to Toronto for anonymous testing, or to Winnipeg or Duluth.

In an article from the October 19, Globe & Mail, Ontario Health Minister Evelyn Gigantes said she supports anonymous testing for AIDS, as recommended in a report (HIV/AIDS: A Need For Privacy) by the Ontario government's Information and Privacy Commission.

A release from the Ontario Information and Privacy Commission states, "The major recommendations of the report are that anonymous testing be made available for HIV antibodies; and that partner notification be centred around the physician and the affected person."

There is controversy surrounding anonymous testing. One side believes that the consequences of disclosing HIV/AIDS-related personal information could be devastating. The other side cites issues around public interest such as notifying contacts that have been or are at risk, counselling the affected person, and medical research.

Also from the Globe & Mail, "The report has been criticized by some medical health officers, but Ms Gigantes said she thought the commission 'made the case (for anonymous testing) as fully and carefully as it can be made.'

. . . she said it makes sense "intuitively" that fears of having their identity disclosed prevent some individuals from coming forward to be tested. 'The social and economic penalties for a person suspected of even taking a test in our society are grotesque,' she said in an interview. She said she has asked ministry officials to investigate 'within a very short time' ways to implement anonymous AIDS tests in the province."

The Ontario Ministry of Health has agreed to establish a pilot study to research anonymous testing for HIV antibodies at multiple centres in Ontario. At this time, the sites and project coordinator have not been determined. Thunder Bay may be considered as a possible test site.

" . . .with confidential testing the testing site, the doctor, and the public health department know your name."

Anonymous Testing sites use only a secret code to identify you. The staff at the test site do not know your name. It is not possible for the laboratory, the doctor or the public health department to know who you are.

Currently, in Ontario, Anonymous Testing is available only at the Hassle Free Clinic in Toronto. Men's Clinic - (416) 922-0603. Women's Clinic - (416) 922-0566.

In Thunder Bay, confidential testing is available at the Sexually Transmitted Disease Clinic at the Thunder Bay District Health Unit, 999 Balmoral St., Monday and Friday, 4:30 - 6:00 p.m. No appointment is necessary. Call 625-5900.

Jim

The other day I was asked to write what it was like to be a Person Living with AIDS in Thunder Bay. I've asked myself that same question but didn't pursue an answer. The answer involves acceptance. In essence, that is what it is like; accepting.

I do have an illness to which there is no cure and thus far is fatal. There is a certain amount of fear here. The question, although challenging is of benefit to my mental well-being. I continue to accept.

To write down what it is like, is an expression for me, of feelings. Having AIDS has prodded me into getting in touch with these feelings and/or emotions. At the risk of sounding "insane"; being diagnosed HIV+ was the beginning of a crawl towards a quality of life which up to that crucial moment of self-affirmation, has been foreign to me.

Feeling the way I do today did not come easy. To me it has been a process which includes: denial, self-loathing, rejection, blame, isolation, grief, terror and loneliness.

My own diagnosis was not my initial introduction to AIDS. Approximately eight years ago, an acquaintance of mine simply seemed to be here and then wasn't. I knew a healthy successful and productive person. Whispers of fear went around my circle of friends. Did you know Randy died of AIDS? What is AIDS? I'm scared, but I won't think about it. It will never happen to me anyway!! Three years later the disease was at my doorstep. I came home one night, late as usual, high as usual and my "Longtime Companion" told me he had AIDS. I cried such as I had never cried.

I believe for another three years I was in some stage of shock, if not shock, certainly denial. I became a cold, self-seeking, isolated shell. I became self-destructive. Suicide thoughts were common place and I wouldn't talk, I mean talk about AIDS. It was like a headache; don't think about it and it will go away. It never has. I couldn't stop thinking about it and barely acknowledged it. I've actually lost count, if you can believe this, of how many people I've known personally who have died of AIDS. I was diagnosed about six months ago. I don't wallow in fear of impending death: mine or my "Longtime Campanion's." I suppose I now embrace life.

That brings me back to the question. What's it like to be a person living with AIDS in Thunder Bay? It's difficult but I'm here by choice. I have a goal and as I stated, I'm crawling towards it. I recall different time. My life will never be the same and that's O.K. It was truly not that great. My companion still lives in our home in Toronto. He's coping, surviving and adjusting just as I. I'm lonely but not alone. I have a support network which I utilize, friends which I'm grateful for. I'm not happy but I'm far from being sad. My family is close, they love me. They lend their courage. My values are different. I appreciate the pace and natural beauty of Thunder Bay. I believe my life has a purpose; I'm not sure what it is. I possess fear but I'm not controlled by it. I survive, that's what I do best. When I'm at my lowest, I'm not afraid to ask for help, I'm not afraid to ask someone to listen to me, to hug me, to love me. All I want really is to be allowed to live. That's what it is and what I am: a PERSON LIVING with AIDS in Thunder Bay.

