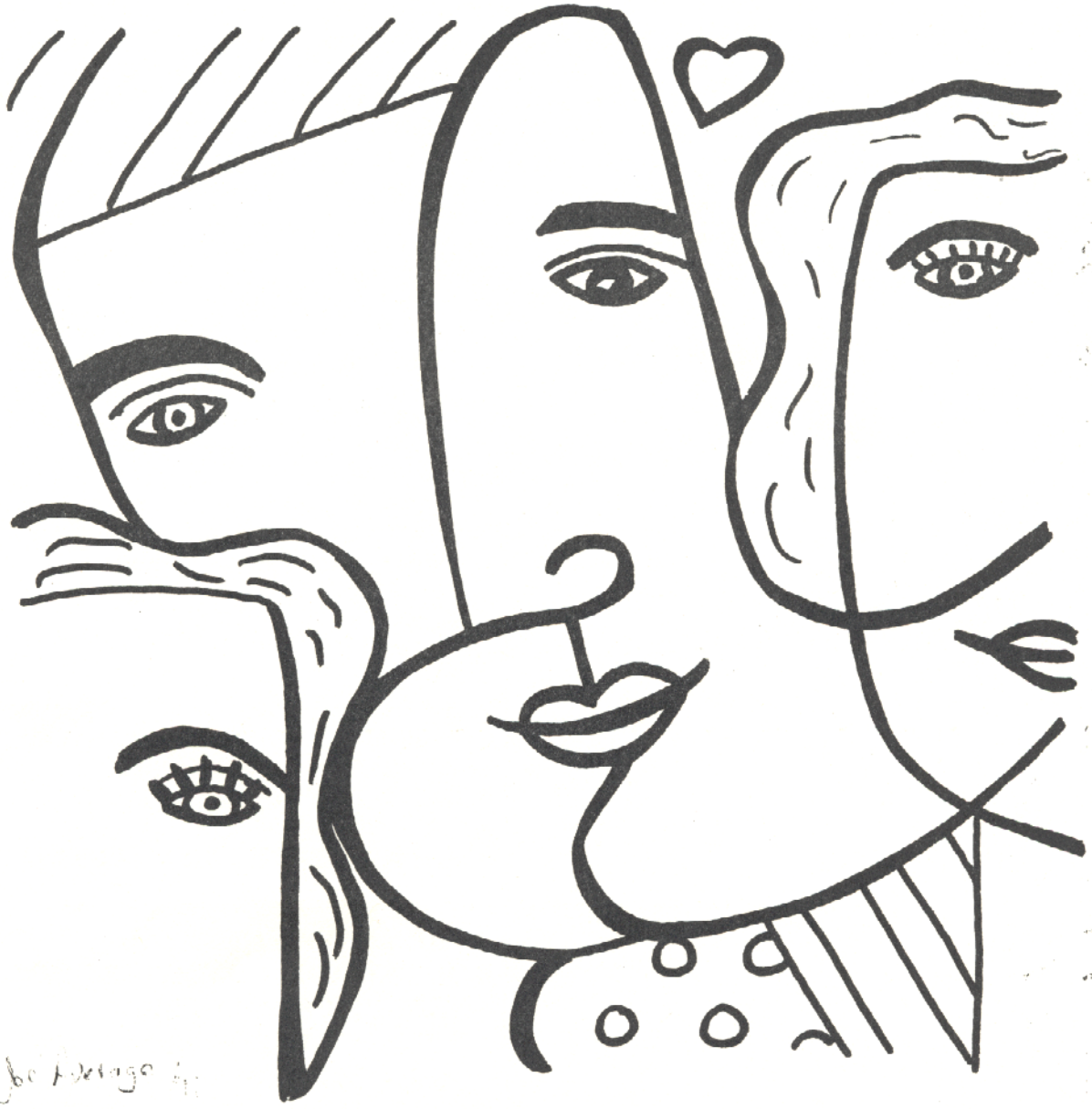
reACT-Believe

The AIDS Committee of Thunder Bay

Fall 1991, Volume IV, Issue IV

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



Our Challenge for Life

AIDS AWARENESS WEEK
october 7 to 13, 1991

TO FAX OR NOT TO FAX....
THAT IS THE QUESTION

For the many organizations that our agency communicates with, the much beloved **FAX** machine is a quick and easy way of sending information. Indeed when the material is of the utmost urgency it is a necessary piece of equipment to use. However, most people are **not** aware of one small item about our agency and fax machine.

