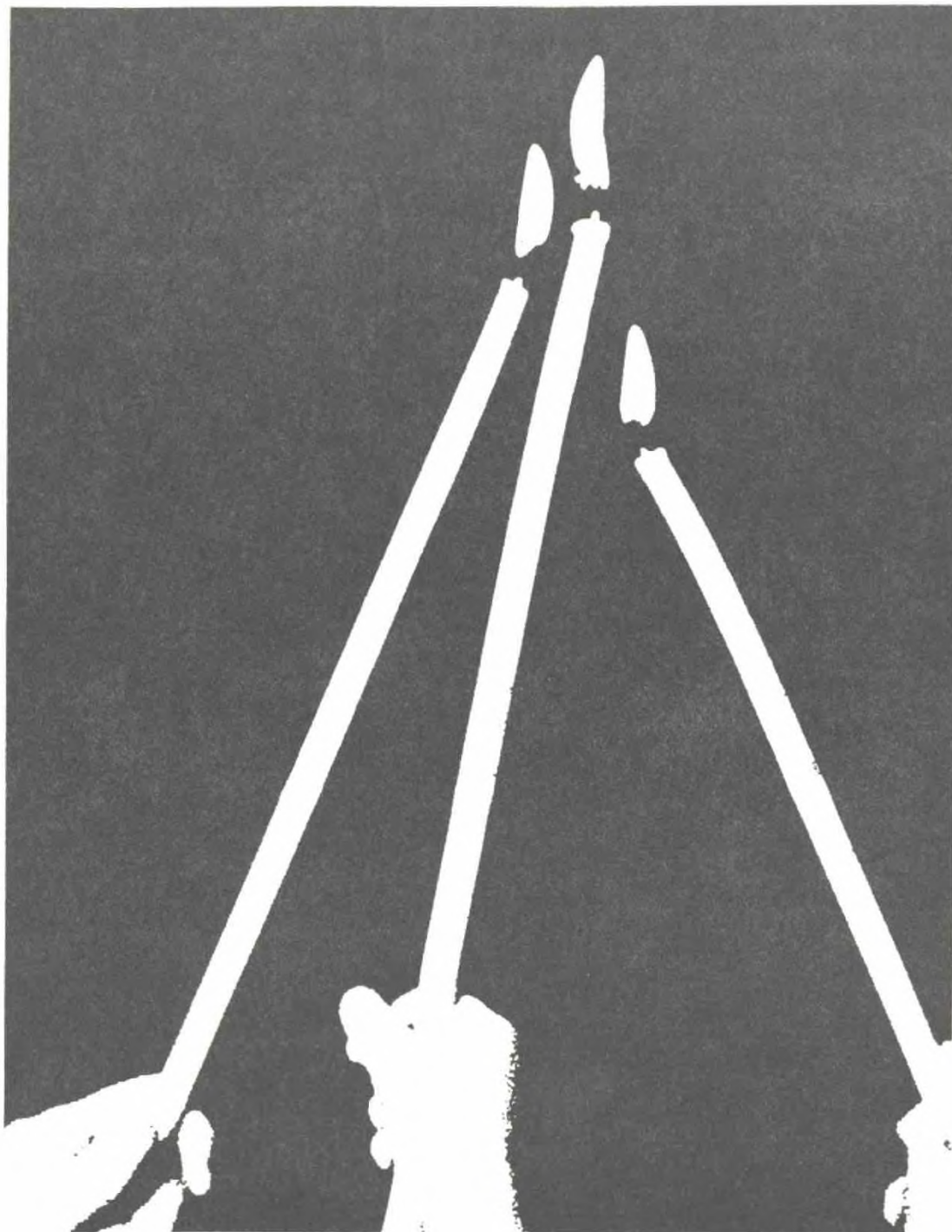


reACT-Believe

Fall 1992, Volume 5, Issue IV

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



**No More Fear
No More Ignorance**

AIDS AWARENESS WEEK CALENDAR OF EVENTS

SATURDAY, OCT. 3rd

Fun Run/Pledge Walk

Boulevard Lake at 9:00a.m.

SUNDAY, OCT. 4th

AIDS Awareness Week Brunch

Lakehead University-Outpost 11:00a.m.

