# Women are getting AIDS too.


**Feature article . . .**
**Women & AIDS**
**by Dr. J.R. Fernandes** ____ Pg 1

Free Poster! ____ Pg 2

Stress ____ Pg 3

Questions from the Phoneline ____ Pg 4

Tidbits ____ Pg 5

Anger & Virulence ____ Pg 7

Volunteers! ____ Pg 8

Discrimination ____ Pg 8

You Can't Get AIDS From This Newsletter ____ Pg 9

N.W.O. Outreach ____ Pg 10

Condom Cops ____ Pg 10

True Confessions ____ Pg 10



*Re* ACT-B *elieve*

**The AIDS Committee of Thunder Bay Newsletter**

**Spring 1990** **Volume III, Issue II**

# Women & AIDS

by Dr. John R. Fernandes, M.D., FRCS(C)

Infection of women with HIV creates a unique set of medical and social problems. Since most women who are carriers of the AIDS virus are in their child-bearing years the immediate impact of this disease has a long term impact on children and prospective generations. Future problems include potentially adverse effects of HIV related infections on: pregnancy, maternal health, as well as perinatal infection resulting in HIV infected children. Also, the social impact on the care of children born to ill or dying women also needs to be addressed. This article will focus on transmission in women, the impact of HIV on pregnancy and pregnancy outcome, and will also address some of the social implications from a public health point of view.

As of February, 1990, there have been 3523 reported cases of AIDS in Canada with 1460 cases coming from Ontario. Of these 1460, 996 have died. It is estimated that women account for approximately 6.9% of all reported AIDS cases. In the United States, 1.0 - 1.5 million people are estimated to be carriers of the virus and 69,000 - 103,000 women are estimted to be HIV positive (estimates based on statistics from 1987). This number is known to have increased during the last few years. Recent trends have indicated the rate of increase in homosexual males is levelling off. However, rates of increase for women and heterosexual men are still increasing *exponentially*. The first reported heterosexual transmission was in 1983. Since then numerous studies have described HIV transmission was a partner infected as a result of using intravenous drugs but more recently it is a partner infected as a result of previous sexual transmission.

The risk of acquiring HIV in long term heterosexual relationships is uncertain. However, the cumulative rate of infection in female partners of infected intravenous drug abusers has been reported to be significantly higher than among female partners of bisexual men or blood recipients. The presence of genital ulcerations, as seen in syphilis and herpes, in any infected individual will increase the likelihood of HIV transmission to uninfected partners. Vaginal intercourse is responsible for most cases of heterosexual transmission to women. However, receptive anal intercourse still may increase the risk of infection in women. Women tend to under-report receptive anal intercourse as compared to homosexual men. Therefore, actual risks for women are difficult to completely ascertain as the natural history of HIV infection in women has been poorly studied to date. The clinical picture is similar to men with similar opportunistic infections. Interestingly, women who are HIV positive have recently been found to have a higher incidence of cervical cancer compared to non-infected women.

Despite early reports, pregnancy does not seem to have a detrimental health effect on women who are carrying the AIDS virus, but it does pose major social problems. Some women

