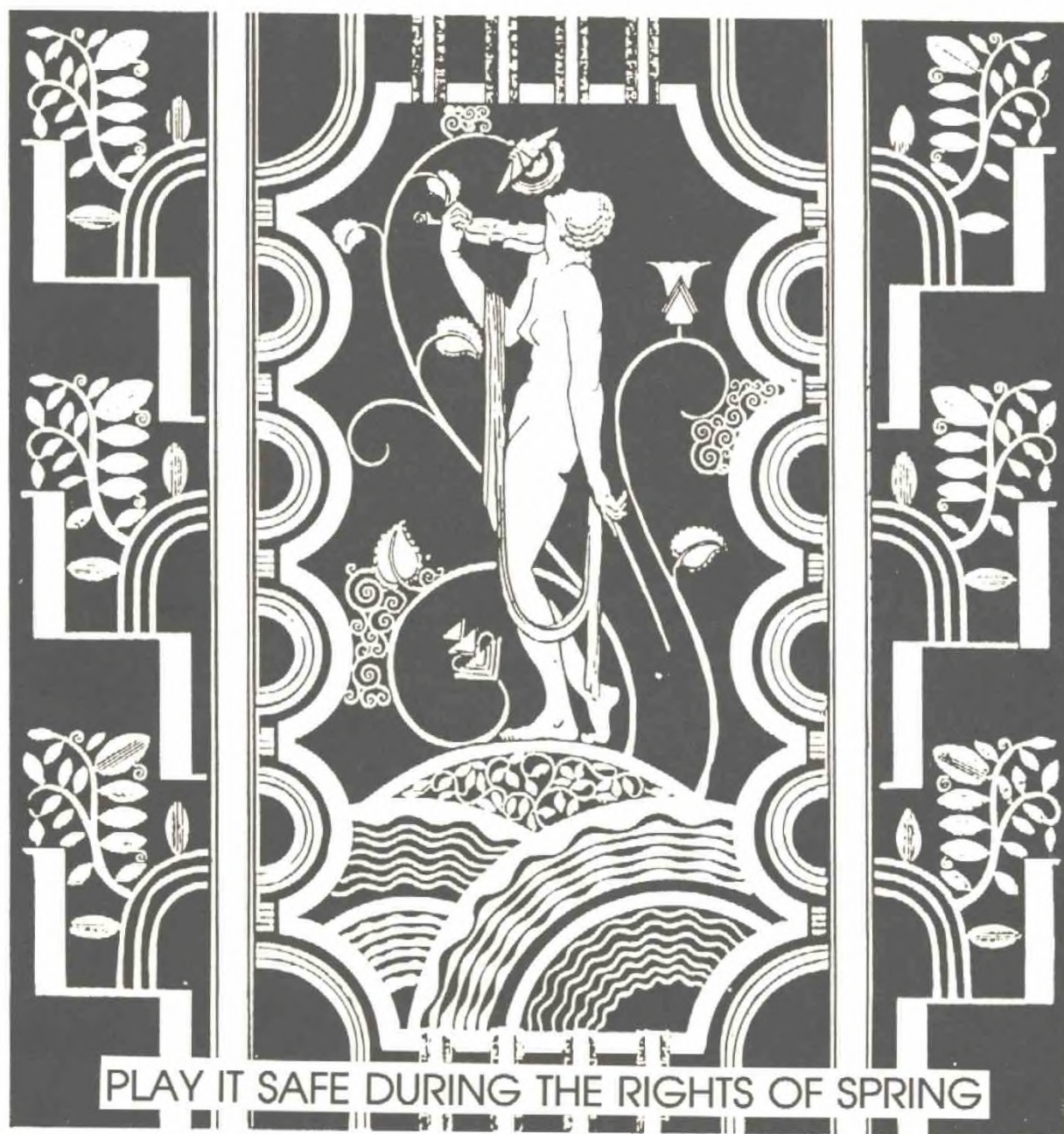


reACT-Believe



The AIDS Committee of Thunder Bay

Spring 1992, Volume 2, Issue IV

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

GET READY! GET TESTED! ANONYMOUSLY!

After years of advocacy by ACT-B and sister organizations in Ontario, anonymous testing for HIV antibodies will be available at various sites throughout the province.