MONDAY, OCT. 5th

Tree Planting Ceremony

Marina Park at 12:00 noon.

AIDS InfoNight for Youths

Thunder Bay Multicultural Centre 7:00p.m.

TUESDAY, OCT. 6th

Puppets Against AIDS & Mini Cabaret

Prince Arthur Hotel at 8:00p.m. Tickets \$5.00

WEDNESDAY, OCT. 7th

Puppets Against AIDS Indian Friendship Ctr.

Satellite location only, 704 McKenzie St., 8:00p.m.

THURSDAY, OCT. 8th

Opening Ceremonies - The Canadian AIDS Quilt P.A.C.I. at 8:00p.m.

Puppets Against AIDS

Lakehead University-Day performance

FRIDAY, OCT. 9th

Student Day/Quilt

9:00a.m. to 4:00p.m., P.A.C.I.

Public Viewing/Quilt

4:00p.m. to 9:00p.m., P.A.C.I.

Puppets Against AIDS

Confederation College-Day performance

SATURDAY, OCT. 10th

Public Viewing/Quilt

9:30a.m. to 9:00p.m., P.A.C.I.

Candlelight Vigil

7:30p.m. Assemble at P.A.C.I.

SUNDAY, OCT. 11th

QUILT Closing Ceremonies

12:00-2:00p.m.

Volunteers!

Needed for Fun Run/ Walk and Canadian AIDS Quilt display. If you have a couple of hours, call Sheila, today, 345-1516.

ACT-B Advisory Council

Fred Ball	Director, Public Health Laboratory
Norman Bowers	ACT-B Board Representative
Dianne Britton	Co-ordinator STD Clinic, Thunder Bay District Health Unit
Beth Huston	Director of Administration, Kinna-aweya Legal Clinic
Mary McKenzie	Coordinator, Palliative Care, McKellar Hospital
Marie Portier	Residential Care Worker
Eleanor Richardson	Educator & TVO Regional Liaison
Steve Roedde	Family Physician
Nicky Tittley	Supervisor of Infection Control, P.A.G.H.

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Karen Ferland	Counselling Conference Coordinator
Lawrence Korhonen	Office Manager
Bonnie Kyle	A.A.W. Coordinator
Glenna McLeod	Support Services
Michael Sobota	Executive Director

Please address any comments on reACT-Believe to: AIDS Committee of Thunder Bay

P.O. Box 3586

Thunder Bay, Ontario

P7B 6E2

(807) 345-1516

8:30 a.m. - 5:00 p.m.

John Books, Editor,
Anna Cierny, Assistant Editor
Donna Lyons, Assistant Editor
Carol Bold, 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.

SO LONG, IT'S BEEN GOOD TO KNOW YA

Well reality has finally sunk in, this is it, I'm out'a here. Now what? As most of you know I am off to Lakehead University to do my Masters in Social Work -- wish me luck, I may need it. The good news is I am not totally abandoning the agency. I will be around as a volunteer on several committees that I am already involved in. I am not giving up my starring role in the upcoming television project. By the way, get those memberships in and come out and vote for me in the Fall elections; I am running for office, ACT-B office that is. I will also maintain my involvement in trying to get a needle exchange going in this city -- wish me luck, I will need it. The way it looks you will see just as much of me in the future as you do now. There's no getting rid of me!

Another reality that has recently sunk in, is how much I am going to miss my job and everyone I work with. I would like to thank the staff for their support and friendship these last two years, without them I would probably have ended up in the "rubber room" on a few occasions. Thanks to the board members for all the hours they have dedicated to my department, especially Norm, Gail, Joanne and Rick. I would also like to thank the many other volunteers who have made the running of the department so much easier. Yes, Anne this means you too, without your magic fingers I would never have had a five month plan. I would especially like to thank Michael for all his encouragement and support in making the transition out of the agency and on to my new endeavours. Last but not least I want to say a special thank you to all the clients that I have worked with these past two years, getting to know all of you has been one of the most rewarding experiences of my social work career and I will miss you all greatly.

In closing, I would like to welcome the new support services coordinator and wish him or her the best of luck in the agency. I know all of you will make this new member feel as much a part of the family as you did with me. Thanks again to everyone for two exciting and fulfilling years, Glenna McLeod.



