reACT-Believe

Spring 1994, Volume 7, Issue II

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

FROM ALL WALKS OF LIFE

Boulevard is once again the site for the AIDS Committee's annual Fun Run/Pledge Walk. This will be the sixth time we've asked the residents of Thunder Bay to join us in a stroll or run and show their support for those affected by HIV/AIDS.

In the past, we have been blessed by good weather and if that holds true for this year, we expect our largest turnout ever. The 5 kilometer course will start and finish at Birch Point which was very popular last year. There is not a nicer place to test your time or walk with friends than Boulevard.

Sponsoring From All Walks of Life, in 1994 are: Molson Companies, Lakehead Travel and Canadian Airlines.

Prizes will be awarded for best times in all age categories and for preselected mystery times. There will be refreshments afterwards, plus a chance to add your artistic touch to the Big Picture Project.

From All Walks of Life is an appeal to recognise that HIV/AIDS has already affected all of us. We have lost many and it has changed our society.

From All Walks of Life is also an appeal for your financial support. This agency depends more and more on local fundraising to maintain the level of service, it offers. We hope that all of our volunteers and members will take up the challenge and collect as much as they can. Small donations do add up to grand totals.

If you collected pledges last year, we hope you will again. In 1993, thirty-four people collected over $3800. This year our goal is $5000.

The person who returns with the most pledge money will receive airline tickets for two to Toronto. Pledge sheets are available with the registration forms and from our offices, call 345-1516.

"One dollar at a time." Jennifer collected pledges going door to door in her neighbourhood, asking friends and strangers for whatever they wanted to give, one or two dollars maybe five and somtimes even more. She raised $600 in this way. You may have a different approach. It doesn't matter. Whatever is comfortable and works for you.

The funds collected help directly on the front lines of the fight against AIDS in Northwestern Ontario. So help make this year's Fun Run/Pledge Walk an unprecendented success.

Join with your friends and neighbours on June 11th at Boulevard Lake. And help us prove, " The answer to AIDS is a caring community."

Your registrarion form is on the last page of this newsletter.

Under the

BINGO!

Play. Work. Play. Win. Everybody wins.

Once a month, ACT-B hosts a community bingo at the Diamond Bingo hall (570 South Syndicate Avenue).

Over the years, this once monthly night has generated thousands of dollars for ACT-B services. It is a crucial part of our regular fundraising.

We invite you to participate. Come out and play (every night there are over fifty winners and somebody goes away with $1,000). So come out and play. That helps our attendence figures.

Or come on down and be a volunteer for a night. Tasks are simple (if you can make accurate change, you are already well trained as a bingo volunteer!). Volunteers are asked for five hours of time. Bingo volunteers are special. ACT-B hosts an annual appreciation event just for our bingo helpers.

We need your help. Come on down to play or to help the players. We'll all win.

DEAR DIARY

I went to the doctor a few months ago. I quizzed him about some blood work that I had done in October of last year. He said I probably didn't want to know the results. For posterity sake I enquired about my dreaded T4 count. It was a meagre "10". What is the norm? "1400". Who cares I say!

In 1993, I can remember at least 16 people who died of some AIDS Related Horror. I wonder what their T4 counts were. T4 counts are something that doctors use to gauge how well our immune system is at fighting infections. Three weeks ago I changed my entire drug regime. Lets see, I quit AZT, Acylovir, Hypericum, Ketoconazole and those wonderful Monostat 7 suppositories. You might ask, what is keeping the "girl" alive? The magical properties of prescription drugs and Ativan. Although in the past and present, I have identified myself as a recovering addict, so resorting to Ativan takes a lot of thought.

After five years of supporting the nice people at Wellcome Burroughs I found that I was still alive after taking AZT. I can think of at least 20 friends that have succumb to the toxicity of AZT alone since 1986. About a year and a half ago, I started using Acylovir (200mgX3). Having found out recently that this dose contains lactose, to which I am intolerant, I decided to cease this too. This was replaced by Acyclovir 300mg X3 which are lactose free. Ketoconazole and Monostat 7 go together and were replaced with Fluconazole. I should have been using this well over a year ago. My doctor at the time was cost conscious. So what if my entire digestive tract was being eaten away by candida. Save the government a few bucks, he's expendable, he's going to die anyway.