WE DO NOT OWN A FAX MACHINE!

WE UTILIZE A FAX SERVICE.... AND IT COSTS US ALOT OF MONEY WHEN GROUPS OR PEOPLE SEND US FAXES.

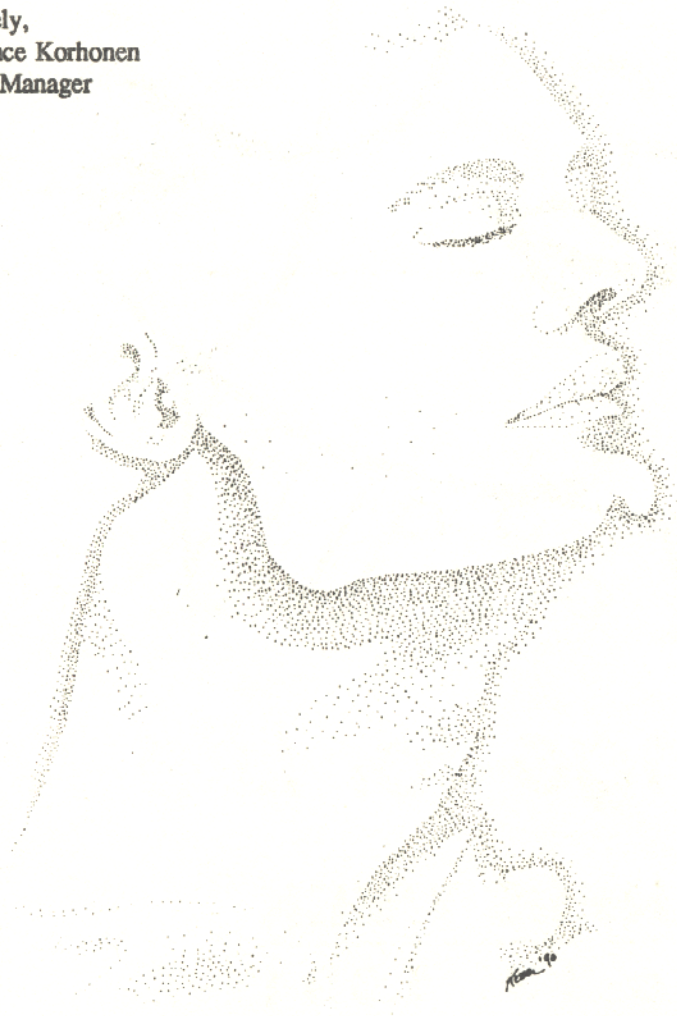
Every page sent to our FAX service costs us $1.00 **PER** page **PLUS** a service charge.

So **please** before you dial our FAX service, ask yourself if it could be sent by mail. If costs for FAXING continue to rise we will have to discontinue this service and we won't be able to receive even the most important documents you have for us.

Your cooperation would help us out a lot. When we are able to own our very own fax machine all this will change.

Thankyou.

Sincerely,
Lawrence Korhonen
Office Manager



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Bonnie Kyle	Aids Awareness Week Coordinator
Carol Nicholson	Reseacher/Writer

NOTICE TO THE MEMBERSHIP

THE ANNUAL GENERAL MEETING OF THE AIDS COMMITTEE OF THUNDER BAY (ACT-B) WILL BE HELD IN NOVEMBER, FOR THE PURPOSE OF RECEIVING REPORTS, AND TRANSACTION OF NECESSARY BUSINESS, INCLUDING THE ELECTION OF DIRECTORS TO THE BOARD.

ONLY MEMBERS MAY VOTE. PLEASE TAKE OUT A MEMBERSHIP,OR RENEW YOUR MEMBERSHIP NOW. RENEWALS OR MEMBERSHIPS TAKEN OUT NOW WILL BE GOOD FOR ALL OF 1992.