.....Jim

INFO

→ If your organization would like to receive posters, pamphlets, brochures, educational packages and our quarterly newsletter, write or call ACT-B from anywhere in Northwestern Ontario.

You can also request as an organization or individual to receive our newsletter only. Please specify if you wish to receive your mail in a plain envelope.

Call (807) 345-1516.

JOB

→ A volunteer position is now open for the position of Treatment Issues Coordinator.

Duties will include: preparing the Treatment Section of ReACT-Believe - 2 pages, 4 times per year.

This will involve finding articles to reprint from treatment focused newsletters, possibly researching new treatment articles, requesting article submissions from volunteers and doing design and layout for the treatment section.

Typing skill is an asset. **Training and resources will be provided.** This position will report to the Communications Coordinator.

Call Eileen Parker at 345-1516, Monday to Wednesday.

TOUR

→ ACT-B's Native Outreach Tour travelled to Geraldton, Sioux Lookout, Kenora and Red Lake.

Presentations were given in Ojibway and English along with videos, posters and pamphlets geared for Native people.

For information about resources available specifically for Native people contact ACT-B at (807) 345-1516.

ATTENTION

Oral Polio & HIV infection

by Eileen Parker

Babies and children given the oral polio vaccination can pose a threat to those with AIDS or HIV infection.

The oral polio vaccination contains a dose of live *attenuated polio virus that the child takes orally. The live virus is excreted in the child's feces for up to several weeks (in rare cases up to 2 months).

In an interview with Dr. Joan Don, she said that being HIV positive does not necessarily mean that the person's immune system has broken down enough to be susceptible to the polio virus. As a precaution, she recommends that people who have HIV infection or AIDS, or who are otherwise immune compromised should avoid household or similar close contact for up to 4 weeks after immunization. Children shed the virus for a longer period if it is their first immunization. The period for viral shedding decreases with subsequent immunizations.

Dr. Don also advises that if a child will be in contact with someone who is immune deficient, the child should receive IPV (inactivated polio vaccine) rather than OPV (oral polio vaccine).

Don't avoid caring for cute little kids, but it may be wise to ask the parent if the child has received the oral polio vaccine recently, and/or consult your physician. If you are a parent with HIV or AIDS, consult your physician when it's time for your child's "shots".

* Attenuated - a live virus that has lost its ability to cause clinical illness, but it can still "infect". It causes a strong immune response.

A Support Group is available for those living with HIV and AIDS. They meet every Thursday evening in a confidential atmosphere.

A Support Group is also available for family, friends, partners and caregivers of those living with HIV and AIDS. They meet the second and last Wednesday of each month.

Both groups are facilitated by professional counsellors, and provide a supportive environment for discussions.

What are Support Groups?

"One day out of the week when you don't feel so alone."

"A place where you can go and be yourself - there are no barriers - you can be open."

"I'm not the only one."

"Those who aren't HIV+ don't really understand what I'm going through"

"A place to seek the support and friendship of others on our journey to overcome the day to day implications of AIDS."

"A place where fear can be diminished somewhat through the caring of fellow group members."

For more information call the AIDS Committee of Thunder Bay office at 345-1516.

ALL ENQUIRIES ARE CONFIDENTIAL.

Support Services are available for those living with HIV and AIDS, and their families, friends, partners and caregivers.

Individual, family, and group counselling is available through the AIDS Committee. Referrals can be made to other counselling services available in the city.

Practical support is available for daily tasks such as housekeeping, transportation, cooking and shopping. ACT-B volunteers provide practical support when requested.

Short term financial assistance is available for emergency needs; such as medication, food, rent, or other necessities. ACT-B can then help to access sources of income to meet these needs in the future.

Advocacy is provided on a person's behalf. When you are HIV+ or have AIDS, you may be discriminated against by your employer, welfare, an insurance company, your landlord or others. We can provide information and referrals to ensure that your rights are not violated.

To access Support Services call Glenna at the AIDS Committee of Thunder Bay at 345-1516.