A Farewell to Glenna!

It is difficult to believe that two years have come and gone. As much as it's too bad to see you leave, we know it is not forever. I'm sure you'll become one of our many active volunteers to help develop the agency to it's fullest potential. Good luck with your Masters Degree Program. I know it will be difficult, but you've overcome even more difficult obstacles working with us.

Miss you, Russell Angus

NORTHWESTERN ONTARIO HIV/AIDS COUNSELLING CONFERENCE

ACT-B is organising a conference to look at issues concerning counselling about HIV/AIDS. The conference will take place on October 15-16 and will be held in the new Ontario Government Building, 189 Red River Road.

A planning committee has been working hard over the summer months preparing the content and recruiting speakers for the event. The basic goal is to provide a forum where HIV/AIDS counselling issues can be discussed, information presented and personal counselling skills strengthened.

Registration has reached capacity, with participants coming from all over the region.

ACT-B wishes to thank the Ontario Ministry of Health for funding the conference. We also want to thank our Conference Planning Committee: Russell Angus - community consultant, Vivian Johnston - Thunder Bay District Health Unit, Paul Johnston - McKellor General Hospital, Glenna McLeod - ACT-B Support Services Coordinator and Michael Sobota - ACT-B Executive Director.

Karen Ferland has been coordinating and implementing the work coming from the Conference Planning Committee.

FROM ALL WALKS OF LIFE



REGISTRATION

All you have to do is register to walk or run and have fun!

With your registration, you will receive this year's spectacular From All Walks of Life t-shirts to add to your collection. On race day join in the fun and racing snacks. Free with your registration are new friends and lots of smiles.

Do not forget to sign the Waiver at the bottom of the attached registration form. If it is not signed your registration will be nullified.

PRIZES

Run or walk your best time, and you could win top prizes in your category. The top pledge collector will receive round trip tickets to Winnipeg for themselves and a friend plus two nights accommodation at Polo Park Inn!

We will be giving away plenty of unique and useful prizes. We don't want anyone to feel left out! So don't miss out on the fun!

ABOUT THE RUN

The annual 5K Run/Walk held during AIDS Awareness Week is running into its fourth year – and growing.

This event is becoming more popular as AIDS Committees from coast to coast are holding their own walks or runs.

PLEDGES

The 1992 From All Walks of Life 5K Fun Run/Pledge Walk will be raising money to support Education and Support Services provided by the AIDS Committee of Thunder Bay (ACT-B) – services used by the people of Thunder Bay and Northwestern Ontario. Last year ACT-B's client load doubled and the money raised from last year's Fun Run/Walk helped us to increase our services.

You can help by asking people in your community to pledge their support on the attached pledge form.

Don't miss out on the prizes for pledges you collect – have your pledge form and pledges in by Friday, October 2nd. Drop them off at the ACT-B office at 217 S. Algoma Street. For more information about pledges, contact John at 345-1516, or leave a message for the Pledge Coordinator, Bob Richardson.



SOLIDARITY
OR
ABANDONMENT & BETRAYAL?



An address given by:
Jon Gates
Coordinator
Interagency Coalition on AIDS and Development
Canadian Council for International Cooperation

Canadian AIDS Society
Annual General Meeting
Halifax, Nova Scotia

May 23, 1992

Good Evening. I'd like to commence by thanking you for inviting me to be the key-note speaker at the Canadian AIDS Society Annual Banquet and Bun Toss. I do so early on, because many of you may well wish I hadn't come by the end of my speech.

To keep things transparent, my speech tonight is in three parts. The first deals with our domestic accomplishments and lessons learned, the second deals with the realities of AIDS internationally and our concomitant responsibilities, and the third will hopefully draw the two together and indicate some cause for future action.

In a time and place long ago, and far away - about ten years ago - the world first started to become aware of AIDS. I say long ago and far away because when we look back it is an effort to remember the circumstances of that time because so much has changed since. The world has changed profoundly, with geo-political realities of decades becoming obsolete in a matter of months. We have changed and our communities have changed.

The practice of medicine and public health has changed. The way government responds to public health issues has changed.

Allow me to review these changes for a moment.

