reACT-Believe

The AIDS Committee of Thunder Bay
Spring, 1998 Volume 11, Issue 1

Spring/Summer Issue

Outreach to Injection Drug Using Community

In 1996, ACT-B created a Substance Use Outreach Program (SUOP). Health Canada (ACAP) funded SUOP. This program piloted a number of approaches to reaching Thunder Bay's substance using community, including using peer ambassadors to do outreach, an advertising campaign to raise the profile of HIV and substance using issues, and a bar outreach campaign.

During the past year, together with representatives of sister agencies from across Ontario, we were consulted by the Ministry of Health's AIDS Bureau, about how to address the growing front of HIV infections coming from injection drug use (IDU). The AIDS Bureau decided to fund outreach workers strategically placed around the province where there was a high rate of HIV transmission from IDU and a high rate of drug use.

Using the experience gained from our SUOP activities, we developed a proposal and secured funding for a new, full time prevention, education and support outreach worker to the injection drug using community. This position will carry forward some of the essential components of SUOP but have a critically necessary addition: support.

ACT-B is pleased to announce that Janet Adams has been hired for this position. Janet has a long history of working in the addictions and substance use field, with previous counseling experience at the Smith Centre (Adolescence Residential Program), coordinating The Exchange (Thunder Bay's needle exchange service) and coordinating ACT-B's SUOP. We are proud to have Janet join our education and support team on a full time basis.

Replacing Janet as our SUOP coordinator is Stuart Boland. Stuart, ACT-B's newest employee, will coordinate the SUOP activities on contract until December 31, when SUOP funding expires. Stuart comes to us with experience as a staff member at Shelter House and training with The Exchange.

Please welcome Janet Adams and Stuart Boland. If you have any issues or questions relating to HIV, injection drug use or substance use, give them a call at 345-1516.

Michael Sobota, Executive Director

SUOP Peer Ambassador Update

The SUOP Peer Ambassador Program has been running since December 1996. In that time, we have had eight people working as peer ambassadors: Ryan Bureyko, Jodi Maguda, Michael Poulin, Anna Grizans, Erik Collings, Kylie Hancock, Tyler Tebbenham and Ross Filice.

As the coordinator of this program (until April 13, 1998), I would like to thank all the peers for their hard work, creative ideas, enthusiasm and dedication to this work. Without their help, this program would not be the success that it is. I feel blessed to have been given the opportunity to work with these individuals on this important and exciting project.

It was with regret that I said goodbye to Ryan, Jodi, Kylie and Ross. Jodi and Kylie have both moved to Ottawa and hope to continue with this type of work. (Check out Jodi's poem in this issue of reACT-Believe). Ryan left the program at the end of April to pursue his education in Toronto. I wish Ryan, Jodi, Kylie and Ross the best of luck in their endeavours and know they will be an asset to anything they undertake.

Janet Adams, IDU Outreach Worker

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Volunteer News

By Selly Pajamaki - Volunteer Coordinator

National Volunteer Week

April 19th to 25th was National Volunteer Week in Canada. Here at ACT-B we celebrated our volunteers at our annual Volunteer Appreciation Night on April 2nd. The evening began with volunteer Derek Buttars playing the piano. A message from Deborah Emery, President and Chair of ACT-B was read. We were then entertained by local singers Michelle Lenardon and Nancy St. Jarre. Both were great and everyone enjoyed their performances.

Michael Sobota and David Belrose, as two of the original volunteers at ACT-B, cut the special cake that had been made for the occasion by Harri Bakery.

181 volunteers gave 7,245 hours of service to the agency in 1997. All volunteers received a certificate of appreciation, red ribbon pin, "thank you for volunteering" pen, and a special commemorative button (recognizing 13 years of volunteering at ACT-B). Those who contributed over 50 hours also received ACT-B Volunteer t-shirts. Volunteers who gave over 200 hours received Magnus Theatre passes as well – these people are: Anne Ciemny, Sandy Johnston, Linda MacKay, Michael Sobota and Pius White. Two volunteers were given special mention, Bob Baskerville, our regular driver, and Marge Cross, our Christmas elf and regular bingo office worker.