ALL ENQUIRIES ARE CONFIDENTIAL.

TREAT

The AIDS Committee of Thunder Bay does not re treatment(s) or therapy described in ReACT-Believe. accept the risk of, or responsibility for, any damages arise or result, either from use or reliance on the in herein. Persons relying on the information provide professional.

Reprinted from Treatment Update 17, October 1990, by Sean Hosein.

AZT versus THA: results from France look promising for THA

As HIV is known to infect brain cells (Science 1990;249:549-553), it is not surprising that in advanced HIV disease, brain damage can occur. In the case of Alzheimer's disease, in which dementia also occurs, researchers suspect that a virus is at the root of the problem, and have used the drug THA (Tetrahydroaminoacridine or Tacrine) in experiments on subjects with Alzheimer's disease with some beneficial effects. Scientists think that THA may also be of use in treating the memory loss and other neurologic complications that occur in some patients with AIDS.

Results of THA trials in France were reported in **Treatment Update #10**, but at that time were based on only 2 months of the trial. The researchers now have released the findings of their 7-month study. The trial, at l'Hopital Paul Brousse, Villejuif, and l'Hopital de l'Université Internationale, Paris, involved 62 males and 8 females. Sixty-two subjects had ARC. Forty-five subjects took AZT (either by itself or in combination with TGA, and in doses between 600 to 1200 mg/day);25 subjects took THA (by itself or in combination with AZT, and in doses between 150 to 250 mg/day). Eighteen subjects took only THA, and 19 subjects took only AZT. Subjects took AZT for an average of 27 weeks and TGA for an average of 24 weeks.

Seven subjects died in the AZT group, while none died in the THA group, a statistically significant result. Sustained decreases in HIV p24 antigen were seen in the TGA group, along with sustained increased in the CD4+(T4) cell count. The incidence of opportunistic infections was greater in those on AZT than in those on TGA. **VI International Conference AIDS,** San Francisco, 1990 abstract SB 457. It is not clear why the results from the UK differ from those from France, but the French trial is known to be using ultra-pure THA (purified by the Synthese et Recherche company in Anthony, France) and this may account for the difference. In the USA, THA is made by Parke-Davis Pharmaceuticals (Morris Plains, New Jersey), which is said to be seeking "Treatment IND" status (investigational new drug) for the drug from the FDA. In Canada, THA is made by Pharmascience (Montréal) under the brand name Alzyme in 25 mg capsules.

AZT: viral resistance has serious implications for early intervention

As larger numbers of HIV-infected people have begun to use AZT, limits to its usefulness have become more apparent. One of the major factors affecting its efficacy is the development of strains of HIV which are resistant to doses of AZT that can be tolerated by humans.

At the University of California (San Diego), research on AZT resistance has been taking place for the past 2 years; scientists have found that virus from 42 HIV-infected subjects who had no prior exposure to AZT was susceptible to inhibition by AZT. Virus taken from 31 subjects with AIDS or advanced ARC developed resistance more quickly than virus taken from people with earlier-stage HIV disease. This was a statistically significant difference. After 1 year of AZT administration, nearly 90% of people with late-stage HIV disease (AIDS/advanced ARC) had HIV which was resistant to AZT. This was contrasted with the group who had earlier-stage HIV disease, in which only 31% of the subjects were resistant to the virus. A lower CD4+ cell count was predictive of the chance of resistant strains of HIV emerging with 1 year of AZT use. People with CD4+ counts of less than 100 cells had an 89% chance, with CD4+ cells in the range of 100-400 a 41% chance, and with more than 400 cells, a 27% chance of developing resistant strains of HIV within 1 year.

The emergence of AZT-resistant HIV appeared sooner in subjects who were on very high-dose AZT (1200 to 1500 mg/day) than on lower doses (500 to 600 mg/day). **Journal of Acquired Immune Deficiency Syndromes** 1990;3(8):743-746.

AZT: Early Intervention in Canada & the USA results in no difference in disease progression

Canadian physicians/investigators have conducted a long-term study of AZT intervention in subjects with early-stage HIV disease. All 74 subjects were asymptomatic and were matched to a group of similar controls who did not receive AZT. The 74 subjects were given a schedule of increasing doses of AZT: 600 mg/day for 10 weeks, 900 mg/day for 9 weeks, and then 1200 mg/day for 9 weeks. This was followed by a "wash-out" period of 6 weeks, after which subjects were given either 1200 mg/day or the next highest dose of AZT they were able to tolerate. The difference in rates of disease progression between the two groups was not statistically significant. **VI International Conference AIDS**, San Francisco 1990 oral presentation THB 18.