AIDS AWARENESS WEEK 1991 - *OUR CHALLENGE FOR LIFE*

Voices of Positive Women

Voices of Positive Women is a provincial organization run by and for women who are HIV positive. Presently based out of Toronto, women are connecting with other women in urban and rural areas to talk about the difficulties that women must deal with as a result of their compromised immune system. The purpose of this group is to get HIV+ women together to share information and resources and to reach out to those women who feel isolated. **If you are an HIV+ women or would like more information about the group, Voices of Positive Women, please contact Beverly or Darien at (416) 324-8703 or write to** Voices of Positive Women, P.O. Box 471, Station "C", Toronto, Ontario, M6J 3P5. Voices of Positive Women is seeking representation form Northwestern Ontario by women who are HIV+. If you have concerns about HIV/AIDS, please contact the AIDS Committee of Thunder Bay at (807) 345-1516 or drop by our office at 217 South Algoma Street.



THERE ARE LOTS OF ACTIVITIES COMING UP FOR AIDS AWARENESS WEEK. CHECK THE CALENDAR AND SEE WHEN YOU CAN HELP OUT. BE BE GOOD TO HEAR FROM YOU.
SHEILA.

CALENDAR OF EVENTS

SUNDAY - OCT. 6/91

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

MONDAY - OCT. 7/91

Tree Planting Ceremony
Marina Park - 12:00 noon

Keynote Speakers
Cindy Robins & Marie Silva
(Two HIV Positive Women)
&
Ken Ward

Thunder Bay Multicultural Centre
7:00 - 9:00 p.m.

TUESDAY - OCT. 8/91

Presentation - Ken Ward
Thunder Bay Youth Friendship Society - 6:00 p.m.

THURSDAY - OCT. 10/91

Candlelight Vigil
The AIDS Committee of Thunder Bay
217 S. Algoma - 7:30 p.m.

"Update on HIV Testing"
Fred Ball - Director of
Public Health Laboratory
Thunder Bay Health Unit - 9:00 a.m.
(staff only)

FRIDAY - OCT 11/91

Healthy Sex Cabaret (X-Rated)
The Prince Arthur Hotel
Doors open at 8:00

Tickets Available at the
AIDS Committee of Thunder Bay
217 S. Algoma Street

SATURDAY - OCT 12/91

Youths Poster Competition
Posters to be displayed all day at Intercity Mall
Presentations at 12:00 noon

SUNDAY - OCT 13/91

"FROM ALL WALKS OF LIFE"
5K Fun Run Pledge Walk
Confederation College
Warm up at 9:00 a.m.
Starting line 10:00 a.m.
Registration forms available at AIDS Committee of Thunder Bay Office
217 S Algoma Street

If you would like further information Please Call ACT-B at 345-1516 or drop by at 217 S. Algoma Street

Participating Agencies; 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.

Local Sponsors include: Sportop, Provincial Papers, Krazy Krazy Audio Video Experts, Crazy Mikes Super Stores, Painted Turtle Shops, Kelly's Food Services, Bailey's Sea & Ski, Japan Camera Centres, G.L.T.B., Insight Promotions, Airlane Motor Hotel, Canada Games Complex, Prospector Restaurant, The Boda Restaurant.



Today, as we prepare the 5th AIDS Awareness Week in Thunder Bay **(October 7 - 13, 1991)**,the week will be declared nationally by the Canadian AIDS Society and celebrated simultaneously across the country. The theme this year was selected by a national steering committee of AIDS educators. The theme, "AIDS: Our Challenge For Life", reflects our work and our lives in the 90's. It is both a personal message for each one of us and a national one for all Canadians to become aware of.

