

reACT-Believe

Summer 1993, Volume 6, Issue III

AIDS Committee of Thunder Bay P.O.24025
Thunder Bay, Ontario P7A 4T0 (807)345-1516
AIDS Infoline 345-SAFE

WORRIED? YOU CAN GET TESTED ANONYMOUSLY

Have you been wondering about getting the test? Concerned about something you may have done in the past but scared to bring it up with your doctor, your family or, with anyone? You want to know your status but don't want everyone else to know? Don't want people to know you're gay - or think you are if you are not?

If maintaining your privacy is important and you genuinely think you've risked exposure to HIV, you can get tested anonymously in Thunder Bay. Simply call 625-5981.

ANONYMOUS TESTING NOW AVAILABLE AT ACT-B

When you call 625-5981, you will be given a choice of locations where you can get tested. Currently, there are two, at our office, or at the Thunder Bay District Health Unit. Simply tell the receptionist which location you prefer. Testing is available at our office in the evening hours.

Remember: you don't have to give an OHIP card, or your address or your name. To book an appointment, you simply provide a first name so a time slot can be reserved for you. And nothing will be reported, whatever your test results are. Except to you.

And whatever those results are, remember that we're here at the AIDS Committee to give you information, help and support.



CALL TO BE TESTED
625-5981

LOCAL LAB CAN NOW RUN ANTIBODY TEST

Our local testing laboratory has received approval to run the basic HIV antibody test here in Thunder Bay. Previously, when your blood was taken for the HIV antibody test, it had to be sent to Toronto for processing. This frequently took a month or longer for you to get your test results back.

After years of lobbying by the Director of Thunder Bay's Regional Testing Laboratory, Dr. Fred Ball, and by ACT-B, the basic HIV antibody test is now being processed here. The basic test is called ELISA, and is a screening test. Results from this test can now be available within 2 weeks or less, if your test proves negative.

If your ELISA test is positive or indeterminate (a category that indicates your test is hard to read and could be positive or negative), your blood sample would then be sent to Toronto for a confirmatory tests. The confirmatory tests

aren't available in Thunder Bay. Your results would come back to you later.

If you chose to be tested in Thunder Bay, using the Anonymous Testing service (625-5981), the counselor will explain that a delayed result does not necessarily mean your test will come back positive. It could. But it could also be indeterminate, in which case it is usually wise to be retested at a later date. Or it could be a "false positive". A very small number of ELISA test results show up as false when the confirmatory test is done.

The importance of the ELISA test being available here is that the government recognizes we should have better health services here in the North.

Testing anonymously, combined with faster test results and good, professional counselling is what we have been advocating for. We hope this makes taking the test easier and more comfortable in Thunder Bay. Please call us if you have any questions or further concerns about testing. We're here to help.

Michael Sobota

FIRST CALL FOR 1993 AGM AND MEMBERSHIP UPDATE

ACT-B's 1993 Annual General Meeting will take place in November. Your participation is important to our future direction. Your membership must be valid (new or renewed) at least 30 days prior to the AGM. So check your membership card, to see if you have a current 1993 membership. It is good for the calendar year.

MEN'S SURVEY

The National Survey on Gay and Bisexual Men and HIV Infection

Gay and bisexual men in Thunder Bay and Canada are heeding the message of AIDS prevention. A national survey of 4803 gay and bisexual men showed that **more than 75% of men who have sex with men consistently practise safer sex.** The survey was released recently by the Canadian AIDS Society (CAS) and researchers from the University of Toronto and Laval University.

This innovative national survey examined the knowledge, attitudes and behaviour of gay and bisexual men in relation to HIV infection. The AIDS Committee of Thunder Bay (ACT-B) co-ordinated the collection of data in this area. Some readers may recall that the questionnaires were filled in at the Halloween dance in October 1991. It has taken until now for the data to be analyzed and the report to be written.

The results of the national survey are consistent with a local Needs Assessment Survey due to be released soon by ACT-B. Gay and bisexual men can be proud of the changes we have made in our sexual practices. However, there are still problem areas, and we all need to maintain consistent safer sex practices.