To determine the effect of AZT on the "functional status and well-being" of subjects with early ARC, researchers at the University of California conducted a study of 71 subjects in a placebo-controlled trial of AZT (1200 mg/day). Their results show that after 6 months, most scores on function and quality of health had improved for the placebo group while some scores had declined for the experimental arm (AZT group) compared to values at study entry. These differences were statistically significant. Over the following 6 months, subjects on AZT declined less than those on placebo. By the 12th month, values for both groups were similar to pre-trial scores **VI international Conference AIDS,** San Francisco, 1990 oral presentation THB 19.

TMENT

***mmend, advocate or endorse the use of any particular
The AIDS Committee of Thunder Bay therefore, does not
osts or consequences of any kind whatsoever which may
mation contained herein, or due to any errors contained
nust do so at their own risk. Please consult your health***

HGP-30: Vaccines as Therapy

One of the reasons HIV may be able to subvert the body's immune system is that different components of HIV resemble various components of the body; parts of the virus are thought to be similar to certain hormones, antibodies, and growth factors. As antibodies are produced against HIV, they may also "cross-react", or attack the components of the body which resembles HIV. Some scientists think that if an anti-HIV vaccine is given to people, the anti-HIV antibodies produced as a result of the vaccination might also attack the body. **Medical Hypotheses** 1990;31:155-156.

However, in 2-year trials of the Salk HIV vaccine, most of the subjects do not appear to be suffering any ill effects as a result of having been vaccinated. In most subjects, the vaccine appears to have halted the further decline of their immune systems. In the next issue of **Treatment Update** we will report on progress in vaccine development and testing, including the Salk HIV vaccine, as well as on research taking place in England, France and Zaire.

Researchers at the National Cancer Institute and George Washington University have developed a synthetic molecule--called HGP-30--which mimics p17 and p24, the core proteins of HIV. Antibodies produced against HGP-30 attack p17 and p24 as well. In experiments with rabbits immunized with HGP-30, high levels of antibodies against HGP-30 do not appear to cause any ill effects. In laboratory experiments, these antibodies effectively neutralize HIV. Tests with 19 non-HIV infected human volunteers show that immunization with HGP-30 causes the production of antibodies to p17 and/or p24. The vaccine was not associated with any toxicity. Another advantage of this vaccine is that it appears to activate CD8+(T8+) cells. These cells play an important role in controlling HIV infection, and Norwegian researchers have found that CD8+ cells produce a novel anti-viral substance. It is thought that this vaccine may boost the levels of antibodies to the core proteins in HIV-infected people and may thus serve as a form of therapy, delaying progression to AIDS. Plans are under way in California to implement phase I trials of HGP-30 in HIV-infected subjects later this year. **VI International Conference AIDS**, San Francisco, 1990 oral presentation SA76.

The Thymus Gland and HIV

The thymus gland, located in the chest, plays an important role in the development of certain white blood cells, helping them to mature into various types of T-cells. The gland also acts as a storage centre for T-cells, and releases hormones which affect the immune system. Because the immune deficiency seen in AIDS is similar to that seen in children with rare thymus disorders, early in the 1980s researchers began to investigate the functioning of the thymus gland in people with HIV infection. French researchers have found that subjects with advanced HIV infection have low levels of a thymic hormone called thymulin. Also, American and Danish researchers have found abnormalities in thymic hormone production in subjects who were HIV-infected but who did not have AIDS. Initially, they thought that they found eleveated levels of the thymic hormone thymosin-alspha, in their subjects. Further investigation revealed that these subjects had high levels of an inner or core protein of HIV (called p17) in their blood. Parts of p17 resemble thymosin-alpha and their detection systems treated the two substances as one. Actual levels of thymosin-alpha are decreased in subjects with HIV infection.
At autopsy, the thymus glands from people with AIDS are often reduced in size and appear to be damaged. Some of this damage may be due to direct infection by HIV. However, there may be another mechanism whereby HIV infection results in thymus damage. As previously mentioned, part of hIV, p17, resembles part of the crucial thymic hormone thymosin-alpha. When antibodies are produced against this HIV product, it is likely that they attack not only HIV but also thymosin-alpha and possibly the thymus gland as well. Indeed, at autopsy, the thymus glands from people with HIV infection have the appearance of glands which have come under severe attack by antibodies. **Science** 1986;232:1135-1137. Further work on p17/thymosin connection has resulted in the development of an anti-HIV vaccine called HGP-30.