In the industrialized countries of the world, AIDS struck hardest in a pre-existing, self-identified community, with existing political and community structures and with a defined agenda for social change - namely the gay male community. While the results were, and are, devastating to this community, the consequences were not all detrimental. Let me explain.

The gay community was faced in the 1980s with a fight for its very survival. And fight they did. Wonderful, talented, at times impossible, at times inspired, but always determined, the community came together and fought back with grit and determination. This room is filled with those people, and we are all benefitting from their actions. For the first time in Canadian history, a government has produced major health policy, namely the National AIDS Strategy, in circumstances where their failure to consult the client group concerned would have resulted in a loss of credibility for the government itself. No government in Canada that wishes to promulgate public policy on AIDS can do so without consultation with the appropriate community-based client-centred groups responding to AIDS. In short, health-care clients are now seen

as legitimate players in the process of developing policy.

Second, people with AIDS and their organizations succeeded where no one else had in accelerating the rate at which new and experimental drugs and treatments could be made available to those who needed them. In the process, power was shifted from medical research establishments to patients in critical areas such as who has the right to determine and accept risk with unproven processes.

Third, there has been unprecedented success in generating public responses to public fear and misinformation. By insisting that response to public prejudice was a public responsibility and not the responsibility of those subjected to the prejudice, our community has helped teach government an object lesson in human rights.

Lastly, domestic groups responding to AIDS have developed contacts internationally that are without precedent in the field of health care. AIDS Service Organizations have an international network in place at this time, and development organizations responding to AIDS have a loose-knit international network in place at this time. These are firsts in the health care field and may well prove to be models in other areas as well. These are accomplishments that we should

be extremely proud of.

What, however, are the lessons we have learned from these accomplishments? I would suggest that we have learned two important and inter-related home truths. We have learned that action to create change comes from the individual and is an individual responsibility. And we have learned that we have succeeded best when we have acted collectively. Thus, if we want things to change, we must make individual decisions to do so, and recognize that our best chance of effecting the desired change is to act in concert with other individuals with similar goals. This process has a name: it is called Solidarity.

Solidarity crosses all boundaries of race, religion, sex, culture and age. It occurs when individuals make common cause toward common goals. In the face of all that has confronted us it has been our solidarity that has allowed us to make gains. When we have stood together, we have increased our chances of success. When we have been divided amongst ourselves, we have increased our chances of failure. Our solidarity is our primary resource, with money, staff and volunteers being wasted without it.

As a community, we have suffered a great deal. But all of our suffering and our historic response to that suffering has not made us unique. On the contrary, by our suffering we have joined the majority of the human family. Three-quarters of the world population lives in circumstances where suffering, misery and grief, to a greater or lesser degree, is a feature of their daily lives. Our suffering and experience has made us unique and special only in that it has provided us perspective and insight into how the vast majority of people on this planet live their daily lives, a perspective that most people living in our highly privileged society never come to be aware of. If we have access to common ground with the majority of our fellow human beings, what are the realities of their lives?

I would like to begin to answer this question by initially restricting myself to outlining this global context as it relates to AIDS. The most salient feature of this context is that AIDS is striking as many women as men, and some experts are predicting that by the end of the decade, as many as sixty per cent of all cases will be among women. Because of their physiology, not only are women more likely than men to contract HIV during unprotected sex, but they are also more likely to be diagnosed later than men, have less resources to fight illness, and will live a shorter period of time after diagnosis than men. Thus, women will acquire HIV at an increased rate than men, and they will suffer differentially as well. When one understands that in most developing countries women are the primary food producers, and do two-thirds of all labour world-wide, one begins to understand how devastating AIDS is in its global context.

The second striking feature of the global context is its sheer magnitude. By the end of this decade, forty million people will have been infected by HIV. Ten million will have AIDS. Ten million children will be infected by perinatal transmission, and at least the same number will be orphans, having lost their mother or both their parents to AIDS.

These figures translate into an incredible picture at the community level. In Zimbabwe, seventy per cent of the officer corps of the armed forces are HIV-positive, as are seventy per cent of the police in Harare, the capital. In Zambia, two-thirds of the managers of the copper industry are HIV-positive, and this industry supplies eighty per cent of the country's foreign exchange earnings. In Uganda, thirty per cent of all district health officers have or have died of AIDS. These people are responsible not only for the response to AIDS, but to all other health problems as well. An estimated one hundred

thousand people are being exposed to HIV each day in the brothels of Bombay.