More than 80% of the men surveyed nationally reported that they had made a major change in their sexual practices since hearing about AIDS. However, the survey showed that **men under the age of 25 were more likely to have anal intercourse without a condom as were men in a relationship.** In cities of less than one million, 40 to 42% of the survey participants reported having had unprotected anal sex in the previous three months.

René Raymond, Chair of CAS said "the results of this survey, the first of its kind in Canada, show that significant change has taken place in gay and bisexual men's attitudes and behaviours since the arrival of AIDS." Raymond went on to add "the work of the community-based AIDS movement is paying off. Our prevention programs are working." Even so,

Raymond cautioned, we must avoid complacency as AIDS is far from over. The main motivation to use a condom, said survey participants, was the degree to which they felt they had control over condom usage during sex. This would seem to indicate that **individuals need to work on their self-esteem and their ability to negotiate safer sex practices with their partner.**

Of the 4803 men surveyed 65% had been tested for HIV. Men between the ages of 26 and 35 were the most likely to take the test. The survey suggests that concerns around confidentiality and public health policies can keep men from taking the HIV antibody test. Overall, 11.8% of respondents knew themselves to be HIV positive. Although loneliness was the biggest concern for all survey respondents, men living with HIV had other concerns of greater significance. They cited problems ranging from being able to understand medical information about AIDS (3%) to feelings of uneasiness about having sex (25%).

Over the winter of 1991/1992, anonymous questionnaires were distributed by volunteers from 26 community organizations at 124 venues frequented by gay and bisexual men (bars, bath houses and community dances) in 35 cities across Canada, including Thunder Bay. Respondents ranged in age from 16 to 75 years old.

The survey was a collaboration between community organizations which serve the gay community and academic institutions, and was financed by Health and Welfare Canada under the National AIDS Strategy.

ACT-B is a member of the Canadian AIDS Society, which is a national coalition of community-based AIDS groups confronting HIV infection and AIDS.

A special **Gay Community Report on the Results of Men's Survey** is available from ACT-B, GLBTB or at the dances. The full report is available at ACT-B. For more information, call David Belrose, Education Coordinator at 345-1516.

David Belrose

WHAT'S NEW IN THE LIBRARY

Listed below are some of the new materials in the resource centre. Come in and check them out.

- *Healing and the Mind by Bill Moyers
- *Managing Your Health: A Guide for People Living with HIV or AIDS by Mark Whitehead and Brent Patterson
- *A Complete guide to Psychosocial Intervention edited by Helen Land
- *Men's Survey: The Canadian Survey of Gay and Bisexual Men and HIV Infection by Ted Myers et al
- *Ontario First Nations AIDS and Healthy Lifestyle Survey by Ted Myers et al
- *HIV + Working the System by Robert A. Rimer and Michael A. Connolly
- *Rethinking AIDS: The Tragic Cost of Premature Consensus by Robert S. Root-Bernstein
- *Men & Grief: A Guide for Men Surviving the Loss of a Loved One by Carol Staudacher
- *Living With Loss: Experiencing Bereavement, with Special Attention to HIV/AIDS by Rev. Louis F. Kavar
- *Wise Before Their Time: People from Around the World Living with AIDS and HIV Tell their Stories edited by Ann Richardson and Dietmar Bolle
- *Landscape Without Gravity: A Memoir of Grief by Barbara Lazar Ascher
- *Voices That Care: Stories and Encouragements for People with AIDS/HIV and Those who Love Them edited by Neal Hitchens
- *AIDS: The Ultimate challenge by Elisabeth Kubler-Ross
- *A Different Kind of Healing: Doctors Speak Candidly about their Successes with Alternative Medicine by Oscar Janiger, M.D. and Philip Goldberg
- *Healthy Eating Makes A Difference: A Food Resource Kit For People Living With HIV video and book from Canadian Hemophilia Society

HELP: Equipment Needed

The ACT-B Resource Library could use a VCR to supplement existing equipment. If you have an old VCR sitting around unused, please considering donating it to the library. Give us a call at 345-1516.