What does this mean?

Testing for HIV antibodies has been available since 1985. A positive test result (being HIV +) must be reported to public health in Ontario. That means that your doctor or the STD Clinic (two of the most frequent sources for testing in Thunder Bay) would have to report your name if you had a positive test result, even if they "assured you of confidentiality". The rationale for reporting your name has traditionally been to do contact tracing, or what is now commonly called "partner notification".

The likelihood of contact tracing having a major impact on the spread of HIV/AIDS is questionable. And it has always depended on the cooperation and honesty of the individual being tested.

You may have heard some health care workers say that anonymous testing has always been available, that this is not new, that all you had to do is make up a name, lie when you go for the test, etc. What is interesting is that it has been those same individuals who have

resisted making anonymous testing official.

We have always believed you have a right to know your health status concerning HIV/AIDS without having to name yourself to public health. Or to lie about it.

Well, now it's official. You can request an anonymous test and not give any identifying information about yourself. If you are considering being tested, we suggest you request an anonymous test.

The anonymous testing service will initially be available through the Thunder Bay District Health Unit STD Clinic. It is important that this not be the only available site, and we are continuing to work on alternative locations, in cooperation with TBDHU staff. ACT-B will keep you informed of how and where to access anonymous HIV testing through its newsletter, as well as special promotional materials.

You should be aware that, if you test HIV +, and then seek treatment from a doctor, the doctor still must report your name to public health. We are working with the Ministry of Health to change that reporting requirement.

For now, accurate, candid and up to date information coupled with sensitive pre and post test counselling is what you should expect and demand, wherever you are being tested. If you don't receive that, please call us. We can help you.

OGDEN-EAST END COMMUNITY HEALTH CENTRE PROGRESS REPORT

The Centre has taken several steps towards becoming operational since the announcement of funding by the Ministry of Health in April 1990. We are now located at 607 Simpson Street and from this temporary base we hope in the near future to be able to provide health services to the Ogden-East End Community which will include health promotion, illness prevention and primary health care. Our staff is at present very actively getting to know the community, discovering the resources available and discovering what services residents feel are important. We welcome enquiries, suggestions, visits, new members and potential volunteers.

Our staff at present consists of: Janice Hewson, Executive Director; Debbie Inman, Administrative Assistant; Alison McMullen, Health Promoter; Darwin Bakke, Outreach Worker; Lorraine Thomson, Community Health Nurse; Kelly Lyytinen, Receptionist and Lori Trelinski, Medical Secretary.

Our physician, Dr. Christine Peat will be joining us in April. Expanded services in our permanent location are of course still some time off. As soon as we have finished the planning work which is now underway, we will be able to start providing health care with a difference to the Ogden-East End Community.

Here we grow again!!!

ACT-B is soon to take occupancy of Phase Two of the Resource Centre. This new addition to the office will house a Board Room (which will also be used for Education and Volunteer Training Sessions), a classroom/activity room for Support Services and much needed supply storage. The expansion will bring the Centre's total space to a comfortable 2,700 square feet. Even though we have been at our new location for over nine months, plans are in the works for an official opening. No date has been set but we'll keep you posted. We may even be able to have the Minister of Health in attendance.

Vision ON!!!

Recently the Board and Staff held a one day development workshop on planning. While we didn't exactly develop a plan, good work was done at reviewing and revising our Mission Statement and Goals.

At the last Executive Committee meeting it was suggested that material from the workshop could be the ground work for a visioning session at the next Annual General Meeting in November. The agency will bring in a skilled outside facilitator to lead us in a bit of a dreaming exercise about what the agency should look like and be doing three to five years from now. This will be a great opportunity for the members to get involved in shaping our future. The last time this was done was over four years ago and the agency achieved those plans.

Some Board and Staff members are involved in some preparatory work now. Look for updates in following newsletters and be ready for an evening of "seeing the future" in November.

On line with D.I.S.C.

In January ACT-B subscribed to the Disability Information Services of Canada (DISC). This service is a computer network funded by the federal Secretary of State. It is based in Calgary. The network is for individuals with any disability or organizations to use for communicating, sharing information about treatments or news and informing people of upcoming conferences or events across Canada.