In most sub-saharan African countries, infection rates range from ten to twenty per cent in the general population, and are often over thirty per cent in the adult population. This pattern is repeating itself in Asia, Oceania-Pacific, Latin America and the Caribbean. Let me drive this point home. Worst case scenarios in Canada place our infection rate in the general population at approximately one-fifth of one per cent. This compares with the previously stated rates of ten to twenty per cent in many African countries. Even if one transposes all potential Canadian infections into the gay male community alone, that community would have an infection rate of about two per cent. Without belittling or denigrating our experience, I say to you bluntly, that we have had a comparative picnic in the way in which we have had to respond to this disease.

And please let us remember that much of what has been accomplished has been accomplished in a very different atmosphere than people in developing countries face around HIV and AIDS. We live in countries in which the rule of law is essentially secure. That is not true of many developing countries. We live in countries where the acts of discrimination have manifested themselves primarily in the denial of services or work and in the slowness of government response to the pandemic. In developing countries governments have not only been quick to deny and slow to respond to the issue, but in many countries, activism around AIDS issues is the equivalent to writing yourself a death certificate. Discrimination is in the form of brutalization, jailing, torture and death. So we have not even had to operate under similar conditions in many instances. As I say, I don't wish to belittle what we have accomplished, I am merely illustrating that in the global context, the rest of the world has had to face a great deal indeed.

The third striking feature in the global

context is the difference in resources. And I will very quickly sum this up by saying that three ketoconazole or nizoral tablets represent the per capita annual expenditure on all health care for about three-quarters of the world's population. Put another way, three-quarters of the world's population live in countries where seven dollars or less is spent per year per capita for all health-care needs.

When we compare that sort of health care with the system under which we live we can begin to understand just how truly amazing the community-based response in developing countries has been and how much they've accomplished with so very little.

From the beginning, we've insisted that AIDS be looked at as more than a medical problem. We've understood its social consequences, we've understood its human rights dimensions, we've understood its public policy dimensions. And we have fought to have that broader perspective accepted. What then happens when we broaden our perspective globally, beyond just the issue of AIDS? Well the last ten years - the ten years in which we've been dealing with AIDS internationally - has seen a world tipped on its ear. Who ten years ago would have predicted the fall of the Berlin wall? Who ten years ago would have predicted that a jailed poet and playwright would become the president of Czechoslovakia or an electrician from a shipyard the president of Poland? Or that masses of people would stand in Red Square in front of tanks to protect their fledgling democracy -- a democracy yes, I say that again. Think back ten years at how profoundly different the world was. AIDS has occurred during, and been a part of a massive change in the geo-political realities of the world we live in.

These changes have underscored several important points. They have told us that individual actions have meaning and consequences. They have told us that

individual actions result in change. And that individuals acting in concert with other individuals are effective in creating a new and better world.

Finally these changes have reinforced the notion that geographic boundaries in 1992 are essentially meaningless. I make this point because there are still those in our community who will make the claim that we should look after our own first. The argument is that we should look after our own community first, and that that is where our responsibility lies. I would ask the question of those people - How do you define that community? Is it just you and your neighbour? Or does two houses down the street count too? Or do you draw the line at the end of the block? Or maybe just the neighbourhood. Or the quarter of the town or the village, or the region, or province. Do we exclude from our services, resources, care and concern someone's cousin because they live on the other side of the street, and the street was a boundary line? In 1902, it may have been possible to draw such lines. In 1992, our world is one where such lines are meaningless.

Our responsibilities and the consequences of our actions are global. We may choose through a system of priorities to take actions whose effect will be primarily local, but that in no way ever mitigates the fact that our responsibilities are to the whole of the global community and that our actions will affect everyone, both at home, and abroad. The argument that we must take care of our own and somehow draw a line which excludes the rest of the human family is an intellectually bankrupt, bereft of principle and devoid of humanity.