Oh, if I were only someone important. Say the nephew of one of those provincial plugs who are in power presently. Or even better, a distant relative of that Chretien fellow, or "Brian". Remember him, he made our drugs cost more. He probably got a kickback from the drug companies on the way.

Most recently I have considered amputation of part of a finger on my right hand. I could mail it to one of those provincial plugs I was talking about earlier. There is only one drug that will arrest this infection and it's not covered. The doctor informs me that it could take 3 months to get this on a section 8 of the ODBP. Meanwhile the pharmacist says it will take 6 weeks to 6 months for this medication to take effect anyway. Maybe my whole arm will fall off and I can bang on the door at the War Amp Society and get a replacement or two. White for the winter and tanned for the summer. Maybe they will even install accessories. You know, a cigarette lighter in the index finger, a cordless screwdriver in another, or maybe they could give me retractable eating utensils (Swiss Arm;y Knife etc.).

Oh, well none of this seems to apply anyhow. I have strikes against me from the start. I'm just another poor fag that those moralistic fanatics would like to toss into the fire anyhow.
Oh, and my attitude has gotten me into trouble in the past. Years ago they used to look at me and say "you're Angry". Come back when you have a handle on things. Well everyone, wake up and smell the roses. What you see is what you get! I didn't ask to have AIDS, it happened before the world knew about AIDS. People in my age group never had a chance. That doesn't make us any different than those poor innocent victims that got HIV from a Blood Transfusion. You know, the acceptable way of acquiring HIV.

There will be no memorial service for me when I'm gone. I have stipulated that in my will.
If people don't like my attitude while I'm alive I'll be dammed if I want them at a memorial service when I'm gone. So if you want to know me you will have to start soon, for time waits for no man. And be aware that Iggy and Pooh(my partner) take the majority of my time as it is. How to put a lifetime into an 8 year relationship? Perhaps I'll be around for the cure. Some days I feel like I'm holding my breath for nothing.

Today I'm alive so don't treat me like a corpse. I'm so sick of "hows Ron doing". Ask me yourself for god sake. My brain cells are still intact. But don't ask unless you want to know. For I just might tell you how it really is, without the candy coating. Time to go, Poohs getting hungry and life goes on for another day.

Sincerely Yours
Ronald H. Rogers
Person (Having, With, Living with) AIDS
Thunder Bay, Ontario.

GLOSSARY

ATIVAN used to treat anxiety and tension. May be addictive and create dependence.

AZT (also known as Retrovir or Zidovudine) This is a Nucleoside Analog, that is suppose to kill or stop the replication of HIV in the body but will not kill chronically infected cells.

ACYCLOVIR (also known as Zovirax) This is a prophylactic against recurrent herpes simplex virus.

HYPERICUM (also known as St. John's Wort) is derived from the St. John's Wort plant and has shown to have anti-HIV activity in the test tube, a synthetic form is now in clinical trials.

KETOCONAZOLE (also known as Nizoral) used as a prophylactic for candidal infections.

MONOSTAT 7 a vaginal suppository to treat yeast infections, has been used by some people orally.

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Please address any comments on reACT-Believe to:

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9:30 a.m. - 5:00 p.m.

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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.

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
Downtown North Postal Outlet
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.

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

: Ontario Ministry of Health
: Health Promotion and Social Development Office, Ontario Branch, Health Canada
: Ontario Trillium Foundation
: All of the people involved in general fundraising and the support of many local businesses and individuals.

We especially would like to acknowledge all those who contributed Art AIDS: in particular the many artists, Bearskin Airlines and McEachern Marketing also our thanks to W. Bowers for donating a fridge to the office.

CONDOMS, SAFER SEX AND ABSTINENCE

Over the past couple of years there has been a growing assault on HIV/AIDS prevention education that stresses safer sex and the use of condoms. These attacks, from such groups as "Focus on the Family" suggest the unreliability of condoms, state that there is no such thing as "safe sex", and promote abstinence as the only solution. It is important to address these issues, and offer a different perspective.

First of all, in HIV/AIDS prevention work we do not presume to tell people what to do. We try to offer up-to-date, accurate information that will allow individuals to make their own behavioral choices, based on clear understanding of potential risk.

We use the term "safer sex" to talk about a series of sexual options that reduce the risk of transmission of HIV and other STDs.

In suggesting a range of choices for a person, we talk about abstinence as a viable option, especially for those who don't feel ready for sex, or are not prepared to talk about it with their partners.