Things you need to know:

When: *The race starts at 10 a.m. sharp, Sunday, October 13, 1991.*

Where: *Confederation College Fitness Centre*

Registration: *To register, mail in your registration to the AIDS Committee of Thunder Bay, P.O. Box 3586, Thunder Bay, Ontario P7B 6E2. (Please do not send money through the mail.) Or, drop off your registration in the drop-off boxes at the Canada Games Complex, Fresh Air Experience, or at the AIDS Committee office at 217 S. Algoma Street.*

Race Kits: *Race Kits can be picked up at Confederation College, Saturday, October 12, 9 a.m. - 1 p.m.*

Divisions:
Men and Women

Junior	*under 20*
Open	*20 - 29*
Senior	*30 - 39*
Master	*40 - 49*
Veteran	*50+*

Entry Fee: *$15.00 - non-refundable.*

The Course: *5K course at Confederation College. For more information, contact the ACT-B office at 345-1516.*

Change Facility: *Fitness Centre changing facilities.*

Entry Deadline: *Applications must be received no later than 5 p.m., Wednesday, October 9, 1991. No late registrations will be accepted.*



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Bring in those pledges.

/OUR ENTRIES
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Registration Form

Name _____

Age (As of October 13) _____

Address _____

City _____

Province/State _____

Postal/Zip Code _____

Phone ( ) _____

Club/School _____

T-Shirt Size:
Large ____
X-Large ____
Gender
Male ____
Female ____

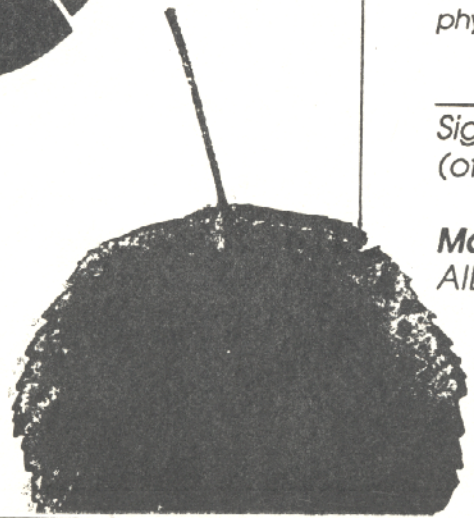
Liability Waiver

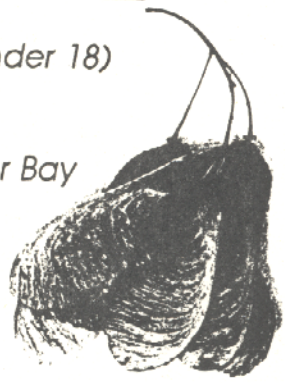
please read and sign

In consideration of the acceptance of my entry, I for myself, my executors, administrators and assignees, do hereby release and discharge the race sponsors, promoters and organizers including all claims of damages, demands, and action whatsoever in my manner arising from my participation in the AIDS Awareness Week 5K Fun Run/Walk. I attest and verify that I have full knowledge of the risks involved in this event and I am physically fit to participate.

_____
Signature
(of parent or guardian if under 18)

Make cheque payable to:
AIDS Committee of Thunder Bay





Farewell Terry

To those of us who are fortunate enough to know Terry, the adjectives kind, caring, giving; come immediately to mind but these are only a few of his many fine qualities.When Terry left Ottawa to live and work in Thunder Bay, it was Ottawa's loss and a huge plus for our area and especially ACT-B. From Ottawa, Terry brought not only his furniture but also a great sense of humour. As a Federal Government employee, he once applied for compassionate leave and in the column marked ...state reason... he replied, "received letter from my lover that said, COME PASSIONATE OR DON'T COME AT ALL. "

Terry attended his first meeting of ACT-B at our annual general meeting in November of 1989 and was promptly elected to the Board of Directors. In December 1990, he was elected President of the Board. During his entire time with the agency, he served on every committee, worked at bingos, at yardsales and was available wherever and whenever he was needed.

On behalf of the Board of Directors, staff, clients, and over one hundred volunteers, we bid you fond farewell Terry, and we wish you nothing but the best in Calgary. As it says on your lapel button: KEEP IT UP.
Your great bear hugs will be missed by many.
Norm Bowers
Secretary, Board of Directors

DO YOU HAVE A ROOM TO RENT

Single Male on Disability Pension is seeking a comfortable, clean room for rent. Kitchen and washroom facilities would be essential. I am also a Non Drinker and occasional smoker.