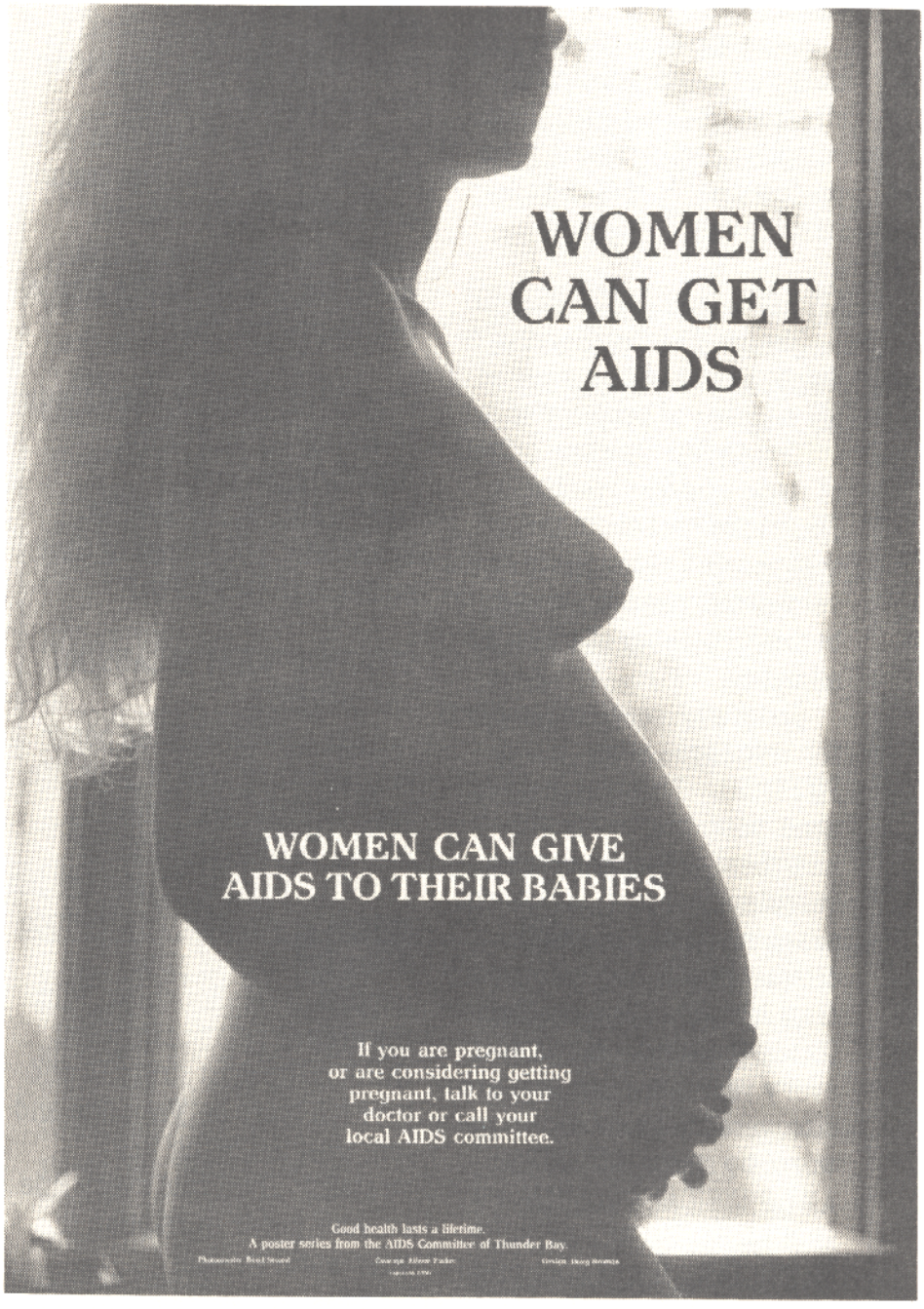
women with HIV+ status do seem to have babies of lower birth weight and are at risk of delivering prematurely. This may be related to other factors which come into play when discussing these pregnancy outcomes, specifically the use of intravenous drugs. There is clear evidence that there is a risk of transmission of HIV and HIV antibody to the developing fetus. There have been sporadic reports of abnormal fetuses in HIV+ women but no specific pattern of abnormalities has yet been clearly described. *The risk to the fetus is that almost 100% will have HIV antibody present in their blood* but this is antibody transferred from the mother and not manufactured by the baby. *Approximately 50% of babies will be infected with the virus itself and of these, almost all will die of AIDS within two years.* Women who are infected and ill will not necessarily be able to care for their infants especially if the baby is also ill. As a society we will need to deal with the custodial care and parenting of both ill and healthy babies born to HIV women who subsequently die.