More info

The ACT-B Resource Centre Library keeps articles, fact sheets, research studies, newspaper clippings and newsletters containing treatment information. We also subscribe to specific treatment information newsletters with the latest information on AIDS & HIV treatments.

This information is available to everyone, health care professionals, those with HIV or AIDS, students, agencies, caregivers, and anyone with an interest in AIDS and HIV infection.

The Resource Centre Library is located at 285 Bay Street

As Communications Coordinator with ACT-B, the question that I am most often asked by reporters is, "How many people have AIDS in Thunder Bay?". People want statistics. They want them because they want to know if they are at risk of getting AIDS. There is AIDS in Thunder Bay. Yes, you may be at risk. A main reason is because perhaps you think that you're (pardon the pun) immune to AIDS because you're not in a "high risk group". There are no high risk groups, only high risk behaviours. Having sex without a condom is a high risk behaviour.

When discussing AIDS and condom usage I have heard "We don't have to worry about that. We're married.", "I won't get AIDS because I'm with one partner.", "I don't have to use condoms. My girlfriend is really nice.", "He only had one girlfriend before me.", "We don't use them. We've been going out for four months." It only takes once to get HIV (the virus believed to cause AIDS). The virus doesn't take into account how much you're in love, how nice your partner is, how nice you are or how long you've been married. You can't tell if a person has HIV by looking at them. A person can be perfectly healthy (for years!) and be carrying HIV. The person may not know they have the virus.

Well, we've established that anyone may be at risk. Will you use a condom?

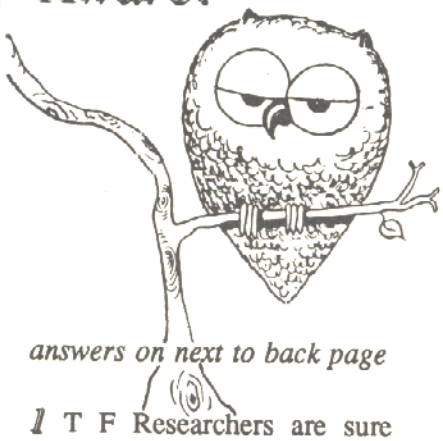
I've heard a common statement, "Na, I don't like those things." (This coming from a person who wears a seatbelt, quit smoking, and is getting back in shape). Using condoms is an essential part of maintaining good health.

I have also heard another disturbing statement, "Yeah, she carries condoms, I'll go for her." The guy that said this was implying that a woman who has condoms must be "easy". There is a big error in his thinking here. Consider this - if your partner doesn't use condoms with you, chances are they haven't used them with other people either. Also, if this person goes to the bar and gets drunk or stoned, it's not very likely that they're being safe and making sure they're using condoms at 2 in the morning. If your partner insists that condoms be used, chances are that this person is responsible and is caring for his or her health. I'd choose the person who uses condoms.

Oh yes, the original question, "How many people have AIDS in Thunder Bay?" How many people who have it is not the issue. There is no way of accurately measuring the number of people that carry HIV. We do know that there are people living with AIDS and HIV in Thunder Bay and that number is growing.

Call the AIDS Infoline - 345-SAFE

RU AIDS Aware?



answers on next to back page

1 T F Researchers are sure that a vaccine for HIV will be discovered within the next few years.

2 T F HIV and AIDS are the same thing.

3 T F You can tell by looking at someone, whether they have HIV infection.

4 T F Prostitutes often pass HIV to their "customers".

5 T F Once you know someone better, you don't have to keep using condoms.

6 T F Education about HIV and AIDS needs to be only for gay and bisexual men and IV drug users.

7 T F Testing for HIV antibodies is available in Thunder Bay.

8 T F HIV can not be transmitted by sharing food or drink with someone who has HIV.

9 T F You are at risk by working with someone with AIDS or HIV.

10 T F A common way of contracting HIV is through your dentist.

11 T F Mosquitoes don't carry HIV.

12 TF People with AIDS and HIV can have a healthy sex life.

EDITORIAL

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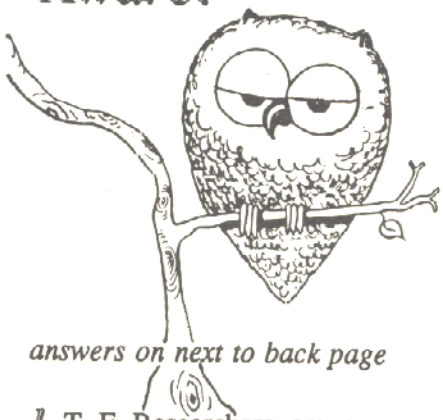

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10 T F A common way of contracting HIV is through your dentist.