ACT-B's Education Coordinator helped to set up our computer so we can communicate with other groups. The Canadian AIDS Society and the Ontario AIDS Network have also joined DISC and individual agencies are coming on line. AIDS is a new component to DISC but it will sure to be a very active part of the network in the near future.

DISC is available for clients if they wish. If there are computer knowledgeable volunteers out there that wish to learn how to use it and train others on how to use the system please call the office and speak with Lawrence.

DONATIONS WANTED

We are looking for donations to make up gift baskets for clients who are hospitalized. If you can contribute any of the following, please drop them off at the office or call for pick-up.

- baskets (any type)
- ribbon or other decorative items
- paperbacks or magazines
- small puzzles or games
- any item you think might make a neat addition to a gift basket

We will be adding perishable items, such as candy and cookies, as the baskets are put together.

Thank you for helping add a little cheer.

NEEDS ASSESSMENT FOR SERVICE USERS

The ACT-B Support Services Department, in conjunction with the Volunteer Department, is compiling and analyzing information about client needs. The information is being gathered in a simple survey of current clients who access our services.

The goal of the survey is to gather up to date information about what ACT-B services clients use, what ACT-B services are not used and why, as well as what additional client needs exist that are not being addressed.

The information will help planning Support Services for the future. Survey results are coming in and the analysis stage is beginning.

Glenna MacLeod, Support Services Coordinator and Sheila Berry, Volunteer Coordinator, thank all of the respondents who participated in the survey.



Gallois' Revelation

"If you put tomfoolery into a computer, nothing comes out but tomfoolery. But this tomfoolery, having passed through a very expensive machine is somehow enobled and no one dares to criticize it."

Please give us your feedback! Comments, concerns, compliments and criticisms about the newsletter, our publications, or about any aspect of the agency. You can phone or mail. You can remain anonymous if you wish. We'd like to know your comments in order to improve on weak points, and continue to deliver our strong points.

Thank you to the agencies and individuals who have given us their comments. They are greatly appreciated.

Write to: AIDS Committee of Thunder Bay

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

(807) 345-1516

9:00 a.m. - 4:00 p.m.

John Books, Editor, reACT-Believe
Anne Ciemny, Assistant Editor

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.

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Glenna McLeod	Support Services
Michael Sobota	Executive Director

HOW TO BE A LOCAL HERO



MAKE GIVING A FAMILY AFFAIR

Local Heroes know that when everyone in your family helps decide which causes to support, everyone shares in the rewards of giving.

Make giving a part of your family plans and family budget. You'll all be Local Heroes.

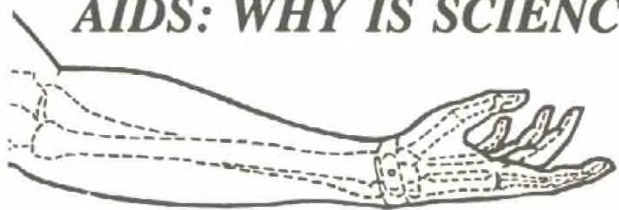
A New Spirit of Giving 

SUPPORTED BY

THE TRILLIUM FOUNDATION



AIDS: WHY IS SCIENCE FAILING?



Below are reprints of two newsletter articles which point to a concern with widely accepted theories of what HIV actually is. The articles do not dispute the means of transmission or prevention. They do call into question the process by which disease progression occurs in the body.

*The first is an edited English translation of an article which appeared in the October 12, 1991 edition of the Jornal da Tarde, Sao Paulo, Brazil. Reprinted from **Vancouver PWA**.*

Written by B. Elswood and Drs. R. Stricker and W. Neves.

What is Human Immunodeficiency Virus (HIV) really doing in AIDS? From the days of Koch and Pasteur, Western medicine's approach to the treatment of infectious diseases has traditionally been to identify the causative organism and then to develop a treatment to inactivate that organism.

When AIDS came on the scene in the early 1980's, the same paradigm for treatment was applied: first, find the causative organism, then develop a strategy to neutralize it.

HIV was first isolated from the blood of AIDS patients in 1983. It was identified as the cause of AIDS in 1984. This retrovirus was found to infect a cell of the immune system called the CD4 "helper" T lymphocyte, or T4 cell. Based on this finding, an industry was born which has now grown into multi-

billion dollar operations expressly for the purpose of finding a strategy to neutralize HIV and to prevent it from infecting T4 cells. Since macrophages have also been found to be infected by HIV, it was thought that the same strategy should address both T4 cell and macrophage infections in a preventative vaccine or antiviral regimen.