Education of the general public concerning the risks of HIV to women must be continued if we hope to arrest the progress of this disease. We have already seen the positive results of educational efforts in the change in behaviour of many homosexual men. If the general population can follow suit, advances may be made.

# Free posters!

**Women can get AIDS** is a new poster available free to all health professionals and agencies. This poster promotes awareness of AIDS, and communication between a woman and her doctor. This poster is part of the series, "Good health lasts a lifetime", produced by the AIDS Committee of Thunder Bay.

- Contact Darcia Kohuska, Education Coordinator at 345-1516 to order one for your office.
- AIDS Committees: This poster is available at the discounted price of $2.00 per poster.
- Also in this series: NEGOTIATE, a poster for gay and bisexual men. Check the next issue of ReACT-Believe.



# Stress

by Chris Mather H.B.S.W.

Stress and how to manage it are hot topics these days. Despite all the attention being paid to it, feeling stressed out is still one of the most frequent concerns people raise in counselling.

Although a counsellor can help you to pin-point your stressors and deal with them, you don't really need to see a professional to reduce your stress level. Here's how:

STEP ONE: ARE YOU STRESSED?

I know, I know, that sounds dumb, but you'd be surprised at the number of people who are suffering fairly strong effects of stress and don't realize it. The tricky part about this is that people's reactions to stress vary greatly and stress can lie behind a number of physical ailments.

Generally, reactions to stress fall into three areas:

PHYSICAL: This can include: acne, pounding or racing heartbeat, arthritis, cerebro vascular disorders, high blood pressure, gastrointestinal disease, headaches, respiratory disorders, and sleep problems. Quite a list, and it seems as if every year more illnesses are discovered to be caused or made worse by stress. OF COURSE, ANY PHYSICAL PROBLEM SHOULD BE CHECKED BY YOUR PHYSICIAN. It is thought that susceptibility to a particular stress related disorder is genetic. So if your mother had an upset stomach every time she had a visit from your bitchy aunt, it could be that a stressful event for you will show up in the same way.

EMOTIONAL: Assess your emotional well being. Do you feel anxious, nervous, full of dread, fearful, sad? Do some days seem too much to cope with? You need to be very careful in this area of assessing yourself. Stress can quickly turn into a clinical depression which should not be self treated. If you decide that you are suffering from depression, and not just feeling down, speak to your doctor or call ACT-B for a referral to a mental health professional.

COGNITIVE: Finally, assess your thinking for any of the following patterns: forgetfulness, mistakes in arithmetic, poor sense of time, mistakes in judgement.

STEP TWO: WHAT IS CAUSING THE STRESS?

Take a piece of lined paper and list every area of your life, such as work, sex, finances, school, family, children or romantic partner. Make the list as long as you can, and include a line for each of your important relationships. Pick the area or relationship you think is the most stressful and give it a score between one and ten, with ten being VERY stressful. Then rate every line on your paper in relation to your worst stressor.

STEP THREE: PLANNING

Having identified what is and isn't causing you stress, decide what to do about them. Your non-stress areas are easy to deal with. Pay more attention to them, cultivate them and nurture them.

The high stress areas are more difficult. For each one of these ask yourself, "Is this something which I can eliminate from my life?". If it is, get rid of it. An example would be if you have a friend who calls all the time and brags, just avoid that person. Even while reading this article you've probably realized that most of your stressors are not so easily dealt with. These will fall into two groups, the ones you can do something about and the ones you just have to grin and bear. I believe that there are very few which fall into the latter group. Such examples would be having a serious illness or caring for someone with a serious illness. For this type of stressor it is necessary to make lifestyle changes which will be discussed in the next issue of ReACT-Believe. For now lets look at things you can do something about.

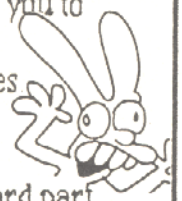
Pick just one or two of these stress causing problems to tackle first. Go easy on yourself and don't try to deal with them all at once.