Thirty long-time volunteers were also recognized with special certificates and lapel pins. These are people who have been volunteering at ACT-B on an ongoing, continuous basis for several years.

The final event of the evening was the naming of the ACT-B 1998 Volunteer of the Year. Sandy Johnston received this award. Sandy is a regular receptionist, a regular bingo worker, and also does a lot of public speaking for us. She is very dependable and willing to try out any task we ask of her. She's always available, has a great sense of humour and is a wonderful ambassador for our agency. She is also very committed to the fight against HIV/AIDS. Sandy received a "wolf" t-shirt and an eagle candle, as well as a volunteer t-shirt, pass to Magnus Theatre, pen, pin and button. She also received a framed "Volunteer of the year" certificate and her name is engraved on the "Volunteers Extraordinaire" plaque that hangs in the reception area of the ACT-B office.

On behalf of the agency, the staff, the clients and the board, I would like to say to the volunteers **THANK YOU VERY MUCH!!!** Your gift of time which you give us as volunteers is truly appreciated. You gave us an incredible number of hours (7,245) and you should be very proud of the work you have done. Thanks again.

Salute to Volunteers

The Thunder Bay Association of Volunteer Administrators held their 4th annual Salute to Volunteers at Intercity Mall on Wednesday, April 22nd. Over 60 volunteers were honoured by 33 member agencies. The 2 ACT-B volunteers who received special certificates are Sandy Johnston, our 1998 Volunteer of the Year, and Tara Kormish. Tara began volunteering last fall and quickly became a regular. She is enthusiastic and willing to try almost anything, and (this is a bonus for us), she is usually available at the last minute. Tara is friendly and sociable and a joy to be around. Congratulations to both of you for a well-deserved award.

With Our Thanks

The AIDS Committee would like to extend a special thank you to Marge Cross. Marge is our Christmas Elf/ Santa's Helper. With the help of Liisa Clarke, she coordinated the Christmas baskets and stockings this past year. It takes a lot of organization and time to find sponsors and donors to put together a large project like this, but Marge excels at it. Our clients were very thankful for the wonderful baskets and stockings donated by both corporations and private citizens. Many expressed amazement and tearful thanks at the generosity of their community. Thanks again to Marge and Liisa and also to all the people who shared their Christmas with others.

We would also like to say thank you to Shawn and Gerry Friesen at Shoppers Drug Mart on Memorial Ave. for their recent contribution of diapers to our agency. The diapers were well received by a local family.

An appreciation is extended to Thunder Bay Cellular for supplying a unit for use over the winter holiday/new year's break to Support Services. It was well used and provided a comforting link to clients who needed some assistance.

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ALL CALLS CONFIDENTIAL
Monday 10 a.m. to 6 p.m. (Eastern Time)
Tuesday to Thursday 10 a.m. to 10 p.m. (Eastern Time)
Friday & Saturday 10 a.m. to 6 p.m. (Eastern Time)

The Network
1-800-263-1638
HIV/AIDS Treatment Information
email: info@catie.ca
catie internet: www.catie.ca
Community AIDS Treatment Information Exchange

Fundraising News

by John Books - Fundraising Coordinator

Fundraising Notes

The winter was mild and this beautiful spring weather has many of us Northerners feeling uncharacteristically expansive. The fundraising campaigns of the last fiscal year were very successful. I would like to thank all those who contributed to them. There will be many challenges this year:

- several very large campaigns, especially the one for the new hospital in Thunder Bay, threaten to overshadow other charitable causes.
- more and more people are accessing the services of ACT-B
- and, our local economy continues to shrink, unlike the provincial trend.

We begin the new fiscal year with enthusiasm and hope, we will meet the challenges. We will fulfil our mandate to provide prevention programs for this community and support those affected in our region.

The most important campaign of the year is the **AIDS Walk** on **September 27th**. If anyone would like to serve on a small Walk Committee, please call John at 345-1516.

Last year the **AIDS Walk** was a great deal of fun and brought in over $25,000 to the AIDS Committee. The 98 **AIDS Walk** will be even more successful. Pledge forms will be available in the early summer if you wish to begin collecting pledges. Once again there will be some great prizes and incentives for those who qualify. The leading pledge collector last year brought in $1,710.