Unfortunately, this paradigm of AIDS is fraught with inconsistencies that have not been addressed by the HIV industries. First, the number of HIV-infected T4 cells and macrophages is actually minuscule (less than one in five hundred), far too small an amount to account for the catastrophic cell loss seen in AIDS. Second, the long latency period of AIDS, now thought to be as long as 8-12 years, cannot be explained by the simple HIV infection model. Third, subtle defects in T4 cell activation are seen long before there is any

significant reduction of T4 numbers in the blood, and long before the onset of overt symptoms.

At least three other paradoxes are not explained by the standard model of HIV infection. First, AIDS patients appear to be resistant to most ordinary colds and flues in which immunoglobulin protection is involved. Second, use of steroids (which are immunosuppressive) has shown benefit in treatment of PCP and in other AIDS-related pathologies. The highly immunosuppressive drug, cyclosporine, has also transiently increased T4 cells, when, under the popular model of the disease, it should have actually done the opposite. Third, a small percentage of long-term HIV-infected individuals have never developed clinical symptoms, or, if symptoms have appeared, it is only swollen lymph glands. Among these long-term survivors, a common blood trait is that they

usually have significantly elevated levels of CD8 suppressor T cells or T8 cells. These patients seem to remain asymptomatic as long as their T8 cell count are elevated and regardless of T4 cell levels, which may in fact be very low.

Given these inconsistencies and paradoxes, the model of AIDS as a disease of progressive HIV infection and destruction of T4 cells is severely wanting. However, the leading scientists and researchers charged with finding solutions to the epidemic still cling exclusively to the singular, narrow HIV model of disease progression. They have been dismissive and generally scornful of any alternative model of the disease even when presented with evidence.

A recent report in a prominent European immunology journal demonstrates convincingly that the crucial targets of HIV infection are the Langerhans cells of the skin and the dendritic cells of the blood. What this important finding means is that the entire AIDS industry has, hitherto, been basing its therapies on the wrong target cells and the wrong model of disease causation. If HIV doesn't kill Langerhans and dendritic cells, is there an alternative model of disease to account for the pathogenesis of AIDS? The answer is yes. AIDS is an autoimmune disease.

Autoimmunity is a disease condition caused by a persons immune system attacking that person's own body organs. Examples are rheumatoid arthritis (and immune attack on joints) or myasthenia gravis (an attack on the nervous system). Recently, another autoimmune condition called Grave's disease was diagnosed in President and Mrs. Bush in the U.S.

Mounting evidence indicates that AIDS is also autoimmune in nature. The key feature in AIDS however is that rather than attacking some other organ system of the body, the HIV-altered immune system is actually engaged in attacking itself. In particular, the immune system attacks its own foundation, the Langerhans and dendritic cells.

Langerhans cells, upon encountering a virus or other infectious agent, immediately take it up and migrate through the lymph vessels to the regional lymph nodes where they begin maturing into the dendritic cells found in the blood and spleen. Dendritic cells present this antigen to T4 cells. Thus any pathogen encountered by Langerhans cells is eventually telegraphed to the entire immune system, stimulating the resting T cells into immune activity.

Research indicates that AIDS is not an immune "deficiency" per se, but actually begins as an overstimulated or

overheated activation of the immune system. Once an infection has occurred, and after a sufficient number of LC/DC have become infected (the so-called latency period), LC/DC send out faulty immune activation signals. The resultant disorder is reflected in the qualitative immune dysfunction known as AIDS-related complex. It is soon followed by a quantitative dysfunction because the infected LC/DC are now seen as "foreign" or "not-self" by the rest of the immune system. Unless arrested and reversed, this process breaks exponentially into terminal AIDS. Once the autoimmune process is underway, the original triggering agent (HIV) is no longer involved in the disease and can for all practical purposes be absent (the hit and run effect).

Hundreds of thousands of lives have been lost due to wrong assumptions about HIV's role in causing AIDS, and wrong assumptions about the best strategies to treat it. The deadly implication of their error only seems to reinforce the hesitancy of those in charge of AIDS clinical research to change directions. It seems just too awful to admit. And that is why science is failing in the battle against this disease.