Brainstorm some ideas on how to tackle the problem and write them down, one idea per line. Remember that brainstorming is a creative process intended to generate lots of ideas. Don't judge your ideas, write down even the impractical ones. You can ask trustworthy people for their

ideas too, as long as you respect your own opinions as much as theirs.

Then, take a break for an hour and do something different.

Review your list and mark all the possible ones. Consider each of these options and ask yourself, "Knowing the kind of person I am, and the resources I have, which of these ideas would I be most likely to be successful at ?" Don't hurry this step. Sleep on it or talk to people you trust. When your choice is made, break down your idea into a plan made up of small steps. At this point a counsellor can help you to be aware of useful community resources.



STEP FOUR: ACTION!

Now comes the hard part. People often feel relief at having devised a plan but never put it into action and therefore stay stuck. No plan is any use while it is still on paper. One way to avoid this is to give yourself a small reward every time you complete a step.

If you have a trouble with devising or implementing a plan to deal with a stressor, call ACT-B and we'll help with a referral to the many community resources available to you. You'll find that success breeds success. Once you've eliminated one source of stress you'll have more confidence to deal with another. As I said above, problems which generate stress but which you are not able to do anything about require that you come up with some stress reducing lifestyle strategies. Next issue will feature a column about these including: deep muscle relaxation techniques, meditation, visualization, monitoring negative thinking and asking for help.

## Questions from the Phoneline

### I want to get the AIDS test, where can I go ?

The "AIDS test" is actually an HIV antibody test. It does not test you for the disease called AIDS. The test looks for antibodies that your body produces when a person has been exposed to HIV (the virus that is believed to cause AIDS).

POSITIVE _____

If the antibody test is positive it means that you have been exposed to HIV. It does not mean that you have AIDS, or that you will necessarily ever have AIDS. It means that you carry HIV and that you can transmit HIV to other people.

NEGATIVE _____

If your test is negative, it means either that you have not been exposed to HIV, or that you are in what is called the window period. This is the time between exposure to HIV and when your body has produced enough antibodies to be detected in the HIV antibody test. This window period varies, but the average time is about 6 weeks. Don't get tested earlier, you will probably test negative even though you may be carrying the HIV virus.

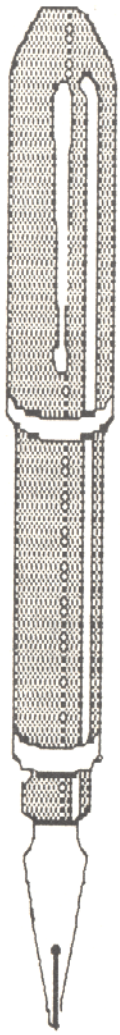
The HIV antibody test also includes pre and post test counselling. This is essential, as you want to be sure you understand what the test is all about, what behaviours may have put you at risk, and what you are going to do after your result comes back.

If you have a doctor you feel comfortable with, go to that person for an HIV antibody test. If you don't want to do that, you can go to the health unit in your area.

In Thunder Bay, The District Health Unit's STD Clinic hours are Monday and Friday from 4:30 - 6:00 p.m. or you can call ACT-B for more information and counselling.

AIDS Information Phoneline - 345-7233

Special thanks to *Erb Transport* for cheerfully moving a hospital bed. Thank you for all your help!



# *Tidbits . . .*

## Groups & Agencies . . .

Are you interested in an AIDS presentation?

We can talk to your staff, community group, classroom, clients or to the general public about AIDS - what it is and what you need to know to prevent exposure.

We can also talk to you about work place concerns, safer sex or maybe you have a specific area you want to know more about.

For more information, contact Darcia Kohuska, Education Coordinator at 345-1516.

## Free brochure!

With new photos and design, the reprint of our successful brochure, Healthy Sex For Gay & Bisexual Men is now available. Pick up your free copy at the ACT-B office at 285 Bay Street.