NEW VEHICLE SOON

Soon the AIDS Committee will have a new vehicle to replace our aged van. The first van was purchased in 1989 with funds from the Trillium Foundation. It served the AIDS Committee well for almost 10 years. However, as it aged, maintenance costs kept escalating. Awhile ago, we began seeking funds for a new vehicle. Over the years, we have been searching for funds from a variety of sources to help us replace the van. At last we have secured enough funds to proceed with a new purchase.

We would like to acknowledge the following for their generous support:

- The Life and Health Insurance Companies of Canada
- The Thunder Bay Rotary Club, Fort William
- The Senator Norman G. Patterson Foundation
- The Thunder Bay Foundation
- The United Way of Thunder Bay "New Initiatives Fund"

AIDS Walk 98 on September 27th

This is the easiest and most popular way to support the fight against HIV/AIDS in Thunder Bay. Join us at the AIDS Walk.

Over 500 people met the challenge last year. Put on your walking shoes and come on out!

We need a few more people on our Walk Committee. If you are interested, call John at 345-1516.

AIDS Walk Thunder Bay
Sunday, September 27, 1998
Lakehead University Outpost

Supporting the Services provided by The AIDS Committee of Thunder Bay in the fight against AIDS

☐ Yes, I want to participate. Please send me more information.
Name: _____
Address: _____
_____
Postal Code: _____

☐ Yes, I want to help as a volunteer.
Telephone: _____

Return to:
AIDS Committee of Thunder Bay
P.O. Box 24025
RPO Downtown North
Thunder Bay, ON P7A 8A9

ACT-B Resource Library

By David Belrose – Education Coordinator

Gay Men and HIV/AIDS - It's not over yet

Much emphasis has been focused in recent months on the changing face of HIV/AIDS, and we have noted that new HIV positive clients have been largely heterosexual. However, this does not mean that gay and bisexual men can quit thinking about HIV/AIDS, safer sex and healthy choices. Young gay men, in particular, need to realize that they are very much at risk for HIV infection if they fail to take appropriate measures to protect their health.

As part of our prevention effort, our Substance Use Outreach Project has utilized a peer ambassador targeting gay males. We also continue to provide information displays at community dances. However, we recognize that part of the risk for gay, bisexual and lesbian youth stems from the systemic barriers and discrimination they face. Therefore, effort has been directed to addressing some of these concerns.

Northern Pride, the support and education group for lesbian, gay and bisexual youth continues to meet biweekly. We encourage young people to make use of this free service. Over the past number of months, we have been involved in a number of workshops and presentations dealing with sexual orientation and discrimination. The Children's Aid Society, Lakehead Regional Family Centre, and Catholic Family Development Centre have all held workshops for staff on working with lesbian, gay and bisexual youth. David Belrose and Barbara Spencer presented a workshop in the fall of 1997 at the national suicide prevention conference titled "Dying In The Closet: Sexual orientation as an often-overlooked factor in youth suicide." Fort Frances held a community workshop on sexual orientation called "Homophobia Hurts Us All." Youth have spoken at regional HIV/AIDS counselling conferences held by the AIDS Committee of Thunder Bay, and a World AIDS Day event in Dryden.. A regional newsletter called Northern Connection has been produced with the second issue due out in May 1998.

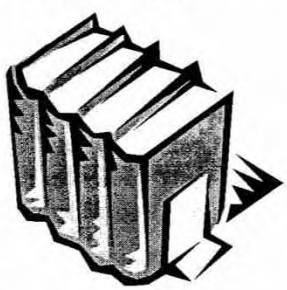
There is a real need for support for lesbian, gay and bisexual adults and also for parents, families, and friends. In small communities it will be essential for everyone to work together to help improve the environment of tolerance and acceptance. Anyone working in social service or health agencies, or in schools should be looking at ways they can help make their community more accepting of diversity. Through the development of a more supportive social environment, young people will be able to enhance self-esteem, and hopefully make healthy choices about their behaviour.

We are prepared to offer workshops to interested groups, schools, churches, or agencies on request. We can also assist people in setting up support groups. Please call for further information.