What is now needed is not the development of more antiviral drugs, but new immunomodulators of the LC/DC system, and treatment strategies to autoimmunity while allowing restoration of proper immune function.



AIDS Pathogenesis: Introductory, Background Articles Published

by John S. James



This article was reprinted with permission from AIDS Treatment News, a twice-monthly newsletter. AIDS Treatment News provides the most accurate, up-to-date treatment information available as well as examining public policy issues. Available by subscription. To request more information write to ATN Publications, P.O. Box 411256, San Francisco, CA 94141 or call either 800-TREAT-1-2 (800-873-2812) or 415-255-0588

The pathogenesis of AIDS, or how the disease actually develops, was widely neglected during most of the epidemic, but has recently become a major focus of research. The early "conventional wisdom," that HIV infects T-helper cells and kills them, resulting in immune deficiency because of the loss of these cells, was generally accepted without much thought, and is still the basis of AIDS-education material for the public. This theory has a number of problems, however, especially: (1) Only a small fraction of T-helper cells are infected at any one time in persons with latent HIV infection or with AIDS, and the body could easily replace these cells; and (2) the theory does not explain the long delay in the development of disease, with an average of about ten years between infection and AIDS. Over the last few years it has become clear to researchers that much was unknown about how the virus actually causes disease in the body.

The issue is important because the old theory only suggested one basic approach to fighting AIDS - stopping the virus. There were also thoughts about "boosting" the immune

system, but without an understanding of how this system had been damaged, it was difficult to design rational therapies. Even the development of antivirals was hindered because it was not known which cells were most important in the infection.

Today there are a number of newer theories of pathogenesis. Most of them focus on how HIV could kill T-helper cells indirectly, other than by infecting them. These new theories are not mutually exclusive; it is likely that several of them may be true. To the extent that they are supported by new findings as more research is done, they may help guide efforts to develop treatments to greatly reduce the damage caused by HIV, as well as to design better antiviral drugs.

A recent article in *The New York Times* ("How AIDS Smolders: Immune System Studies Follow the Tracks of HIV," by Gina Kolata, March 17, 1992) provides an accessible introduction to several of the newer theories of pathogenesis, including:

* Infection of lymph nodes. This theory suggests that

HIV primarily infects T-helper cells which are in lymph nodes, not circulating in the blood. This infection has tended to be overlooked, because it is harder to measure in clinical trials, since lymph-node biopsies would be required.

* Dendritic cells. these immune-system cells, in the skin and mucous membranes, are more easily infected by HIV than T-helper cells. They may be a major reservoir of infection, and pass it on to the T-helper cells.

* Superantigens. Antigens are substances, often produced by bacteria or viruses, which are capable of stimulating an immune response. Ordinary antigens will not do so unless they match two different parts of the T-cell receptor (a molecule on T-helper or T-killer cells) called the alpha and beta chains. In any one individual there are many different kinds of alpha and beta chains, and they are combined at random in different T-cells, giving many millions of different combinations. Most antigens, therefore, are selectively recognized by only a few of the of the many T-cells in the body.

Superantigens, produced by some bacteria and some viruses,

attach to the beta chain only; this process commonly kills the cell, by unknown mechanisms which may involve overstimulation. A single superantigen can therefore kill the whole class of cells with a given beta chain, since it does not matter what the alpha chain is.

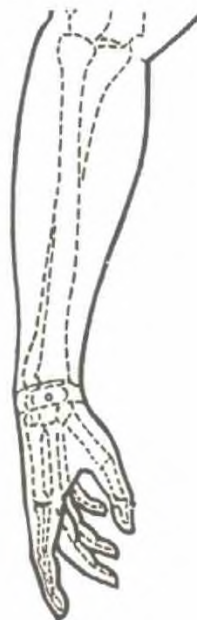
It is suspected that HIV can produce a superantigen, although this is not known for sure. Mutations of the virus could cause changes in the superantigen, destroying cells with one kind of beta chain after another. Recently a research group at the University of Brescia in Italy found that certain beta chains were missing in the T-helper cells of persons with HIV, although the alpha chains were normal, strongly suggesting that a superantigen was killing the cells. ("Selective Depletion in HIV Infection of T-Cells that Bear Specific T Cell Receptor V Beta Sequences," by L. Imberti and others, *Science*, November 8, 1991, pages 860-862.)