## To all AIDS Committees . . .

We discovered gold circle coin condoms. They look similar to the chocolate coins you used to buy when you were a kid. They're a real novelty! You can order them from:

Safetex Corporation
1100 Valley Brook Avenue
Lyndhurst, New Jersey
07071

## Women & AIDS . . .

Our Resource Centre Library is located at 285 Bay Street. Books may be borrowed for 3 weeks.

*Making It - A Woman's Guide to Sex in the Age of AIDS* by Cindy Patton & Janis Kelly

*Advice For Life - A Woman's Guide to AIDS Risks & Prevention* - by Chris Norwood

*AIDS - The Women* - by Reider & Ruppet

*Video - Her Giveaway - A Spiritual Journey With AIDS*- The story of a Native American Indian woman living with AIDS

Video - *The Complete Guide to Safer Sex*

## AIDS & the Workplace . . .

AIDS in the workplace is becoming an issue for many employers and employees.

If you would like information, or are forming a workplace policy around AIDS, call us. We can help.

Also, in our library we have:

*Understanding AIDS*
A personal handbook for employees and managers. by Mark A. Katz

*Managing AIDS in the Workplace*
by Sam B. Puckett & Alan R. Emery

*HIV/AIDS in the Workplace*
from the Information & Privacy Commissioner/Ontario

Video: *AIDS: the workplace facts*

. . . . . .

## Congratulations! . . .

All of us at ACT-B would like to congratulate Doug Broman. On March 10, at a gala evening at the Valhalla Inn, he won Thunder Bay's most prestigious media award, the Thunder Bay Press Club award for *Best Feature - Television*. Doug was given the honour of *"Best story in 1989"* for his original documentary on a gay family and their strug
entitled "Ken".
lived with Ken
family for two
Christmas.

The story was j
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## Environment . . .

This newsletter has been printed on recycled paper. We ordered the paper from:

The Paper Source
Fallbrook, Ontario
K0G 1A0 (613) 267-7191

They offer a wide variety of paper and envelopes. The paper is of good quality. Also some printers in Thunder Bay have recycled paper available.

## Planning Forum . . .

ACT-B Support Services will be holding a Planning Forum Thursday, April 5, from 1:00 p.m. to 4:00 p.m. at the Thunder Bay Yacht Club. Refreshments will be served. AIDS is a debilitating disease requiring many facets of care - emotional support, counselling, daily living assistance and dealing with stigmatization and discrimination.

We need your input to make a coordinated response for the needs of the community we serve.

Please confirm your attendance with Chris Mather, H.B.S.W., Support Services Coordinator at 345-1516.

## WINNER! . . .

The winner of our Open House door prize of 1/2 dozen Bedroses is Ain Raitsakas, Science Instrumentation Laboratory, Lakehead University.

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Doug is a co-founder and Advisory Council member of ACT-B. "Ken" was produced by Doug Broman and a crew of volunteers at MacLean Hunter Cable 7.

Ken was a friend of ACT-B who died September 11, 1989.

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To view "Ken", contact ACT-B at 345-1516.

## ACT-B Calendar . . .

| | |
|---|---|
| March 21 | Board Meeting |
| March 26 | Support Services Committee meeting |
| March 27 | BINGO! |
| April 12 | Education Committee meeting |
| Friday 13 | Good Friday, The ACT-B office will be closed |
| April 17 | Support Services Committee Meeting |
| April 18 | Board meeting |
| April 24 | BINGO! |
| April 26 | Volunteer Get-together |
| May 5 | Volunteer Recognition: Awards & Certificates |
| May 10 | Education Committee meeting |
| May 15 | Support Services Committee meeting |
| May 16 | Board meeting |
| May 22 | BINGO! |

For information on any of these events, contact the ACT-B office at 345-1516.

## Notice . . .

The AIDS Committee of Thunder Bay is looking for new additions to our volunteer force. Training is provided. Contact the Volunteer Coordinator at 345-1516.