For those who are sexually active, or may become sexually active, we do promote the correct and consistent use of condoms as the most effective way to reduce risk during intercourse. What follows are facts about condoms, condensed from SIECUS Report, Oct/Nov. 1993.

THE TRUTH ABOUT LATEX CONDOMS

The Centres for Disease Control and Prevention released an update report on the effectiveness of condoms in Morbidity and Mortality Weekly Report (MMWR) on August 6, 1993 (Vol 42, No.30). The updated information confirms the federal government's 1988 recommendations for using condoms to prevent the transmission of HIV and STDs, and provides new information about consistent and correct condom use.

ARE THERE NEW STUDIES ABOUT CONDOM EFFICACY?

Yes, good news about condoms was released in the summer of 1993 in the form of two clinical studies. The research shows that latex condoms are highly effective against the sexual transmission of HIV when used consistently and correctly during sexual intercourse. Both studies monitored people at extremely high risk for HIV infection, by studying heterosexual couples in which one person was HIV-positive and the other was uninfected. With repeated exposures to HIV, condoms proved to be highly effective for couples using condoms consistently and correctly. (For more detail on the studies and other references, contact ACT-B.)

WHAT ABOUT OTHER STUDIES THAT INDICATE CONDOMS HAVE A HIGH CONTRACEPTIVE FAILURE RATE?

None of the studies which indicate a high condom failure rate distinguishes between consistent and inconsistent condom use. Additionally, the most recent study which considers the difference between consistent and inconsistent condom use shows that pregnancy rates are estimated to be as low as 2% for couples who use condoms consistently and correctly.

PEOPLE WHO ARE OPPOSED TO EDUCATION ABOUT SAFER SEX ARGUE THAT CONDOMS BREAK ALL THE TIME. IS THAT TRUE?

Condoms rarely break. When they do break, it is almost always related to user error rather then condom quality. Using out-of-date condoms is a leading cause of breakage. Other common reasons for breakage include finger-nail tears, exposure to heat or sunlight, reusing condoms, or unrolling the condom before putting it on. Mineral oil, the leading ingredient in oil-based lubricants such as baby oil, petroleum jelly and hand cream can cause a 90% decrease in condom strength after as little as 60 seconds exposure.

IS IT REALISTIC TO THINK THAT PEOPLE WILL USE CONDOMS CONSISTENTLY AND CORRECTLY?

Yes. The two new studies and several others clearly demonstrate that consistent and correct condom use is possible if the couple is highly motivated.

WHAT ABOUT MICROSCOPIC HOLES IN CONDOMS THAT MIGHT ALLOW HIV TO PASS THROUGH?

Laboratory studies prove that sperm and disease-causing organisms cannot pass through intact latex condoms. Sperm has a diameter of 3 microns (.003 mm). STD-causing organisms are much smaller - from 1/4 to 1/90 the size of sperm. Still, laboratory tests show that none can penetrate an intact latex condom. This includes HIV. Condoms are required to undergo demanding tests, including tests for holes before they are sold. If any holes are found, the condoms are discarded.

WHAT ABOUT THE USE OF NONOXYNOL-9?

Laboratory studies indicate that while nonoxynol-9, a foam spermicide, kills HIV and other sexually transmitted pathogens, there is no evidence that using it without the use of a condom is effective for preventing sexual transmission of HIV. Further, one randomized controlled trial among women identified as sex workers in Kenya found no protection against HIV infection with the use of a vaginal sponge that has a high dose of nonoxynol-9. None of the other barrier methods used by women, such as a diaphragm, a cervical cap, or the sponge has been proven effective

TREATMENT PAGES

VITAMIN SUPPLEMENTS

INFORMATION AND DOSAGES GATHERED FROM DR. LARK LANDS, DR. CHESTER MYERS, DAVID BAKER AND RICHARD COPELAND AND THE BULLETIN OF EXPERIMENTAL TREATMENTS FOR AIDS (BETA).

COMPILED BY IAN RITCHIE - SUPPORT SERVICE WORKER/HEALTH PROMOTER FOR PHA'S. THE FOLLOWING SUPPLEMENTS ARE AVAILABLE FROM LOCAL HEALTH FOOD STORES. I AM CURRENTLY NEGOTIATING FOR A DISCOUNT ON BULK ORDERS WITH **SUPPLEMENTS PLUS** OF TORONTO IF YOU ARE INTERESTED IN THIS PLEASE CONTACT ME FOR MORE INFORMATION.