PLEASE CALL AND LEAVE MESSAGE

345-0806



MEN'S SURVEY 91

Men's Survey 91 is a joint research project of the University of Toronto, Universite Laval and the Canadian AIDS Society, funded by Health and Welfare Canada.

Men's Survey 91 is a national survey designed to measure knowledge, attitudes and behaviours related to HIV infection among Canadian gay and bisexual men. Involving almost 5,000 men in 34 cities, Men's Survey 91 will be the largest survey of its kind in Canada, and one of only a few undertaken anywhere in the world. Data will be collected in bars, bathhouses and at community events. The aim of the project is to obtain data that can be used to develop educational and health promotion strategies for gay and bisexual men.

Over the last few years, community-based organizations have done a lot of work in distributing information and using other interventions to promote safer sex. It is widely believed that this work has done a lot of good. But there are important questions that need to be answered. Until now, no Canadian survey has attempted to capture the issues and concerns about HIV and AIDS with regard to gay and bisexual men - the group still most affected by HIV/AIDS.

Men's Survey 91 will help to identify the gaps in men's knowledge about HIV transmission, safer sex, antibody testing and other issues. Another aim is to better understand what kinds of beliefs and attitudes influence positive behaviour change and maintenance of safer sex practices. Men's Survey 91 is also meant to reveal whether, among gay and bisexual men, there are identifiable target populations that require special attention in HIV prevention work.

The AIDS Committee of Thunder Bay will coordinate data collection in Thunder Bay.

For more information contact: David Belrose - Local Coordinator
(807) 345-1516

Gallois' Revelation

"If you put tomfoolry 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
9:00 a.m. - 4:00 p.m.
John Books, 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.

The AIDS Committee of Thunder Bay is funded by:

ONARIO MINISTRY OF HEALTH
HEALTH PROMOTIONS BRANCH,
HEALTH AND WELFARE CANADA

ONARIO TRILLIUM FOUNDATION

THUNDER BAY FOUNDATION

GENERAL FUNDRAISING, INCLUDING: community, business and many individual donations.



OUR NEW OFFICES

ACT-B's office is now located at 217 S. Algoma. The location is on the corner of Algoma and Cornwall streets, kitty-corner from the former Cornwall Street School/Lakehead University Fine Arts building.

The relocation was done to provide improved services, more space for staff and activities as well as increased services.

Currently the new building provides separate offices for the staff including sound-proofed offices for confidential counselling. The ACT-B library now has its own small room with a VCR and monitor for quiet , private screenings. There are new washrooms, a small kitchenette and lunchroom.

Further renovations, to be completed later this fall will add an activity/classroom for us in Support Services, a board/committee room and designated storage space.

Watch for an announcement of our "Open House" planned for later this fall. Meanwhile, our doors are open. Welcome. Please drop in.

act



Have you renewed your membership for 91/92 ?

CALL FOR PERSONS INTERESTED IN SERVING ON THE BOARD OF DIRECTORS OF ACT-B.

ELECTIONS TO BE HELD AT THE ANNUAL GENERAL MEETING IN NOVEMBER.

IF INTERESTED, PHONE OUR OFFICE : 345-1516 FOR AN INTERVIEW AND INFORMATION PACKAGE.

CONSIDER JOINING A TEAM OF EXPERIENCED AND DEDICATED BOARD MEMBERS, FROM A WIDE VARIETY OF PROFESSIONS IN THUNDER BAY.

Join us. Become a member!

Members set our course at Annual Meetings.
They are kept up-to-date about our work.
They elect the Board of Directors who keep that work on track.

ACT-B Membership form.

Name _____

Address _____

_____

Postal Code _____

Telephone _____

Enclosed is: _____ $10 Membership fee

_____ $25 Supporting membership fee

_____ $ Donation

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

act

To be eligible to vote at the Annual General Meeting, your membership must be up-to-date, (30 days prior to the meeting). The A.G.M. is in November. Please, renew your membership now.