ACT-B ADVISORY COUNCIL

Fred Ball	Director, Public Health Laboratory
Norman Bowers	ACT-B Board Representative
Beth Huston	Director of Administration, Kinna-weya Legal Clinic
Dr. Gordon Milne	Family Physician
Bob Richardson	Businessman
Nicky Tittley	Supervisor of Infection Control, Port Arthur General Hospital

ACT-B BOARD OF DIRECTORS

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Daryle Dollan	Support Service Coordinator
Lawrence Korhonen	Office Manager
Ian Ritchie	Support Worker/Health Promoter
Michael Sobota	Executive Director

The AIDS Committee of Thunder Bay acknowledges and thanks our various funders:

- : Ontario Ministry of Health
- : Health Promotion and Social Development Office,
Ontario Branch
- : Ontario Trillium Foundation
- : All of the people involved in general
fundraising, which includes the local community,
businesses and many individual donations.

**We especially would like to acknowledge the
Secondary School Teachers Charity Fund for
their generous donation.**

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.

Membership form.

Name: _____

Address: _____

Postal Code: _____

Telephone: _____

Enclosed is: _____ \$ 10 Membership Fee
_____ \$ 25 Supporting Membership
_____ \$ Donation

Mail to:

**AIDS COMMITTEE OF THUNDER BAY
P.O. Box 24025
Thunder Bay, Ontario
P7A 4T0**

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.

Please address any comments on
reACT-Believe to:

P.O. Box 24025
217 South Algoma Street
Thunder Bay, Ontario
P7A 4T0

(807) 345-1516
9:30 a.m. - 5:00 p.m.

John Books, Editor
Mary-Lynn Bragg, Assistant Editor
Dave Myers, Layout, Assistant Editor
Ian Ritchie, Editor - Treatment Pages

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.



TREATMENT PAGES



AIDS and Our Youth: Are They Getting the Message?

It is often said that "our children are our future". The youth of today face an uphill struggle in trying to reach adulthood. Every generation of teenagers goes through more or less the same biological, emotional and lifestyle changes, but this new generation of teenagers are facing the prospects of a shrinking job market and a killer virus that is transmitted by the one remaining constant in their lives, sex.

During the last five years teenagers have been bombarded with commercials, public service announcements and advertisement posters about the dangers of AIDS and how to prevent it. We all have seen the commercials with famous rock stars warning teenagers about the dangers of AIDS. The poster campaigns stating "it can happen to you". Along with this teenagers have been bombarded with anti-drug messages. Is it possible that we have desensitized our young adults to these messages? Do they see a commercial and say to themselves "not another AIDS commercial" and change the channel? I don't know the answer to this question. One thing I do know is that teenagers are not getting the message. Recent studies suggest that teens are more educated about AIDS awareness but for some reason they are not turning awareness into prevention. A recent issue in Maclean's magazine (February 1993) illustrates this point. In a survey of 1500 teenagers aged 14 - 19, only 38% of sexually active teens say they use a condom every time they have sex. That means that 62% of all sexually active teens are not getting the message of practising safe sex and are

vulnerable to any number of sexually transmitted diseases (STD), pregnancy and of course AIDS. How many teens are sexually active you ask? Well, according to Decima research poll, 60% of teens aged 17 - 19 are sexually active. To further illustrate this point according to the latest statistics available, in 1989 there were 39,000 teenage pregnancies in Canada. This means that in 1989, 78,000 teenagers (it takes two to tango) were at risk of contracting an STD or AIDS. Another disturbing trend is the continuing increase of STD rates in teenagers. The goal of safe sex messages is to reduce all of these trends. What we are seeing is the opposite. Teenagers are not getting the message.

So the question remains. Why are teenagers not practising safer sex? Well the most obvious to everybody is that like all of us that were once teenagers, the feeling of immortality and individualism is dominant. "Who cares", "carpe diem" (seize the day), "it won't happen to me" are all expressions of feelings that most teenagers face. (I know I did). This is a difficult fact to deal with and as educators we must identify this and gear our promotion to answer this phenomena. We must convince adolescents that they must assume responsibility for their actions. Another possible reason that teenagers are not getting the message is because they don't feel that they are at risk. Our society has attempted to educate our teenagers about the spread and prevention of AIDS but, at the same time portrayed this disease as a gay or I.V. drug user disease. So of course "it can't happen to me, if I don't fit into this category" is natural. Unfortunately, the reality is that if you have unprotected sex, you are at

risk. Harsh I know but reality. Currently in Ontario alone, five people test positive for the HIV virus everyday. Our teenagers are having sex and they are at risk. I fear the day when the only option we have left to convince teenagers that they are just as much at risk as everyone else, is to fill our school auditorium with a panel of HIV positive teenagers.