I have heard this argument for twenty years now, I am heartily sick of it, and tonight I will serve notice that I will challenge anyone in our community who propounds it - at anytime, at any place, on any platform, under any

circumstances, to public debate on this issue. It is a morally corrupt argument, and it is long overdue that it joined the trash heap of history along with cold-war thinking, big is better, greed is good, growth is great, and all of the other notions that the nineties are showing to be obsolete and irrelevant as guide posts for the next century.

If one of the fundamental lessons that we have learned domestically is that Solidarity is our greatest resource, and in the historic times we live in we are reinforcing the idea that we live in a global community and that our responsibilities are global, it seems to me rather logical that we should be combining those two processes. That is to say, we as a community in this country should be finding ways in which we can display our solidarity with people with HIV and AIDS on a global scale. And tonight I have a proposal, a challenge to our community as to how I think that might be done.

By the end of this decade there is a good possibility that the first therapeutic vaccine will be on the market, perhaps the first preventative vaccines, and not long afterwards a cure for AIDS will in fact be found. If history is any guide to go by, our society - once we have discovered those vaccines or cures - will move very quickly to secure the safety of our own populations. Once that has been accomplished we will promptly forget about the issue and in the process abandon three-quarters of the world's population to meet their fate as best they can.

We did so with dysentery, we did so with cholera, we have done so on virtually all major public health issues. When we have solved the problems in our own society, we have then forgotten about them and put them on the back-burner and they have become just another disease, another illness that those people, over there, have to deal with. We have managed to separate it and distance it from our own reality. Well as I've

indicated this evening, those separations - certainly the geographic ones -- are without legitimacy. I believe that our community, from its lessons learned over the last ten years, and from its unique placement in health-care issues has an opportunity to act in solidarity on this issue in a way that is striking, effective, and in fact manifests that solidarity which we understand domestically, on a global scale.

Every individual choice has collective consequences, so every choice carries responsibilities that extend beyond the individual. Those who do not recognize this principle are social rogues requiring restriction by the rest of society for the common good. Tonight I'm asking you to make individual choices. They will not be easy or without pain. Fundamental change does not occur without pain - it is not an easy process.

Our community understands pain. In the face of social hatred and contempt, we have endured. When family members or friends abandoned us, we endured. In the face of divisions from within our own community, we consulted, we built consensus, we endured. We have endured and suffered, and tonight I'm going to ask you to engage in a course of action which may well result in the need for more endurance and in more suffering. But this effort will not be in vain. It will be part of a process which changes the world we live in for the better and displays in real terms the solidarity we've been talking about this evening. It allows us internationally to have the work 'solidarity' come to have the same concrete reality and meaning that we know it to have domestically.

My proposal is this - We have over the last ten years lobbied successfully for the early release of drugs. Tonight I am asking you to change tactics and reverse that process. I am asking that people living with AIDS and with HIV, and their organizations call on our national governments and multilateral

organizations to delay the release of any new vaccines or a cure for AIDS until such time as three conditions can be met. That the drug or vaccine be affordable world-wide. That it be accessible world-wide. And that it be available world-wide. And that without those conditions being met, we would make it clear that we would not be in favour of the release of those vaccines or drugs. In taking this action, we would send a clear message to governments, and most importantly to people living with HIV and AIDS in developing countries that we will not allow the lifeboat to leave until such time as we can be assured that everyone has a chance to be on board. This action will be historic. Never before has any relatively privileged group in an industrialized country indicated to the world that they were prepared to make genuine sacrifices in order to ensure that people in developing countries would have a better life. I repeat. The rich of the world have never sacrificed to improve the lot of the poor. If we take this action we will create a model for all other endeavours to make the world a more just place to live. We can choose to stand by and watch the sweep of history, or we can make history. Let us choose to make history. The ghosts of those who have died of AIDS will ride with us. Justice is our cause. Our solidarity is our shield, Passion is our sword, and we must not stop until the day is ours, the dragons are slain, and everyone, everywhere regardless of circumstance can live their lives free from the scourge of AIDS. We have a choice - extend our Solidarity or abandon and betray three-quarters of the world's population, and in so doing betray ourselves. You may not accept the course of action I have proposed, but your imagination could supply you others.