TREATMENT SECTION



An Interview with
Larry Bruni, M.D.
by Denny Smith

(reprinted from
AIDS Treatment News
Issue No. 124, April 5, 1991)

The AIDS Committee of Thunder Bay does not recommend, advocate or endorse the use of any particular treatment(s) or therapy described in ReACT-Believe. The AIDS Committee of Thunder Bay therefore, does not accept the risk of, or responsibility for, any damages, costs or consequences of any kind whatsoever which may arise or result, either from use or reliance on the information contained herein, or due to any errors contained herein. Persons relying on the information provided must do so at their own risk. Please consult your health professional.

This article is a separate page of the newsletter.
Please, pull out and retain for your files.

TREATMENT STRATEGIES

Interview With

Larry Bruni,M.D.
by Denny Smith

To help support strategic, individualized programs for controlling HIV disease, we interviewed Larry Bruni, M.D. a Washington D.C. physician who has maintained a large HIV practice for several years. Dr. Bruni is known as an innovator in the care of his patients a Cable News Network (CNN) interview with him should air later this month.

D.S. For people who are still above 500 T-helper cells, what do you look for to make decisions about intervention in the progression of HIV?

LB: The various blood markers aren't very useful at that point, so I look carefully at the clinical picture. I've come to regard anything except a broken bone as possibly related to HIV. That may be a fallacious assumption, but better to be too vigilant, rather than trivialize something like a rash or headaches that could be tied into disease progression. I don't dismiss anything. When people worry that they are being hypochondriacal, I tell them that they're not. By just recording patients' complaints in their charts, I can sometimes discern a pattern of symptoms. Small things that would ordinarily go unnoticed may be signicicant. For example, when I examine the ears, I look for small bubbles behind the eardrums. These can be caused by infections of mycoplasma, which sometimes colonize the middle ear. I'm more willing to try doxycycline than to tell the patient "don't worry about it".

DS: When do blood markers become noteworthy?

LB: Well, the T-4 helper cell counts and percentages are important because, of course, progressive depletion of helper cells is the hallmark of HIV infection. But you can't rely on this alone, partly because the methods of counting the cells are not absolutely precise; there are many calculations involved in deriving the final "count."

DS: That's a good point, because I think a lot of people, including myself, don't understand all the calculations involved in lab results. We often assume that the total blood cell population is ordinarily stable, so any variation in one component is alarming.

LB: No one should be alarmed by small variations. Also, the percentage of T-helper cells is more revealing than the absolute count.

DS: When someone who is on AZT experiences a drop in T-helper cells, is that ever attributable to a drop in the overall white count, which can in turn be attributed to AZT?

LB: Yes. So I don't routinely put people on nucleoside anologs (AZT, ddi, ddC) for T-helper cell counts above 500. But there are circumstances that may warrant the use of AZT in that range, particularly clinical symptoms that indicate disease activity. For example, if someone is having repeated bouts of genital warts.

DS: In other words , a relatively minor problem which is resistant to normally successful treatment may be a signal of HIV activity.

LB: Not only that, but I think HIV would be a rather indolent (slow to change) infection if it weren't for all the other infections our bodies have to process at the same time. I don't really make a distinction between opportunistic infections and the idea of cofactors. I teach my patients that HIV disease is a slow process if not for other things that push it, such as other infections, exposure to sunlight, etc. And infections can transactivate each other. While the warts are allowed to recur by HIV, HIV is stimulated by the wart virus. So for both practical and theoretical reasons, we need to control this cycle by controlling any problem that is potentially chronic, like bronchitis or adenovirus colitis.

DS: In light of that, what are some of the things you look for in patients who would ordinarily think of themselves as asymptomatic?

LB: Sinus infections, skin rashes, fungal infections of the toenails, athlete's foot that is persistent, prostate infections, and of course, headaches and fatigue. Headaches especially, are too often chalked up to "tension", but since stress can contribute to immune dysfunction, and to emotional dysphoria, I think even a tension headache may deserve intervention.

DS: You mentioned sunlight as a cofactor.

LB: Yes, even before studies were published about its effect on HIV, sunlight was known to provoke herpes outbreaks. Strong sunlight, probably the ultrviolet rays, can impair immune response. You don't have to worry about the regular exposure during daily activites. I'm talking about laying out in the sun, or playing volleyball in your swimsuit for hours at a time. T-helper cell counts drop almost invariably after someone spends a long weekend at the beach.