ALL VITAMIN SUPPLEMENTS SHOULD BE FREE OF ADDITIVES AND PRESERVATIVES.

ALL ADDITIONS TO YOUR PROGRAM SHOULD BE MADE IN CONSULTATION WITH YOUR PRIMARY CARE PHYSICIAN.

THE AIDS COMMITTEE OF THUNDER BAY DOES NOT ENDORSE OR RECOMMEND ANY OF THE FOLLOWING SUPPLEMENTS. ALL ADDITIONS SHOULD BE MADE IN CONSULTATION WITH YOUR PRIMARY CARE PHYSICIAN.

MULTIPLE VITAMIN-	- SHOULD BE BIOAVAILABLE AND HYPOALLERGENIC - SHOULD CONTAIN CITRATES, PICOLINATES, ASCORBATE ETC. - SHOULD ALSO INCLUDE 50-100mg OF B6. B6 SHOULD BE IN FORM OF PYRIDOXAL PHOSPHATE RATHER THAN PYRIDOXINE.

VITAMINS

BETA-CAROTENE	- 20 000-200 000/iuDAY - BETA CAROTENE IS CONVERTED INTO VITAMIN A IN THE BODY AS NEEDED. - NEEDED FOR WHITE BLOOD CELL PRODUCTION AND MATURATION.
VITAMIN C	- 5-20g/DAY - BOWEL INTOLERANCE VARIES BUT USUALLY WILL APPEAR AROUND 25-30g/DAY, IF THIS HAPPENS SIMPLY REDUCE INTAKE. - PROTECTS MACROPHAGES AND OTHER PHAGOCYTE FROM OXIDATIVE STRESS. ALSO MAY HAVE ANTIVIRAL EFFECT.
VITAMIN A	- POSSIBLY TOXIC AT MORE THAN 25 000iu DAY/LONG TERM. - SHOULD NOT BE TAKEN IF YOU ARE TAKING BETA CAROTENE.
VITAMIN E	- 800-1600 iu/DAY - IMPORTANT IF ON AZT - INCREASES DISEASE RESISTANCE. - GREATER THAN 1200 iu/DAY CAN CAUSE

MINERALS

SELENIUM	- 50-200mcg/day - MORE THAN 1000mcg/DAY CAN BE TOXIC - MORE THAN 200mcg/DAY MAY SUPPRESS IMMUNE FUNCTION.
ZINC	- 25-75mg/DAY - CONTRIBUTES TO FUNCTIONING OF IMMUNE SYSTEM KILLER CELLS. - EXCESS ZINC MAY PROMOTE YEAST AND BACTERIAL INFECTIONS. - SHOULD BE TAKEN WITH 2-4mg/DAY OF COOPER.

OTHER SUPPLEMENTS

GLUTATHIONE	- 150 mg 3xDAY
NAC	- 1800-2000mg/DAY - SHOULD BE DIVIDED UP TO 3x DAY - CONVERTS INTO CYSTEINE. - MAY CAUSE IMMUNOSUPPRESSION ABOVE 2g/DAY.
COENZYME Q10	- 30-300mg/DAY - IMPORTANT IN ENERGY FUNCTION. - MAY FACILITATE NORMAL IMMUNE FUNCTIONING. - GENERALLY CONSIDERED NONTOXIC.
L-CARNITINE	- 3-6g/DAY - POSSIBLY REDUCES WASTING AND IMPROVES IMMUNE CELL PROLIFERATION. - GENERALLY CONSIDERED NONTOXIC.
B12	- 1000mcg 3xDAY (IM) SHOT. - COVERED BY ONTARIO DRUG BENEFIT PLAN (ODB).

BE WARY OF TAKING ACETAMINOPHEN-CONTAINING MEDICATIONS SUCH AS TYLENOL - TOXIC TO THE LIVER AND REVERSES THE EFFECT OF NAC.
ALTERNATIVES INCLUDE ASPIRIN AND IBUPROFEN.

REFERENCES:

BAKER, DAVID RN MSN AND RICHARD COPELAND: "STAYING HEALTHY WITH HIV" 1993.