## Gay Mens Discussion Group . . .

All gay & bisexual men are welcome to meet the third Thursday of each month. An informal evening to talk, share, listen . . . Coffee & snacks are served. Call 345-1516 for more info.

## Does someone you love have AIDS or is HIV+? . . .

The AIDS Committee of Thunder Bay (ACT-B) offers caring, supportive counselling for individuals and groups. Support Services also include assistance with daily living tasks, transportaiton, dealing with government agencies, as well as emotional support.

Contact Chris at 345-1516. Appointments outside the agency and evenings are always available.

All enquiries are confidential

# *YOU ARE NOT ALONE*

by

**Michael Sobota**

## ANGER & VIRULENCE.

Just when we thought we had made progress in explaining that you cannot get AIDS from casual contact, that is, AIDS is not contagious, along comes someone who wants to legally suggest that it is.

A recommendation has been made to lump AIDS in with that grab bag of virulent diseases including plague, leprosy and tuberculosis.

Dr. Richard Schabas, the Chief Medical Officer of Health for Ontario, has recommended that AIDS be reclassified from a "communicable disease" to a "virulent disease".

He has explained that he made the recommendation so that those few individuals who, after counselling, persist in putting others at risk of exposure to HIV infection/AIDS, will be dealt with through a health institution quarantine rather than a criminal quarantine.

He has also taken his case to the media and fumbled it. By mistake or intent, he has left the impression that condoms are not useful tools in the prevention of HIV infection, that his quarantine proposal could be applied to anyone who is infected and continues to have penetrative sex and that there is no recourse now in dealing with "reckless" individuals but jail. In a letter of clarification to the Toronto Star, he suggests there is something wrong in being a working prostitute. All of this is being swathed in the catch phrase that "this is the public health response."

The result has been a wave of anger, dismay and quickly escalating feelings.

Strong reactions are not only justifiable but necessary in response to such wide swinging misinformation.

There are three distinct issues here:

1. If Dr. Schabas's position is indeed "the public health response", then public health's credibility is severely wounded. What Dr. Schabas said, what he intended, and what his clarifying statements mean all need to be addressed. Misinformation is rampant.

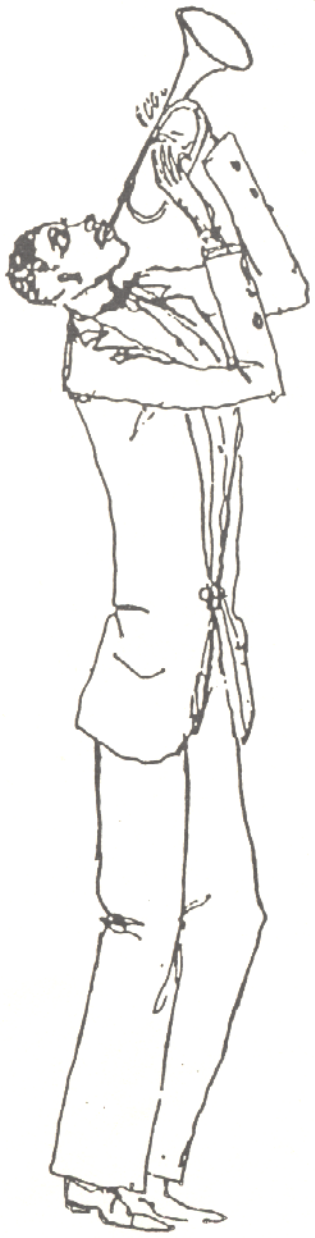
2. The passionate and angry response is real, and a separate issue. It has been a stance of Public Health in the past to dismiss such anger when it involves their policies. This is dangerous and puts at risk all of the good will and cooperation developed over a decade of struggling against AIDS in Ontario.

3. The appropriate way to address those individuals who persist in putting others at risk of HIV infection/AIDS needs to be settled. This is a serious issue with wide ranging impact. It should not be decided without consultation of affected parties including member groups within the Ontario AIDS Network, PLWA's themselves and the Ministry's own Ontario AIDS Advisory Committee. Until now, only the OAAC has been asked to comment on Dr. Schabas' recommendation.