DS: I understand that you favor the empirical use of antibiotics, when a set of symptoms is eluding any particular diagnosis or treatment. Is there a concern that antibiotic drugs could suppress the immune system further?

LB: I haven't really seen any systemic damage from antibiotics. Indeed, my own

experience is that a course of antibiotics frequently perks up the immune picture. The first anatibiotic I tried on an empirical basis was doxycycline in 1988, based on Stephen Caiazza's ideas.

DS: Since HIV isn't affected directly by antibiotics, this must be a way of dealing with cofactors in hiding.

LB: It often seems that something else is driving the infection. The notion that latent syphilis may be treated this way is interesting. I can't think of any topic in medical school that professors were more smug about than syphilis treatment. "We know everything there is to know about this disease," they say. Reminds me of the character in Voltaire's Candide.

DS: Dr. Pangloss!

LB: Yes, as though we live in the best of all possible worlds, and we know everything we need to know. But meanwhile, one treatment they were using to treat syphilis failed to cross the blood/brain barrier, and those people may be chronically infected with syphilis, including many people with HIV.

DS: So the cerebrospinal fluid could be "reseeding" the body and doxycycline may be dealing with it?

LB: I've had some excellent results with doxycycline; tetracycline, as well, will cross the blood/brain barrier. I try it in people who have a residual indicator of syphilis in their blood. And now we know that we could be treating mycoplasma infections empirically, too. I have actually seen rises in T-helper cells in some patients in some patients during treatment with doxycycline.

DS: How do patients and physicians make judgment decisions together?

LB: Physicians need to be willing to make some intuitive judgments, because we won't find advise in the medical journals, whose reports invariably end with something like "not statistically conclusive, more investigations needed. "Patients can be limited by their preconceptions. I still get patients who say to me, "I'll try anything except AZT." "Why won't you try AZT?" "Because it's poison." Yet studies clearly show that when we use AZT correctly, we can improve the quality and the length of life.

DS: So you're trapped between patients who do not like the primary option available, and a medical establishment which cannot seem to improve the options.

LB: Well, I'm really happy now that we have ddC, even if people have to use the "gray market" version. I think ddC works, without horrible side effects. Now routinely, whenI start people on AZT, after threemonths I tell them it's time to switch to ddC. Another three months, we return to AZT, and I continue alternating like that.

DS: What's the rationale for rotating instead of using them together?

LB: Well, it takes about three months for AZT side effects to appear, at the current low doses. This dosing may avoid indefinitely those predictable drops in white cells and hemoglobin. By using them separately, you can also see how each drug affects each patient.

DS: You've mentioned AZT and ddC., but not ddI.

LB: For a year and a half, our office has been overwhelmed by the paperwork associated with ddI. And the manufacturer's criteria for ddC eligibility are ridiculous. I'm ready to forego all that if patients can reliably obtain ddC through the buyers' clubs.

DS: Are there other important treatments that patients can get through the buyers' clubs?

LB: In addition to ddC, I'm glad to see the clubs carrying levamisole (a potential immunomodulator) and clarithromycin (a new antibiotic). I started recommending levamisole to patients last November, before it was approved by FDA for use in colon cancer. When it became available by prescription, I started slowly, not being familiar with its use and wishing to avoid toxicities. Now I give it to people who do not improve on more standard therapies. I think it holds great promise as an immunomodulator.

DS: Is clarithromycin still looking promising for treating MAI, cryptosporidiosis, or toxoplasmosis?

LB: I've replaced all the old MAI drugs with clarithromycin and ciprofloxacin. The dose we're trying is eight pills (250mg. each) of clarithromycin daily, which unfortunately is expensive. I'm seeing some weight gain, and reduced fevers. These patients feel it's working. I'm trying the related drug azithromycin to treat toxoplasmosis in several patients who were obviously failing the pyrimethamine/sulfa combination. It's too early in follow-up to say for sure, but I think it will work. I'm also advocating some prophylaxis in people who have been exposed to Toxoplasma, and who have dropped below 200 T-helper cells. I believe azithromycin and clarithromycin probably will become the best drugs with which to treat toxo or prevent active infections. Anecdotally, two of my patients with cryptosporidiosis found complete relief from the diarrhea within five days on azithromycin, and after ten days of treatment they maintained normal bowel function and regained all their lost weight for months.