GILDEN, DAVID: "NUTRITIONAL INTERVENTION IN HIV DISEASE" BULLETIN OF EXPERIMENTAL TREATMENTS FOR AIDS , SAN FRANCISCO AIDS FOUNDATION, MARCH 1994.

LANDS, LARK, DR: "NUTRIENT SUPPLEMENTATION NEEDS IN HIV INFECTION" 1994.

MYERS, CHESTER, DR: "THE POSITIVE SIDE" WINTER 1993/94.

against HIV.

ISN'T ABSTINENCE THE ONLY FOOLPROOF WAY TO PREVENT HIV INFECTION?

Refraining from intercourse with infected partners is the most effective HIV prevention strategy. This is an especially important message for young people. Periodic abstinence, however, carries risk for HIV infection. A 1988 National Survey of Family Growth found that 26% of people who believed they practised abstinence did not actually practice it consistently (i.e. they had intercourse). This fact has been interpreted as meaning that even abstinence has a 26% failure rate. Like condoms, for effective protection by using abstinence as a method, consistency is key.

SO CONDOMS ARE CONSIDERED TO BE AN EFFECTIVE FORM OF PROTECTION?

The Centers for Disease Control strongly support condom use for the prevention of pregnancy, STD and HIV infection.

WHY DID THE U.S. GOVERNMENT RECENTLY RELEASE RENEWED COMMITMENT TO ITS RECOMMENDATION FOR CONDOM USE? AREN'T PEOPLE ALREADY USING CONDOMS?

Actually most sexually active people are not using latex condoms every time they have sexual intercourse. For example, a U.S. national study of heterosexual adults with multiple sexual partners found that only 17% of those surveyed reported using condoms all the time.

WHAT ABOUT EDUCATION PROGRAMS ABOUT CONDOMS?

A 1992 study reported in Family Planning Perspectives found that AIDS education and sexuality education for adolescents results in decreases in the number of sexual partners and the frequency of intercourse. Having received education was also associated with more consistent condom use. Unfortunately, most programs are not very comprehensive and need to be improved greatly.

WHY WOULD GOVERNMENT PROMOTE CONDOMS WHEN THEY ARE NOT 100% FOOL PROOF?

The CDCP states that consistent and correct condom use substantially reduces the risk of HIV infection during vaginal, anal, and oral sexual activity. The government promotes many other health behaviours that significantly reduce risk, but may not entirely eliminate it. Additionally, research has provided definitive evidence that using a condom is 10,000 times safer than not using a condom.

WHAT DOES "CONSISTENT USE" OF CONDOMS MEAN?

Consistent use of condoms means using a condom with every act of sexual intercourse from start to finish.

WHAT DOES "CORRECT USE" OF CONDOMS MEAN?

Correct use of condoms means the following:

1) A new condom is used every time a person has sexual intercourse, whether it is anal, oral, or vaginal intercourse.

2) The condom is put on after the penis is erect and before it touches any part of a partner's mouth, anus, or vagina. (If the penis is uncircumcised, the foreskin is pulled back before putting on the condom).

3) The condom is put on by pinching the reservoir tip, then unrolling it all the way up the shaft of the penis from head to base. (If the condom does not have a reservoir tip, pinch the tip enough to leave a half-inch space for the semen to collect after ejaculation. Air must not be allowed in the tip, otherwise the condom might break).

4) If the condom breaks during sexual intercourse, the penis should be withdrawn immediately, and a new condom should be put on the penis.

5) After the ejaculation and while the penis is still erect, the rim of the condom should be grasped between the fingers, and the penis with the condom on should be removed carefully so no semen is spilled.

6) Water-based lubrication should be used to prevent condoms from breaking, oil-based lubricants such as Vaseline, baby oil, cooking oil or vegetable jelly should never be used with latex condoms. They can cause the condom to break.

7) Condoms should be stored in a drawer or closet, somewhere cool, dry, and out of direct sunlight. Changes in temperature, rough handling or age can make the latex brittle or gummy. Never use condoms that are damaged or discoloured, brittle, or sticky. Do not store them in a wallet or car glove compartment for a long time.

PFLAG - Parents and Friends of Lesbians and Gays

Is someone you love gay or lesbian? A group is forming to support families and friends of gays and lesbians. This is a self-help group designed to promote understanding and foster a more supportive community environment. For more information, please contact Ian at 345-1516 or Brooke at 344-8834.