The 9th Annual AIDS Conference in Berlin this year confirmed that the highest risk category for contracting the HIV virus is young people between the ages 15-24. I believe that new strategies and new programs need to be developed in order to convince young people that every time they practise unsafe sex, they are putting their life in danger. This is not just a disease that attacks certain groups, this is a disease that can affect anyone who has unsafe sex. Awareness of how to prevent the spread of AIDS is high, if only we can find a way to translate that message of awareness into action for prevention.

Ian Ritchie



In Memorium

We remember
with respect and appreciation
Tom
and
George

Therapeutic Basics For People Living With HIV Infection

Many physicians, researchers and healers now agree that the best approach in dealing with HIV infection is to start very early with a carefully planned, comprehensive program based on the latest research findings. Your program should include a nutrient-rich, whole-foods diet, nutrient supplementation to replace the nutrients that have been found to be deficient in those with HIV infection, therapeutic agents aimed at boosting the body's capacity to heal and helping eliminate symptoms, and, depending on the disease stage, the appropriate antiviral, immune-modulating, prophylactic and anti-infective drugs. In addition, the most truly comprehensive approaches include mind/body healing, energy therapies, stress-reduction techniques, and recommendations for rest, relaxation, and appropriate exercise.

According to Marcy Fenton, MS, RD, a registered dietician and nutrition consultant to AIDS Project Los Angeles, "Among people with HIV infection, malnutrition can contribute to the development of opportunistic infections, can hasten physical deterioration, and in the case of those with AIDS can be the underlying cause of death. Conversely, an aggressive, individually tailored nutritional program is crucial to slowing infection, increasing the efficacy of medical treatment and enriching quality of life....Health practitioners need to understand the relationship between nutrition and immunity, particularly among those with HIV infection. In addition, practitioners must be aware that good nutrition is not an 'alternative' therapy; it is a fundamental component of medical care". (Focus: A Guide to AIDS Research and Counseling, Vol 5, #2, Jan., 1990, UCSF AIDS Health Project)

Which Exams When?

If your T4 count is between 500 and 200 examine your options around combination and monotherapy with antiretrovirals. Some doctors like to start you on monotherapy with AZT then add ddI or ddC later on. Others begin with combination therapy. **It's your choice.**

If monotherapy with AZT fails, move on to ddI or combination of antiretrovirals. Review with your doctor any prior history of STDs or viral infection. Also consider using immune modulators such as cimetidine or naltrexone. An immune modulator is a substance that boosts or rebuilds the immune system. To date, no substance have been conclusively proven to accomplish this.

CONDITIONS	ACTION
T4/T8 COUNTS	Every three months: same time, same lab. But note that even in the best of situations, T4 counts can vary by 20%. When establishing a baseline, use the mean of three consecutive counts.
PCP	If you have more than 300 T4 cells but are symptomatic, test for active infection by inducing sputum or bronchoscopy. If asymptomatic, begin prophylaxis with Bactrim as first line of defence when T4 cells reach 200 or T4% drops below 20%.
CMV	If changes in vision occur, eye exam immediately.
HPV/Cervical Cancer	Pap smear every 3-6 months. Colposcopy if smear suggests HPV, therapy if appropriate.
Candidiasis	Local mystatin therapy, then ketoconazole, then fluconazole if candidiasis persists.
Skin Problems	See dermatologist, treat topically and aggressively.
Nutrition	Treat nutritional deficiencies through vitamin and mineral supplements.
KS	Early intervention may be better than later depending on whether KS is rapidly progressing or not. Lesions can be given topical injections with vinblastine. If they cannot be controlled topically then add systemic chemotherapy (but just enough to slow down the progression). Radiation and excision of lesions is possible. Consider CD8 expansions with interleukin 2. Also consider Doxil or DaunoXome. Liquid nitrogen can be used on flat lesions.