11 T F Mosquitoes don't carry HIV.

12 TF People with AIDS and HIV can have a healthy sex life.

"United we stand... Together we can Deliver."

Dedicated to those
whom I have met in Thunder Bay.

"As she sings her song,
She dances to create the circle.
As we three, we sit as one.
Together, we prayed of life's obstacles.
And as we clasped our hands we became strong."

When the music had played.
I too felt the notes of its serenity of the mountains.
While the strengths of the trees as they danced and swayed.
It was a time for my reflections.
While in my silence.. quietly I prayed.

"Oh! Great Spirit,"
I am one of many,
who also shares my challenges of my tomorrows.
I will share the walk of silence.
And perhaps will feel many spirits of sorrows.
I carry this illness, it is no coincidence.
And I believe this was given by choice.

I am an Indian,
who is HIV positive.
But I am not alone.
For there are many that will stand with me to live,
And while I will continue to travel,
Far up in the skies above,
I will feel your eyes,
And I will sense your hearts of love.
Your friendship I will not regret.
For these are the times,
Lest - I will not forget.
And when it's my time that will come.
I will leave with dignity,
and pride... and this I pray.

"Dear Grandfathers"
Look down and guide them well.
Smile down on these,
Whose hearts are courageous and strong.
For the heart is like a rose,
Once it is in bloom.
You can feel its beauty.
Have faith and the world will see,
Your love and your care
Will carry you as you will prepare.
For a better tomorrow as your brightest destiny.
This will be your reward.
My dear Brother and Sister
"United we stand...
Together we can deliver!"
And if by chance you look above
Watch for a certain bird.
For it is me in spirit
of Ken Ward.

For this I pray.
To me new friends of a unique family
of the staff, members, volunteers of the
AIDS Committee of Thunder Bay.

With my sincerest love,
Ken Ward
"Feather of Hope"

Good-bye and Hello

This will be the last message from me, as a member of the Board of Directors of ACT-B. Since the founding in early 1986, I have been a part of this agency, and have seen it grow, often slowly, sometimes rapidly, until its present state. It will be strange not to be part of the board any longer.

However, beginning my new responsibilities as Education Coordinator is exciting and challenging. I look forward to working with everyone in my new role within the agency. It will be difficult to live up to the expectations generated by the work that Darcia has done, and I want to thank her both as President of the Board, and as her replacement, for her significant contribution to the development of this agency.

So, good-bye to everyone from the President of the Board of Directors, and hello from the Education Coordinator.

David Belrose

Welcome!

At the November Annual General Meeting, members of the AIDS Committee of Thunder Bay voted in a new Board of Directors.

Our new board members, Kathryn Arnold, Joanne Books, Norman Bowers, Denyse Culligan, Susan Ivany, Gail Linklater, Diane Roberts and Ron Rogers.

Our returning board members are Rick Atkinson, David Belrose (who has since become our new Education Coordinator), Terry Bryant and Jeanette Munshaw.

We would like to welcome all of you and look forward to working with you in the coming year.

AIDS & The Human Rights Code

The Ontario Human Rights Code prohibits discrimination against people with HIV. This includes all those who have AIDS or who have tested positive for HIV, whether they show symptoms or not. The Code also prohibits discrimination agsinst people who are believed to have HIV, as well as those who associate with them.

Here are some examples of discrimination:

- If you have been denied a job, dismissed or demoted because you have AIDS/HIV, or because someone thinks you do, and you can still do that job;

- If you have been required to undergo an HIV-antibody test at an employment medical or have been asked whether you have AIDS or HIV at an employment interview;

- If you have been denied accommodation because you have, or are believed to have, AIDS/HIV;

- If you have been denied service by a store, restaurant , theatre, club, government agency, insurance company, hospital, dentist's or doctor's office, or other such provider of services, goods and facilities because you have, or are believed to have, AIDS/HIV;

- If you or your child have been denied permission to attend school because you or your child have, or is believed to have, AIDS/HIV, or if you or your child have been asked to take a HIV-antibody test as a condition of admission;

- If you have been harassed at work by your superiors or co-workers, or by your landlord, building superintendent or other tenants in your building, because you have, or are believed to have, AIDS/HIV;

If you have experienced any of these situations or others please get in touch with the AIDS Committee of Thunder Bay Support Services department at 345-1516, or contact the Ontario Human Rights Commission at (807) 623-9119. You may be able to file a complaint. It is your right to be protected against discrimination because you have, or are believed to have AIDS/HIV. You do not need a lawyer or have to pay a fee to anyone in order to file a complaint.