* Programmed cell death (also called apoptosis). It is believed that when T-cells develop, they have a "suicide program" built in, as part of the body's means of allowing the immune system to distinguish "self" (its own proteins and other potential antigens) from "non-self" (foreign substances, usually from bacteria or viruses). According to a theory called clonal deletion, which is becoming widely accepted, random variations in inherited genes cause the development of many millions of different T-cell receptors in any one individual; this group of many different

kinds of cells would cause an immune response against the body's own cells as well as against an invader. But at a certain stage of development, immature T-cells are killed in the thymus if they are activated by any antigen. Since only the body's own antigens are present then, any cells which are activated at that stage are killed (by their own suicide program), leaving only cells which will not attack the body. It is possible that HIV causes abnormal recurrence of this suicide program later, in mature cells.

There are several other theories of AIDS pathogenesis. One important possibility is that HIV causes autoimmunity, an abnormal immune response against other cells in the body - perhaps against immune - system cells.

[Note: for background on the clonal deletion theory, see "How the Immune System Learns About Self," *Scientific American*, October 1991, pages 74-81.]



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

WE SALUTE OUR VOLUNTEERS

Volunteer Appreciation Week
April 27th through May 02, 1992

From Sheila:

As we at the AIDS Committee of Thunder Bay are well into another calendar year, we can look back proudly on 1991 at all our accomplishments, and feel grateful and glad that we logged over 4000 volunteer hours. These hours were given freely by our talented and dedicated volunteers, in a multitude of activities; committee work, board meetings, bingos, office support, client support, special events, yard sales, education displays, bedrose making, and endless list of tasks that maintain a high level of service to the Thunder Bay District in confronting HIV/AIDS and advocating for and supporting people both infected and affected by this disease.

In the coming year, I am asking for your continued support. There are greater challenges before us as we realize a larger fundraising commitment, and a growing HIV/AIDS presence in our city and surrounding area.

I will take a moment to recognize some of the volunteers who have made significant contributions in the year of '91.

Rick Atkinson-for keeping the rest of us in "check", for his committee work, and his laugh.

Joanne Books-for her board and committee work, all the extra stuff she gets talked into, and for cleaning up all leftovers in the office, and for her sense of humour!

Norm Bowers-for everything!! Enough cannot be said about the multitude of things this guy does. Norm is retired, but he's still working! Board member, coin-boxes, client support, office support, committees, Guy Friday.

Marion Bowers-for supporting Norm in his work here and for hanging in with the Nevada Tickets at bingo.

Anne Ciemny-for being so-o-o efficient, so-o-o dedicated, so-o-o organized, so-o-o positive. Anne is also retired but nothing slows this gal down. She's great!!

Denyse Culligan-for bringing the SECOND CUP to ACT-B's events, and providing us with excellent teas and coffee, for continuing to be a supportive member.

Karen Ferland-for lending her bookkeeping skills and for helping us throughout the year.

Dr. John Fernandez-for his support!
Maria Fiorot-for helping out at special events, and for hanging in at the Casino, when she had get up at 5 a.m.

Brian Holden-who's always available for artistic consultation and other related tasks.

Susan Ivany-Board Member, committees, a real mean Casino dealer and driving force to bring the Canadian Quilt to Thunder Bay in Oct. '92.

Ida Korhonen-for being versatile in her volunteering, bingos, phones, education booth, committees, yard sales, special events.

Loretta Kwasnieski-who put her talents of massage to work for clients.

David Lawrence-for driving clients to appointments and being a source of support, and those bingos!

Gail Linklater-for her patience and understanding on support issues, and for sitting on the Board.

Lornie and Tina-for making a new volunteer, Kayle Landon, and for their help at bingo, and other various tasks, **Tina** for help with reception, and cutting client's hair. **Lornie** for his muscles.

Sonya Matijek-for co-facilitating the support group for Family, Friends, and Carepartners, and for helping out at Special Events, Nevadas at bingo, and her sewing and craft skills.

Theresa Michano-for assistance with the Quilt, bingos, education, and little surprises.