The people in this room represent everything that I would like to be. You represent my dreams, my hopes and aspirations for myself, you are the model by which I try to live my life,

and it is your standards that I try to emulate. I do not have it within my capacity to make those of you who are ill well. Nor do you collectively have it within your capacity to make me well. But together we can start to make the world well. And at the end of the day, that is one of the primary reasons why we're here. You are my heroes. I commend you. I salute you. And I thank you.



A Community Commitment

Things you need to know:

WHEN: The race starts at 10 a.m. sharp, Saturday, October 3, 1992.

WHERE: Boulevard Lake

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

RACE KITS: Race Kits can be picked up at Confederation College on October 1st and 2nd, between 5:00 and 7:30 p.m.. They will also be available on race day at 9:00 a.m.

DIVISIONS:

Men and Women

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

ENTRY FEE: \$15.00 - non-refundable.

THE COURSE: 5K course at 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., Wednesday, September 30th.
(A few exceptions are always made)



REGISTRATION FORM

NAME _____

AGE (As of Oct.1) _____

ADDRESS _____

CITY _____

PROVINCE/STATE _____

POSTAL/ZIP CODE _____

PHONE () _____

T-SHIRT SIZE:

LARGE _____

X-LARGE _____

GENDER

MALE _____

FEMALE _____



Liability Waiver

please read and sign

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

REGIONAL OUTREACH ADVERTISING

If you live in a Northwestern Ontario community outside Thunder Bay, look for advertisements in your local newspapers this fall. Although ACT-B will not be touring in the region, we hope to keep people aware of the issue of AIDS through these ads. The first ad will run during AIDS Awareness Week, October 5-11, and the second will promote World AIDS Day, December 1.

NEEDS ASSESSMENT SURVEY

As part of the need to provide appropriate prevention campaigns for the gay, lesbian, and bisexual communities, we are planning a needs assessment survey for this fall. The survey will be marketed to try and reach a significant portion of the local gay, lesbian and bisexual communities. Focusing on knowledge, attitudes, and behaviour, the survey will attempt to elicit information that will permit the establishment and/or modification of education programs. Contact the ACT-B office if you would like a survey to fill out, or look for the survey at various local venues.



ACT-B TELEVISION SHOW PREMIERES IN OCTOBER

Watch this fall and winter for an exciting series of television programs, "LIFE LINE: AIDS and You", airing monthly on Maclean Hunter Cable 7. This series of seven programs will begin October 8 at 8:00 pm. with live coverage of the opening Ceremonies of the Canadian AIDS Quilt display. Following that there will be a program every month from November to April.

The shows will cover a wide range of subjects, including two live phone in shows. We encourage you to watch these programs, and to provide feedback to us. Help us to offer useful and entertaining information to the community. It is also still possible to become more directly involved and join the production team. Call if you are interested.

Here is a schedule of the programs, which will usually air the last Tuesday of each month, and then be repeated at least twice.

TV PROJECT SCHEDULE 1992-93

Thursday, Oct. 8 8:00 pm.	The Quilt Show - live special from PACI
Tuesday, Nov. 24 8:00 pm.	Introduction to ACT-B AIDS Awareness Week Review The Global picture
Tuesday, Dec. 22 8:00 pm.	Faces of AIDS - Support services
Tuesday, Jan. 26 8:00 pm.	Prevention - safer sex and "target" groups
Tuesday, Feb. 23 8:00 pm.	HIV Antibody Testing **live phone-in**
Tuesday, Mar. 30 8:00 pm.	Aspects of Health Care and HIV/AIDS
Tuesday, Apr. 27 8:00 pm.	A Look at the Future of AIDS **live phone-in**

WORRIED?

Been wondering about getting the test? Concerned about past behaviour but scared to bring it up with your doctor, your family, with anybody? Want to know your own status but don't want everybody else to know? Don't want people to know you're gay - or think you are if you're not? Maintaining your privacy is the most important thing? And you genuinely believe you've risked exposure to HIV and want to get tested...

CALL 625-5981.

That's all you have to do. You can get the HIV antibody test anonymously. One phone call will get you an appointment at the Anonymous Testing Clinic. You don't have to give your name or address or any identifying information. The counselor will ask for a first name only, to book the appointment. Nothing will be reported, whatever your test results are. Except to you.