FROM ALL WALKS OF LIFE

On Saturday, June 12th over 122 people participated in the 5th Annual AIDS Fun Run/Pledge Walk. As a fundraiser and a running event, we were very gratified with the community response. The AIDS Committee of Thunder Bay is grateful to the many Thunder Bay businesses who have generously contributed prizes or contributed to sponsoring this event.

Lakehead Travel, Canadian Airlines, Athlete's Foot, New Balance, Marquis Marketing, Lakehead University, Confederation College, Petrone Hornak Garfalo Mauro, Atwood Shaw Labine, Microage, Finnport Inc, Finnish Bookstore, Canada Games Complex, Northern Reflections, Sports, Cineplex Odeon, All The Sports, Thunder Mountain Store, Sweet Thursday, Neebing Road House, Bailey's Sea & Ski, Beaver Lumber, Power Centre, Inter City Ford, The Keg, A & A Records (Intercity), The Lady's a Champ, Japan Camera, Collegiate Sports, Music City (Keskus), Fresh Air Experience, Petries, King's Stereo, Petal & Pots, Jeannie Tuomi, Gallery of Fine Arts, Boston Pizza, Centennial Golf, Shear Heaven, C & D Sports, J. B. Evans, Creative Croissants, Northern Reflections, Thunder Mountain Store, All the Sports, Neebing Roadhouse, Port Arthur General Hospital, McDonald's, Robin's Donuts, Kelly's Food Service Equipment, Metre Eaters Running Club, Thunder Bay Nordic Ski Club.

Thanks also go to the many volunteers of the AIDS Committee of Thunder Bay and to the Run Committee.

NEW EMPLOYEES

ACT-B is pleased to welcome the following contract staff to our team: Karen Ferland has been reengaged to coordinate our fall HIV/AIDS Regional Counselling Conference. Susan Gibbs is a S.E.E.D. summer student working as an Assistant in our education department.

Joyce and Ernie: A Tribute

There are many wise men and women who work in the fight against HIV/AIDS. The best of them utilize a combination of personal skill, courage and humour.

Joyce and Ernie are two of the best.

They came to Thunder Bay about two years ago. They contacted our Glenna McLeod, the Support Co-ordinator at that time, and quietly settled in to a rural homestead. Ernie had been HIV+ before meeting Joyce. His health status never prevented them from becoming partners, and they renewed a commitment to raising their children in a positive, healthy environment.

Shortly after they moved into town, both Ernie and Joyce decided to become more active as a couple living with HIV. During the past year, they began speaking to public audiences about living together, as a family, with HIV. Ernie volunteered to be in the "opening ceremonies" for the unfolding of the Canadian AIDS Quilt. He spoke movingly about that experience in a previous newsletter article (Winter 1993 Volume 6, Issue 1). Together, Joyce and Ernie were interested in reviving a support group and offered to host one at their home. Earlier this Spring, they joined the participants in our annual "Healthy Sex Cabaret", becoming a very sexy cupid and his love partner, selling bed roses to the patrons of the cabaret. Later this Spring, they were the catalyst for bringing together a committee to develop our first food bank for clients. They named it "Mother's Cupboard".

Personal reasons made them choose to relocate at the end of May. And it is with genuine reluctance and sadness we saw them go.

Joyce and Ernie, thank you for all your contributions while you were in Thunder Bay. We have benefited from your skills, your eagerness and your friendship. We salute you.

Michael Sobota

Volunteer of the Year '93

Ted came to the AIDS Committee two years ago. He wanted to get involved and do whatever he could to help confront AIDS/HIV in Thunder Bay. Ted was born and raised in the city, then returned after a long absence. When he first came to the agency, Ted started out volunteering on the phones, stuffing and folding envelopes, advocating for people living with HIV/AIDS, assisting with coin boxes, yard sales and special events, and so much more. Since his first involvement, he has been a dedicated volunteer, and is currently a member of the Board of Directors, the Fundraising Committee, and the Support Committee. Our bingos will always find Ted hustling those traders on the floor. Last year Ted represented ACT-B at several AIDS/HIV conferences, and was very involved in the Canadian AIDS Quilt Display. Ted is shown here honouring one of his longtime friends whose panel was part of the Canadian AIDS Quilt. During the course of his volunteering here, Ted has contrib-

uted over 700 hours, but more than that, he has given much of himself. There is a specialness about Ted that has endeared him to many of the volunteers and staff. You can't know Ted without recognizing his witty and sarcastic humour. You can't know Ted if you don't sense his sincerity and soft side. We, the staff and Board salute and honour you as VOLUNTEER OF THE YEAR! Sheila Berry, Coordinator of Volunteer Services