1-800-268-YOUTH

Beginning May 1, the Lesbian, Gay, Bi Youth Line will provide toll-free peer support and information services within Ontario to, and concerning, youth of all cultures and abilities who may identify as lesbian/gay/bisexual/queer/two-spirited/transgendered. The lack of support for such youth is well-known, and is particularly pronounced in the isolation of Nortwestern Ontario. This service will not only provide peer support but be able to make referrals to appropriate local resources. The development of self-worth and esteem is vital to HIV/AIDS prevention work. Please help promote this service in your area, and contribute to the health of our youth. Call toll-free 1-800-268-YOUTH.

ACTIVE VOLUNTEERS NEEDED Education Committee (ACTBED)

In order to better move into the coming months and years, the Education Committee has been revived. With emphasis on social marketing, community development, and continuing outreach, we expect to use the committee to be a major part of the development of ACT-B education programs. Our target audiences include gay/bisexual men, youth, injection drug users, women, aboriginals among others. Immediate priorities are the first two, in line with the Ontario HIV/AIDS Plan to the year 2000. My hope is that the committee will develop and take on prevention and education projects using a health promotion approach. This is your chance to get involved and make a difference. Call for details.

AIDS COMMITTEE OF THUNDER BAY

An Open Message...

...To Gay Men and Lesbians in Northwestern Ontario:

With courage and compassion, gay men and lesbians have contributed to the community response to AIDS in Northwestern Ontario. Your efforts are making a difference, here at home and around the world. Take care of each other...take pride in yourself.

Everyone Can Help

You, your friends, neighbours, co-workers - all of us together have been affected in some way by this global epidemic. We can continue to care for each other in many ways: assist someone who is HIV positive, or work to increase awareness and understanding in our community.

To find out how you can help, contact the AIDS Committee of Thunder Bay, the resource centre you can rely on. We share your concerns about AIDS. We are proud of the work we've done together.

act

Call us or write:
AIDS Committee of Thunder Bay (ACTB)
P.O. Box 24025
Downtown North Postal Outlet
Thunder Bay, Ontario, P7A 4T0
(807) 345 1516

Providing resources and leadership for Northwestern Ontario

Food Bank

Well our Mother's Cupboard food bank is getting low again. If you wish to make donations to our food bank, please call Ian or drop off your donations at the office. Thanks, Ian.

Women and HIV Project

Congratulations to Liz Walker, who has been named key contact person in Northwestern Ontario for the National Women and HIV Project. Liz invites all those women who are infected or affected to contact her for more information at (807) 345-4687.
Or you can contact the project co-ordinator Karen Potts of Edmonton at (403) 488-5742, fax (403) 488-3735.

Working Group

This is a call for PHA's to form a working group to organize this years "Positively Well Project". We hope to have 4 to 6 sessions this year. If you have an interest in this, please contact Ian at 345-1516.

OAN Grants for PHA Projects

The Ontario AIDS Network is facilitating funding for regional PHA projects.

There are guidelines for how these grants are awared as well as application forms. Guidelines, forms and the application process were all reviewed and approved by the PHA caucus of the OAN.

Information and materials are available at the ACT-B office. Phone 345-1516 and ask for Ian.

The Shape of the Future

At a board and staff retreat, held for a full day on January 29 and an additional evening on February 16, the possible future for ACT-B began to take shape.

Working with facilitator Karen Maki, the board and staff reviewed the strengths and challenges presented by the agencies current goals and objectives. This was followed by imagining what ACT-B should look like three years down the road. This lead to an exercise listing what actions/directions the agency should move toward.

At the follow-up evening "sequel", facilitated by Keith Nymark, board and staff voted on what they believed the priorities should be for the coming three years.

Top priorities were "Social Marketing and Self Promotion" and "Care For The Caregivers". These were followed by "Balancing the Budget", "Expanding Client Services", "Diversifying the Financial Base", "Community Development" "Maintaining Existing Services to Clients" and establishing a "Committee to Look At Physical Plant and Equipment Needs".

These broad categories will be developed into more specific detail by the board and/or appropriate committees. These priorities will guide our practical evolution over the coming years.

Michael Sobota

Final Positively Well Session Dr. L. Lands and C. Myers

The final session of the positively well program finished with a bang. Dr. Lark Lands and Dr.Chester Myers gave a fantastic presentation on HIV and Nutrition. The pace was fast and a lot of information was shared.