The AIDS Committee of Thunder Bay offers advocacy and support, and referrals if needed, in cases of discrimination.

Time to lend a Hand.

Between November, 1986, and October, 1987, Statistics Canada surveyed people over 15 who performed volunteer work such as fund-raising, canvassing, providing information or organizing events:

- 5.3 million people, 27 per cent of the adult population, volunteered at least once.
- More than one billion hours of time were donated, equivalent to half a million full-time jobs.
- Some people worked for several causes. On average, 3.7 hours a week were donated.
- Albertans were most likely to volunteer (40 per cent); residents of Quebec least likely (19 per cent).
- Women were more likely to volunteer - almost 6 in 10.
- Volunteering increased with age, to a peak of 36 percent for people between 35 and 44.
- People in large metropolitan centres were less likely to volunteer: Montreal (17 per cent), Toronto (21), and Vancouver (23). Western centres were the exception, however, with Saskatoon, for example, having a 44 per cent participation rate.

Source: Globe & Mail, July 23, 1990

(ACT-B has over 100 volunteers!)

Bye Dar,

With fond memories we say goodbye to Darcia as our Education Coordinator. A new job will take her to the jungle of downtown Toronto, and off to the wilds of Northern Ontario.

Darcia will still be involved with ACT-B in the future as a volunteer serving on the Education Committee.

We miss you and wish you the greatest of success and happiness,
AND STOP IN AND VISIT! OKAY!
- the staff and volunteers of the AIDS Committee of Thunder Bay

Volunteer Training: "Who needs it, anyway?"

Without a doubt, most everyone acts in a volunteer capacity for an agency or organization. Let me expand on this.

As volunteers, we are representatives of our organization. In the public eye, we are seen as reflections of an agency's standards and philosophy. Even when we are not volunteering at an event, people still associate us with that group. Therefore our behaviour should represent a responsible volunteer of that agency.

Training therefore should cover basic points; the history of the organization, its mandate, goals, general policies and procedures for volunteers, basic HIV infection and AIDS information, sociological, psychological, and biological aspects of HIV and AIDS and related issues.

Volunteer training is given to educate at the entry level. In six hours, highly skilled and knowledgeable professionals present facts. Facts dispel myths. From there, volunteers take this information out into the community. These facts are presented, complete with that old technique - humour. We always joke about things that we feel uncomfortable talking about; sex, death, racism, sexuality, suicide, and on and on.

There is much to accomplish in such a short time, yet much is accomplished. Each person who has gone through the orientation should understand the AIDS Committee better, should be aware of HIV infection and AIDS, should know that they will be working with people who respect the rights of others, should be prepared to uphold the concept of confidentiality, should have a sense of humour and know how and when to have fun.

Beyond the basic orientation, we are in the process of developing specialized training for those volunteers who have indicated their interest in working specifically in the support services area of our committee. Knowledge and training give us a level of comfort around sensitive and cloudy issues. That's why it's so important.

Sheila Berry
Volunteer Co-ordinator
AIDS Committee of Thunder Bay

Stage One: ACT-B

My wife and I had the pleasure of attending the Volunteer Orientation to ACT-B on Sept. 22nd at the Thunder Bay Yacht Club. We were warmly welcomed by Sheila Berry, Volunteer Co-ordinator, who broke the ice and set the stage for our introduction to ACT-B.

As prospective volunteers, Sheila took this opportunity to outline the various duties we might perform and to reassure us that we would be expected to perform only those duties which were personally suitable to our nature and schedule. She also emphasized the need for reliability, responsibility and confidentiality among the members in order to provide and maintain an effective level of service. In other words a chain is only as strong as its weakest link and we volunteers "links" are to strengthen the chain and lighten the load.

The next portion of the program was covered by Michael Sobota, Executive Director, who gave a basic overview of who and what ACT-B is and how it relates to the networking efforts on a provincial, national and global level. Michael also provided a historical and educational "AIDS 101" mini-course on AIDS and HIV infection - Complete with a question and answer period we could have continued for days.