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UPCOMING ACT-B PROJECTS

OPENING MORE DOORS

ACT-B will be hosting a 2nd Northwestern Ontario Regional HIV/AIDS Counselling Conference. The conference, called "Opening More Doors", is open to people living with HIV/AIDS, carepartners and professionals who are or may be involved in counselling. It will take place on October 21 and 22 in Thunder Bay. For more information or to register, call Karen Ferland, the conference co-ordinator, at 345-1516.

POSITIVELY WELL

ACT-B will be co-ordinating a series of workshops/in-services for PHA's and caregivers. An interest survey is being completed by the target audience. From this, a list of subjects for the presentations will be developed and speakers booked for the series. There will be six to eight presentations, starting in the Fall and running through March, 1994.

VISION: WHAT SHOULD ACT-B BE?

A planning committee is busy co-ordinating plans for the 1993/94 board and staff "retreat". The overall content this year will be to look at a vision of ACT-B three years into the future. The retreat will take place on Saturday, September 11.

EDUCATION PROJECTS

The Education Department at ACT-B is just coming through a period of evaluation and assessment. The Needs Assessment Survey of the gay, bisexual and lesbian communities has provided much useful information, as have the preliminary results of the Education Evaluation Survey conducted by the Northwest Enterprise Centre.

Effort is now being focused on a variety of initiatives, with attention to Gay and Bisexual Outreach, Street Outreach, and Youth. An important aspect of Gay/Bisexual programs will be a Gay/Bisexual Advisory Group. Persons interested in any of these projects are encouraged to call David at the office.

Publishing is aimed at a new pamphlet designed to be a follow up to our highly successful "Healthy Sex for Gay and Bisexual Men" aimed at maintaining healthy sex. We are also cooperating with other community-based agencies in the production of material.

The Resource Library is undergoing further improvement this summer, as Susan Gibbs is working to organize our vertical files and make them easily accessible.

SUPPORT SERVICES

Ian Ritchie is working on establishing an alternative therapy resource base. The first goal is to investigate the possibility of offering massage therapy to clients by a registered massage therapist on a voluntary basis. The second project in the works and which is almost up and running is "Mother's Cupboard" which will be a food bank for ACT-B clients. Ian is also working on the "Positively Well" campaign which is designed to meet the needs of clients by offering workshops on such issues as nutrition, alternative therapies and women and AIDS.

SUPPORT GROUP

We had some interest expressed by a few PWA's about trying to get the (on-again-off-again) support group up and running. Those that were interested were instrumental in getting the group started, and in keeping it going. Many thanks to Ian Ritchie (who really hates being called "Ritchie", by the way) for his perseverance and chauffeuring abilities... and especially to Rob for his charm, wit, intelligence and general all-around-nice-guy kind of facilitating.

BUDDY SYSTEM

Yes! I know you've heard it before but it really is happening... sort of. We are more or less at the matching up stage now... the questionnaires are out to both volunteers and clients, and all that remains is some matching up, training, and (aargh!!!) paperwork. Still a lot of work to be done, but with the help of wizards like Sheila, Louise, Liz and Rob, we'll have it in place and fully operational before you can say "John Robbins", ha, ha.

**DONATIONS NEEDED
FOR
MIDNIGHT MADNESS
YARD SALE**
in August
Proceeds to the
Support fund
call 345-1516 for pick-up

IMPORTANT NOTE
OUR MAILING ADDRESS
HAS CHANGED TO:
P.O. BOX 24025
THUNDER BAY ONTARIO
P7A 4T0
OUR STREET ADDRESS
AND
PHONE NUMBER REMAIN THE
SAME



OTHER VIEWS



With Love, From Ralph

AIDS and gay men are inextricably intertwined. After the virus is defeated and there is a cure for AIDS, (yes, Virginia, that day will come!) the gay community will look back at all this with the same sense of terror and grief with which Jews remember the Holocaust. In Canada 86% of the AIDS related deaths are gay and bisexual men. Nine thousand gay and bisexual men have died from AIDS in Canada, and probably another 45,000 are HIV positive. Think about it. What would a parade of 9,000 gay men followed by another 45,000 look like? Try to fathom the loss we have known, and the loss to come: love, creativity, energy, humour, anger, beauty, passion, faith, spirit, tenderness,... these losses must fuel our zeal for prevention of HIV in the gay community.