Jeannette Munshaw-for her expertise and calm while serving on the board and other committees. Any news yet?

Carol Nicholson-for her efforts in education, sitting on the current board, her computer skills, and her easy going manner.

Cathy Powell-for all her work on the Canadian AIDS Society's Fundraising

Committee, assistance at bingo, Candlelight Vigil, Volunteer Appreciation, Christmas Baskets, committees, etc. What a gal!

Bob Richardson-for his work on the Fun Run/Walk and fundraising efforts.

Diane Roberts-President of the Board of Directors, works bingos, special events, signs cheques, and has a good ear whenever called upon.

Willie Roberts-for those early morning airport drives, for being so instrumental in the ACT-B relocation, for finding unusual acts for our Safer Sex Cabarets.

Ted Romanowski-for help with phones, coin-boxes, sitting on the Board, bingos, and special events.

Melanie Shaw-for phones, stuffing, Christmas Baskets

Laura Spiller-bingo calling with a smile!

LaVerne St.Pierre-for helping out at the office, bingos, special events, Christmas Baskets.

Mike Topp-for his tremendous efforts in raising pledges for the Fun Run/Walk, and ongoing support for clients.

Debbie Whistleward-for her ongoing efforts in education, through distributing pamphlets, condoms, and talking to people about HIV/AIDS prevention.

To those who regularly have helped out with reception; **Carla Armstrong**, **Leona Bergkvist**, **Terri Cupello**, **Brad Hetsler**, **Nell Kivipelto**, **Wendy Luck**, **Melanie Shaw**, **Justus Zela**.

To our **GREAT BINGO CREW!!!**

To Staff who also put in volunteer hours in Fundraising, Support, and Education.

To volunteers who have baked for our events.

To all the volunteers who helped with the **FUN RUN/WALK Oct. '92**.

TO ALL ACT-B VOLUNTEERS WHO HAVE HELPED US TO COME THIS FAR!



A Look at AIDS Service Organizations in Ontario

The AIDS Committee of Thunder Bay is participating in a research study which will examine AIDS service organizations in three cities in Ontario: Thunder Bay, Hamilton and Toronto.

The study is being conducted by Dr. Roy Cain, who teaches in the school of Social Work at McMaster University in Hamilton. The project is funded by the National Welfare Grants Program, Health and Welfare Canada.

The project will examine how AIDS service organizations have changed over time and the social forces which have shaped their development. The study also aims to identify the struggles faced by these organizations and the problems they confront.

Dr. Cain says "By comparing the information from the three groups, this study will help show how geography and social setting impact AIDS services in various communities. An important aim of the project is to identify the common issues and struggles of AIDS organizations. At the same time," he adds, "we want to show how the local context in which the organizations operate can create special challenges for workers."

Dr. Cain expects to finish his examination of the three Ontario groups by December 1992. A preliminary report will be prepared by the end of the year. He then hopes to look at

three AIDS organizations in Quebec during 1993, with a final comparative report expected to be completed by the end of 1993.

AIDS: THE BRIGHTER SIDE

Having worked with my people in regards to the issue of AIDS, I have been amazed to see that we are not so afraid. There are however, some communities that are just beginning to realize this disease can happen to anyone at anytime.

I have been doing workshops on AIDS and have found out that those who have had previous presentations were given the "doom and gloom" approach and did not like what they heard. For the most part people want a positive approach, ie. Education = Prevention. They also do not want to be talked down to. I for one believe that death is not such an uncommon spectre for reserve and urban Natives alike. It is sad in a way that we have become so used to having someone pass on. We've had about 500 years of experience on that matter.

The condom demonstrations have been one highlight. I have watched our older people struggle to accept rubber usage. They willingly accept this challenge. There have been many times when I have laughed with them as they process their changing attitudes. When explained properly and respectfully, there seems to be less of a threat to the moral issues of those involved.

The growing number of aboriginal PLWA/HIV sharing their experiences has helped to illustrate the risk situation. Some people have stepped forward to say their Native spirituality helps to ease their fears and that has also helped them to survive longer.