The program was rounded out with a touching and thought provoking video entitled *AIDS: A Family Experience*. This real life drama provided the basis for an in-depth group discussion which enabled us to look within ourselves and share personal views with other group members. At this point I think we had become ACT-B volunteers, but hadn't yet realized it.

You are presently reading my first volunteer contribution to ACT-B and although I am a slow study I hope to contribute further to this worthwhile effort. I thank my wife for bringing me along to the orientation and ACT-B for providing me with a very enjoyable day and a free lunch to boot!!

Craig Davis
ACT-B Volunteer

Thanks Volunteers!

Without you we'd be . . .

Yeah Cathy!

A dream come true. Cathy Powell is our new secretary! Ya-hoo!

She's already whipped us into shape - Where are you going? Let me know if you're taking calls. Jane Doe was looking for you. Did you mark what time you'll be back? When's that postage machine coming? Get off my typewriter.

When she isn't whipping us into shape, she's making us smile, and our visitors feel welcome.

Welcome Cathy.

Answers from RU Aware questionnaire.

1. False	7. True
2. False	8. True
3. False	9. False
4. False	10. False
5. False	11. True
6. False	12. True

Number of correct answers
12 - bravo, you're pretty aware
6-11 - you're average aware
less than 6 - you're not very aware
If you got less than 12 correct answers or want more information, call the

AIDS Infoline at 345-7233.

The AIDS Committee of Thunder Bay gratefully acknowledges all the businesses and organizations that supported our educational message in the Chronicle Journal for World AIDS Day.

Bay Credit Union
Iain Angus, MP
Manitoba Pool Elevators
McKellar General Hospital
MDS Laboratories
Spadoni Bros.
Thunder Bay Art Gallery
Thunder Bay District Health Council
Thunder Bay District Health Unit
UTDC Inc. Can-Car Works

Thank you to all the people, organizations, and businesses that supported and worked together to make AIDS Awareness Week a success.

AIDS Awareness Week Steering Committee
ACT-B volunteers
Ashley Wright
Beatrice Foods
Canada Games Complex
Confederation College Fitness Centre
Country Seed Planters
Designs On You
Executive Suite
Fun Run Volunteers
Japan Camera
Jeanne Edwards
Ken Ward
Landale Gardens
MacLean Hunter Community Programming
Magnus Theatre
Mayor Jack Masters
McDonald's
Pat Fenlon
Petals 'n Pots
Port Arthur General Hospital
Robin's Donuts
Salon of Beauté
Shelley Wark-Martyn MP
Sunspun Foods
Thunder Bay Community Auditorium
Thunder Bay Symphony Orchestra
Valhalla Inn

Thank you to the ***Thunder Bay Foundation*** for the generous donation.

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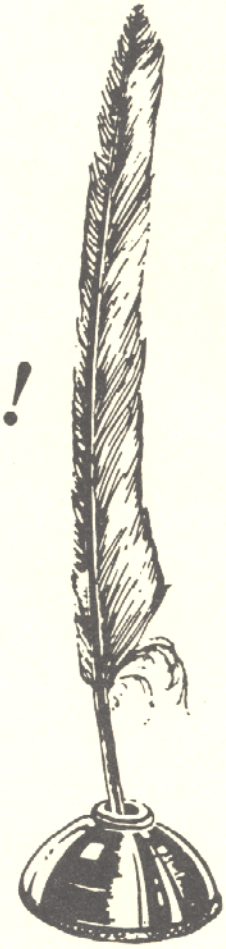
Writers & *Readers!* Write



Would you like to try your hand at writing? Would you like to learn how?
You can write articles for ReACT-Believe. We can assign stories or you can run your ideas past us.
If you've ever wanted to write an article or an editorial, call me, Eileen Parker at 345-1516.

News Flash From the North Pole!! (Bay St. Affiliate)

Santa's Helpers - disguised as polar bears delivered Christmas baskets filled with goodies to our friends living with HIV and AIDS.

A great big bear thank you goes out to the following businesses for sharing and caring in the true spirit of the festive season.

Fanny's Fabrics - Netting and ribbon
Kemp Fisheries - Wild Rice
Northco Foods (Robin's Donuts) - free coffee & donuts
Safeway (Court St.) - a variety of fresh fruit
Second Cup (Keskus) - tea & coffee

ACT-B volunteers & staff added a loving touch to the baskets in the form of a *fuzzy wuzzy teddy bear*.