On May 6, the results of Men's Survey '91 were released to the Canadian public. Gay communities all across Canada, including those in prairie cities participated in the survey of 5,000 gay and bisexual men, which provided one of the most sophisticated and comprehensive pictures of gay sexual life and attitudes ever completed, anywhere. Men's Survey '91 confirms things that my gut instincts have been telling me for a long time.

Until AIDS is vanquished we dare not ease up on our prevention education efforts and our struggle to create an environment that supports healthy choices for men who have sex with men.

Community based AIDS organizations that have gone through a "degaying" process in an effort to obtain broad based credibility must re-examine their priorities to be sure they haven't thrown out the baby with the bath water.

Homophobia, which robs us of our power, must be rooted out wherever it exists, but especially in community

based AIDS organizations.

AIDS organizations must redouble their efforts to develop strong peer based safer sex education programs in the gay community.

AIDS organizations must strengthen their alliances with gay and lesbian groups, agencies and business.

Safer sex education programs must become ever more sophisticated. Maybe we can't eroticize condoms after all. Maybe posters of hunks wearing condoms are not the most effective way to convert us ordinary looking types to the beauty of the condom. New approaches must be found.

On the prairies, where thousands of gay men first come out, and move to the big cities, it is crucial that AIDS education is part of their "cultural formation".

Governments must take their responsibilities for gay youth seriously. It is a scandal that the needs of gay youth remain virtually unknown and unaddressed by schools in our towns and cities. How many of us were sexually active long before leaving high school? The answer should tell you the importance of high school safer sex education that includes the needs of gay youth.

Ralph Wushke

- reprinted from AIDS Saskatoon newsletter

'you'll never be more than alive'

To what extent are our identities as gay men entwined with visions of death? I know mine is inextricably so. Horrible as this seems at first, it is something of a gift...a terrifying gift. I was around 19 when AIDS first became identified with the death of thousands of gay men. I distinctly remember saying to myself, "No, I'll never be able to come out now." Almost a decade later when I finally came out, I knew a lot more about myself and a lot more about the transmission of HIV. I was less scared. But now my fear is increasing.

AIDS is hitting closer and closer to home. I'm still afraid of dying from AIDS and I'm afraid that all my friends will die and I'll be left alone.

I know these fears won't go away; I need to process them or they will consume me. When I look outside the gay community, North America seems to be a shopping mall of cultural denial. So much is conspicuous by its absence -- death being the most obvious item.

The denial of death is evident in medical and research priorities, business ethics, consumerism and youth worship; emphasis is placed on vague, unattainable future goals to the detriment of current emotional and social needs. The price-tag for this is hefty: by denying death, we deny life.

The general denial of death, fuelled by fear and ignorance, is married to homophobia, hiding the epidemic which ravages our community. People don't want to know that we are dying because they don't want to know that they are dying. As long as it doesn't happen in their living-rooms, death won't happen. Well, like it or not, there is a virus, a truck, a stroke out there for all of us. In a sanitized, safety-wrapped world, reminders of our fragile mortality are a privilege.

The notion of safer sex, of making informed decisions about acceptable levels of risk, is central to this privilege. Awareness and risk-taking are how I, as a gay man, deal with death. I'm talking about much more than sex. We can be more aware of our personal needs and the needs of those around us.

More importantly, we can act on those needs. You see it in the clenched fist at AIDS rallies; the tender embrace at public vigils and private wakes; the fierce laughter and play of people beyond attitude; and the quiet support of caregivers -- people who live a more ferocious life. For me, it is important to connect with and sustain these isolated acts of passion, to keep taking emotional risks with the people I love.

Proud lives are not just for the dead.

Gordon Bowness

-reprinted from article in Xtra