So if you've been worried and thinking about testing, now is as good a time as ever to take that step. But be warned: a lot of people are deciding to do the same thing. That phone number (625-5981) is getting popular. There is a waiting list building for appointments. Don't let that discourage you. Call now and get in line. Knowing your health status can relieve concerns, whatever the results are.

And whatever the results are, know that we're here at the AIDS Committee of Thunder Bay to give you information and support. You are not alone.

ANONYMOUS HIV TESTING

NOW AVAILABLE IN THUNDER BAY
FOR APPOINTMENTS, CALL:

625-5981

FOR INFORMATION OR COUNSELLING, CALL THE
AIDS INFORMATION PHONELINE
345-7233



COME ON IN! GET YOUR INFORMATION HERE!

Our resource library should now be a more friendly and accessible place, thanks to behind-the-scenes changes designed to help ease your search for information. Alissa Setliff, who worked with us over the summer as an Education Assistant, has catalogued and organized our library. Our collection of books, reports, and videos has been entered in a computer database. This should make it easier to access materials, and we will be able to provide bibliographies and lists of our holdings.

The ACT-B Resource Centre Library contains a collection of books, videos, posters, articles, fact sheets, research studies, newspaper clippings and newsletters containing information related to HIV infection and AIDS. We also subscribe to specific treatment information newsletters with the latest information on HIV and AIDS treatments.

This information is available to everyone, those with HIV or AIDS, health care professionals, students, agencies, caregivers, and anyone with an interest in HIV infection and AIDS.

Still in the works is new shelving which will allow for better display of the material we have. We also hope to have a file cabinet in the library soon which will contain treatment information files, vertical files, and newsletters from other agencies and organizations.

So, come in and take a look.
See what we have available.



2nd NOTICE TO THE MEMBERSHIP:

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

ONLY MEMBERS MAY VOTE. YOUR MEMBERSHIP MUST BE IN GOOD STANDING AT LEAST 30 DAYS PRIOR TO THE ANNUAL GENERAL MEETING. PLEASE TAKE OUT A MEMBERSHIP NOW. MEMBERSHIPS OR RENEWALS WILL BE GOOD FOR THE CALENDAR YEAR 1993.

CALL FOR PERSONS INTERESTED IN SERVING ON THE BOARD OF DIRECTORS OF ACT-B. ELECTIONS WILL BE HELD AT THE ANNUAL GENERAL MEETING IN NOVEMBER. CONSIDER JOINING A TEAM OF EXPERIENCED AND DEDICATED BOARD MEMBERS FROM A WIDE VARIETY OF PROFESSIONS IN THUNDER BAY. PWA/HIV ENCOURAGED. IF INTERESTED, PHONE OUR OFFICE 345-1516 FOR AN INTERVIEW AND INFORMATION PACKAGE.

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

: Ontario Ministry of Health
: Health Promotions Branch of Health and Welfare Canada
: Ontario Trillium Foundation

: General Fundraising which includes community, business and many individual donations.

ACT-B is very grateful to the following sponsors of AIDS Awareness Week events:

Pro Golf, Prospector Restaurant, Shear Heaven, Wildwaters Wilderness & Fishing Shop, Framing Experience, Harrington Court, Kelly's Nutrition Centre, Ramada Red Oak Inn, Floral One Design, Jeannie Tuomi R.M.T., Lakehead Travel Agency Ltd., Canadian Partner, Polo Park Inn, Henderson Delta Lakehill Marketing Communications, Eatons, P.A.C.I., The Second Cup - Keskus Mall, Prince Arthur Hotel, Mister Print, Coles Bookstores, Lakehead University, Confederation College, Thunder Bay Library, Sweet Thursday Bookstore, Women's Bookstore, Black Unicorn, Adult Only Video Store, Kent Sign Co. Ltd., Trinity United Church, Lakehead Regional Family Centre, Dr. Fernandes, The Life & Health Insurance Companies in Canada, Secondary School Teachers Charity Fund.

All of the above are committed sponsors as of September 1, 1992.

Join us. Become a member!

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

ACT-B Membership form.

Name _____

Address _____

Postal Code _____

Telephone _____

Enclosed is: ☐ \$10 Membership fee
 ☐ \$25 Supporting membership fee
 ☐ \$ Donation

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



*Have you renewed your
membership?*



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.