DS: Something we have been hearing a lot about lately is gall bladder inflammation and bile duct obstructions. Is this becoming a common HIV-associated trouble?

LB: Very common. This is usually a condition called acalculous cholecystitis, meaning an inflammation which is not



caused by gallstones. The cause could be any of a number of pathogens, like CMV, cryptosporidiosis, or other parasites. But the drugs we give to treat those infections do not penetrate the gall bladder very well, making it sort of a reservoir of infection. The signs are abdominal pain, often connected with diarrhea. Since this tends to persist and not respond to antibiotics, the best treatment seems to be removal of the gall bladder. You can get along nicely without a gall bladder, and the surgery should improve both appetite and nutrient absorption.

DS: Getting back to the empirical use of treatments, you have found IVIG (intravenous immune globulin) useful, haven't you?

LB: It can be very helpful, also very expensive. It's valuable for treating the kind of recurring bacterial infections that a healthy immune system ordinarily handles, especially sinus infections. It is also a good complement to use with ganciclovir when treating CMV pneumonia or colitis. Adding it to therapy for retinitis does not help much, according to studies which have been completed.

DS: Can you make immune globulin specific, engineer it to be concentrated in certain antibodies?

LB: It's not engineered so much as graded for counts of particular antibodies. I use Gammagard made by Baxter, because it has the highest concentration of anti-CMV antibodies.

DS: Do you have any advice about nutritionhal supplements?

LB: I have recommended a short list of supplements for several years, and have recently added NAC and coenzyme Q-10 to that list.

DS: Why has interest in coenzyme Q been revived recently? (Note: do not confuse coenzyme Q with compound Q).

LB: It might be helpful for countering some of the heart muscle degeneration being reported now in connection with HIV infection.

DS: I saw one such report that alerted physicians to the possibility of HIV cardiac abnormalities, and that some symptoms casually attributed to lung involvement, like fatigue and shortness of breath, instead could be implicating the heart.

Research Politics

DS: What are some of the politics affecting the clinical care picture today?

LB: I see the Food and Drug Administration and the National Institues of Health as having a symbiotic relationship with the pharmaceutical industry. They are in a codependent relationship. People on both sides have their complaints, but they do not seriously analyze themselves. Congress plays along with the game, too, funding and regulating the relationship. And as in codependency, something like a disaster has to happen for a real change to occur. No one is presently in charge of an overall plan for AIDS. But you watch - five years from now, when straight teenagers are dropping like flies, then AIDS will become a national priority. Of course, we will probably have a new administration by then, too. Meanwhile, we need clinicians and researchers to talk to each other, to try to build solutions to the problems of HIV disease. Instead of obsessing on basic research, we must constructively analyze what the problems are, and start acting on priorities toward the solution. Plan the work and work the plan. No organization in the world is doing that now.

DS: Perhaps we should aim for solutions that fit the problem, instead of problems that fit someone's solution.

LB: Exactly right. And we need innovators. More AZT studies are not innovative. The non-innovative answers are not solutions. They are solutions in search of problems, as you said. And all the while researchers around the world traipse around their own little garden path, doing their own personal research. By contrast, we could harness that creative thinking, and integrate this research chaos into a bigger picture. One model I've worked with is the National Community Research Initiative, in Washington, D.C. We began by developing computer software, called CRIS, to let physicians keep up with each other's experiences, to correlate all the raw data of our practices. We've developed a database that can work as a total clinical management system. We can directly download results of bloodwork from the laboratory by modem into the database. This technology could help to share statistics, to generate statistically valid correlations. In my office we will soon have a computer work station in each patient examination room, so we can have the patient's history and treatment experiences and all lab work at our fingertips.

DS: It would seem that physicians in different countries, using different therapies, could use the database to learn from each other.

LB: Yes, this information is eminently exportable. Communication technology is an innovative, useful approach.