I am concerned about how we will be able to continue working together in the future. In many ways, how this issue is dealt with will demonstrate just what degree of flexibility and trust we have for each other.

If the Minister will assure us that this issue will not be decided quickly and not only on a public health recommendation, I think we can all take a necessary breath. Then we can get on with the proper research and analysis that needs to be done to make a just and effective response.

# Attention all volunteers!



The honour of your presence is requested at:

| | Date | Time | Place | Duties |
|---|---|---|---|---|
| Client Support | Immediately | During Day | Client's home | preparing a meal |
| Office Support | Mon & Wed | During Day | ACT-B office | Computer, typing, labelling, stuffing envelopes |
| Events | March 27 | 6 - 10 p.m. | Diamond Bingo Hall | Selling bingo books |
| | April 24 | 6 - 10 p.m. | Diamond Bingo | Selling bingo books |
| Committees | April 12 | 5:15 p.m. | ACT-B office | Education meeting |
| Appreciation | April 26 | 7:00 p.m. | ACT-B office | Volunteer Get-together |

ALSO NEEDED: Any volunteer interested in sitting on a Planning Committee to host the Ontario AIDS Network (OAN) in July. The first meeting will be in the second week of March. This commitment will require attending 8 - 10 meetings between now and July.

We are looking for billets for members attending the OAN in July as well.

Anyone interested in volunteering for any of the above or would like more information, please **call Linda at 345-1516.**

# DISCRIMINATION

## Have you been discriminated against because of your HIV/AIDS status (real or perceived)?

Do you know someone who has been? We'd like to know the details. You don't have to give your name. But it is important that we have the information so we can record all cases and use this documentation to lobby for changes to human rights legislation and discriminatory practices.

We're looking for instances of discrimination in employment, housing, access to health care, access to public services, treatment in correctional facilities, etc...
Contact Chris Mather, H.B.S.W., Support Services Coordinator at 345-1516.

# Get the Facts . . .

# Call the AIDS Infoline at 345-SAFE, that's 345-7233

- from 8:30 a.m. to 5:00 p.m. our staff and volunteers will answer your questions.
- after 5:00 p.m. listen to an informative taped message.
- you don't have to give your name

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## ACT-B Advisory Council

| | |
|---|---|
| Fred Ball | Director, Public Health Laboratory |
| Darlene Binette | Coordinator, Community AIDS Program |
| Doug Broman | Producer, Thunder Gay Magazine |
| Nicky Clark | Infection Control Supervisor, P.A.G.H. |
| Mickey Hennessy | City Councillor |
| John McDonald | Lawyer |
| Mary McKenzie | Coordinator, Palliative Care, McKellar Hosp |
| Marie Portier | Residential Care Worker |
| Eleanor Richardson | Educator & TVO Regional Liaison |
| Steve Roede | Family Physician |

## ACT-B Board of Directors

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| John McDonald | Director |
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| Barbara Reid | Director |

## ACT-B Staff

| | |
|---|---|
| Linda Gambee | Volunteer Coordinator |
| Darcia Kohuska | Education Coordinator |
| Lawrence Korhonen | Office Manager |
| Karen Maki | Fundraising Coordinator |
| Chris Mather | Support Services Coordinator |
| Eileen Parker | Communications/Outreach Coordinator |
| Michael Sobota | Executive Director |


If you would like to be on our mailing list call (807) 345-1516 or write to:

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


ACT-B is a member of the Ontario AIDS Network and the Canadian AIDS Society/La Societe Canadienne du SIDA. (Charity #0779330-11)

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. If you have any questions or comments please contact the Editor, Eileen Parker at (807) 345-1516 or write to P.O. Box 3586, Thunder Bay, Ontario, P7B 6E2. Our office is located at 285 Bay Street. We are open from 8:30 a.m. to 5:00 p.m.