One of the most interesting pieces of information that was reported was that for people who are on Acyclovir 200mg tablets, as a prophylaxis and lactose intolerant you should switch to the 800mg tablets because the 200mg tablets of Acyclovir contain lactose but the 800mg do not.

Dr. Lands also recommended:
- a prophylaxis dose Acyclovir of 2400mg/day (consult physician).
- B12 shot (Intramuscular 2cc).
- Fluconazole for the treatment and prophylaxis of thrush instead of Ketoconazole.
- a low fat diet instead of a high fat diet
- use of Peptimine or Nutrin 1.0 instead of Boost or Ensure, which contain sugar which in turn feeds Candidiasis.
- recommends NAC 1500mg/day.

All of the above treatments should all be done in consultation with your primary care physician. This presentation was extremely practical and full of useful information, we hope to bring them back again next year.

Ian Ritchie

Volunteers and the STARS!!

Our volunteers are as varied as grains of sand, patterns on snowfalkes, stars in the universe, each wonderfully unique. And I suppose, if I could count all the volunteers throughout time, they would number as many as the stars. Their deeds shine as tiny beacons in a world so busy, complex and sometimes dark.

If I run the risk of sounding a little soppy about these special people, I mean to. For they are most valued and appreciated: by staff, and some are staff, by clients, and some are clients, and by the Board, and all Board members are volunteers. Without our volunteers we could not keep up with increased demands on services and fundraising. We would not have seen our Buddy Program become a reality. We could not do so many things so well.

So, in case you forget to stop and know how important you are and how brightly you shine in confronting HIV and AIDS in our community and area, let me remind you and thank you for your support. You are special, very special.

Thank you so very much.
Sheila, Volunteer Coordinator

THANKS

The AIDS Committee of Thunder Bay would like to thank all those who made Art AIDS: Put Yourself in the Picture, our first annual art auction, the success it was.

We salute the assistance of Bearskin Airlines, CBQ Radio, the Thunder Bay Art Gallery, MacEachern Marketing, the many local businesses which contributed to the silent auction and our loyal and hardworking volunteers. We are especially indebted to over 50 of Thunder Bay's finest artists and craftspeople who gave so generously of themselves.

With a net revenue of $6,200, the auction was our most successful fundraising event ever. The winner of the Linda Lundstrom LaParka raffle was Sheelagh Lehmberg.

Thanks also to Karen Ferland for organizing the Lappe Ski day in February.

Doctor Double Bill and his talented staff need to be commended for another superb evening of entertainment in his tropical waiting room. This year's Cabaret was irreverant, steamy and enjoyed by all.

FROM ALL WALKS OF LIFE

MOLSON

Canadian

LAKEHEAD TRAVEL AGENCY LTD.

Things you need to know:

When: *The race starts at 10 a.m. sharp, Saturday June 11, 1994.*

Where: *Boulevard Lake (Birch Point)*

Registration: *To register, mail in your registration to the AIDS Committee of Thunder Bay, P.O. Box 24025, Downtown North Postal Outlet, Thunder Bay, Ontario P7A 4T0. (Please do not send money through the mail.) Or, at the AIDS Committee office at 217 S. Algoma Street. Remember to sign the Liability Waiver and to indicate whether you would like a T-shirt or baseball cap.*

Race Kits: *Race Kits can be picked up at the AIDS Committee office, on Thursday & Friday, June 9 & 10, between 5 p.m. and 7 p.m. They will also be available on race day at 9:00 a.m. at Boulevard Lake.*

Divisions:

Men and Women

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

Entry Fee: *$15.00 - non-refundable. $2.00 for those under age 16 (no T-shirt or cap with lower fee).*

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

Entry Deadline: *Applications must be received no later than 5 p.m., Friday, June 9, 1994. No late registrations will be accepted.*

Sponsors: *Molson Companies, Lakehead Travel & Canadian Airlines.*

Registration Form

*Name*_____

Age (As of June 11) _____

Address _____

City _____

Province/State _____

Postal/Zip Code _____

Phone ( ) _____

*Club/School*_____

*Gender: Male*___ *Female*___

T-Shirt Size: *or* *Cap:*___
Large _____
X-Large _____

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 any manner arising from my participation in the FROM ALL WALKS OF LIFE 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