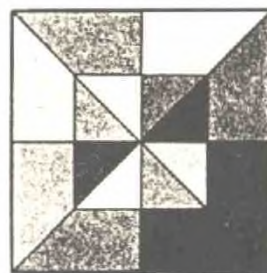
Although I have spoken of Natives in general, it is important to note that AIDS strikes everyone the same way. I have only explained what is happening at the present time. Next year, the story will be different, hopefully it will be better.

Gabriel Kakeeway

KEEP AN EYE OUT



FOR THE QUILT



MANY VOLUNTEERS

WILL BE NEEDED

NEWS FROM THE EDUCATION DEPARTMENT

SO YOU WANT TO BE IN TELEVISION

This fall and winter will be an exciting time for ACT-B as we make a return to television. Maclean Hunter Cable 7 Television has agreed to the production of a series of TV programs. Starting in October with coverage of the Quilt display, the series will continue monthly through to April. A mix of pretaped and live shows will provide a way for us to promote our services and reach large numbers of people.

This venture will take a lot of cooperative effort - creating, writing, producing, appearing on-air, doing production work (camera, audio, electronic graphics, etc.). No experience is required, as Maclean Hunter will provide the necessary training.

As the series develops, we will be promoting it. So watch for it. If you think you might be interested in being a part of it, give us a call.

PROGRAM EVALUATION

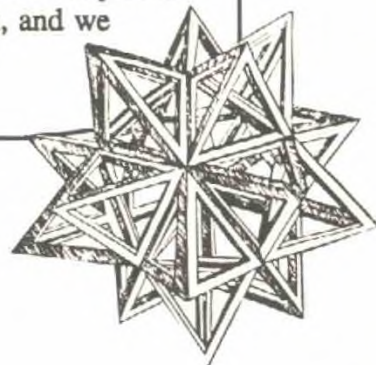
Over the rest of this year, we will be evaluating our education and prevention programs. We need to sharpen our focus, to get the best results for our efforts. If you have any comments or suggestions to make, please write or give us a call.

OUTREACH TOUR 1992

Part of ACT-B's commitment to education has been outreach to communities throughout Northwestern Ontario. The Spring Outreach Tour for 1992 will involve some 36 presentations in 21 communities. This has been an important service over the past few years, but this will be our last outreach tour with current funding. In the future, presentations and workshops outside Thunder Bay will be possible only on a cost-recovery basis. Our thanks go those who have participated, and we hope you will carry on the important work of prevention and education in your communities. We continue to be available as a resource.

"TAKING CARE: A GUIDE FOR CAREGIVERS"

The AIDS Committee of Thunder Bay is pleased to announce the publication of our newest publication. "Taking Care: A Guide for Caregivers" is a booklet designed for families, friends, lovers, and carepartners of people who are living with HIV infection or AIDS. Written in an easy to understand manner, the booklet covers a wide range of basic information, and offers direction to additional resources. With a focus on local resources, we believe this will be of use to any person or family dealing with HIV infection or AIDS. The booklet is available at a cost of \$2.00 per copy, or \$1.50 per copy on orders of 20 copies or more. Tax and shipping are extra. We believe this to be a useful publication, and we welcome your inquiries.



The QUILT is Coming to Thunder Bay

October 8 - 11, 1992

to the P.A.C.I. Gymnasium

The AIDS Committee is bringing the Quilt to Thunder Bay to raise awareness of HIV/AIDS in our community. This will be both an educational event and a fundraiser for the agency.

What is the Quilt?

It began as the Names Project in San Francisco in 1987 as a response to the human tragedy of lives lost to AIDS.

The Canadian division of the Quilt is housed in Halifax, Nova Scotia.

It first toured in 1989, and continues to travel throughout Canada.

Consisting of over 400 panels, it represents only a small percentage of those people who have died from AIDS in Canada.

Each panel is lovingly commemorated to a lost friend, son, daughter, sister, brother, mother, father, friend or partner who has succumbed to AIDS.

The Quilt is truly a work of art; a mosaic fabric representative of the diversity and uniqueness in each of us.

The panels serve not only as loving memories, but also as tools to convert ignorance and insensitivity into understanding and compassion.

VOLUNTEERS are needed for events leading up to bringing the Quilt here, and also for on site responsibilities, such as opening ceremonies, shifts during the display, closing ceremonies and cleanup, attendance and publicizing, etc. If you want to be a part of this great event, call Sheila at 345-1516.