Our Best Kept Secret

The Act-B Resource Library is the best kept secret in town, but we want to get the word out – we have an excellent collection of materials (books, magazines, videos) that includes information on a broad range of issues related to HIV/AIDS. We encourage everyone to make use of this valuable resource.

Our staff will be glad to help you find the materials you need. The library is open Monday to Friday from 9:30 to 5:00 p.m.



Pills, Pills, Pills

by Ken Fowler, reprinted from "STEP, your hiv/aids treatment resource" Winter 1998

Ken Fowler is a computer consultant and member of STEP's Scientific Review Committee

Yes, they've changed my life, and they aren't easy, but I've gotten into a routine with them. I was on monotherapy for some years and about last November my doc recommended 3TC, ddl, and Crixivan. I knew the scheduling would be tricky so I spent some time thinking about how I would do it. As you may well know, the ddl and Crixivan have to be taken on an empty stomach and not together. (That's at least two hours after eating and at least an hour before.) The Crixivan I took every eight hours and the other two, twice a day. I finally decided 7am, 3pm and 11pm might work for the Crixivan. If I then did the ddl at 6am and 5pm that could fit, I thought. The 3TC was easy because it didn't matter what my stomach status was. The implications were that I'd have to get started at 6am so I now have my radio set for that. I get up and take the ddl and go back to bed and listen to the news til 7. Then I get up, take the Crixivan and shower, shave, etc. From 8am to 1pm I can eat – breakfast, lunch, brunch or whatever. From 1pm to 6pm I can't.

I've set my watch for 3pm as without it I'd certainly often find myself involved in something and forget. Five pm isn't much of a problem as I'm usually ending something about then and if I forget, I'm usually thinking about eating pretty soon thereafter. If I haven't taken the ddl yet, I do so and wait an hour before eating – that's easy as it takes that long to get something ready or go somewhere. As long as I'm done by 9pm, I'll be ready for the 11pm dose of Crixivan. I take the 3TC during or after dinner and again aim for when I first eat for the day. Once I had all this figured out and before actually starting, I took the list to my pharmacist – along with the other things I take and I started using my vitamins as "test pills" to get into the schedule. I put all the pills out each morning so the piles can always tell me whether I've already taken the pills or forgotten them. (Besides these I take 3 vitamins, Bactrim, and some Prazosin.)

Well, as I've said, it works for the most part. When it doesn't I'm guided by that schedule's philosophy. My system's Crixivan levels will be best if regenerated about every 8 hours – but if I mess up, 10 is better than 16. So, I take it as soon after 8 as I can and try to get back to the schedule (with maybe a subsequent adjustment or so to equalize the intervals). On Christmas, when others had scheduled dinner for 3:00pm, I fudged the 8 to 7's and 9's for a day or two to make it work. I try very hard to watch the empty stomach part of the routine because if the drugs aren't being absorbed as best they can be the whole effort is probably not worth much. I carry my two afternoon shots around in an old Anacin box about an inch square and a little more than a quarter inch thick – it's great.

One afternoon when downtown my watch went off and I realized I'd left the little yellow box at home. My philosophy is that probably the most important thing for me to do these days is these pills – so I left work early, got home about 4:00pm and took my Crixivan. In the old days I'd have stayed at work and at 5:00pm remembered it was time for pills. The pile had the next Crixivan so I took two more and then realized what I'd done. I thought I might not feel very well that night but I was fine. I didn't know what to do next but since I felt fine decided that 8 hours after the second I should take some more so I did. Don't remember now what I did about the ddl but if it happened today, I'd wait an hour and then take the ddl and hope for the best.

It isn't just the pills, of course. With Crixivan I have to drink gallons of water or risk kidney stones which I've been told I definitely want to avoid. Drinking the water with the pills seems to work well – I'm sure I'd otherwise be likely to drink half as much. So it's two glasses of water every time I take pills – except the ddl – the pharmacist thought they might be best with a limited amount of water. So, with the Crixivan and the others I get about 10 glasses a day. The worst part was adding the two before going to bed. But I've gotten to the age I guess one has to expect some nighttime bathroom interruptions. I can now, most often, sleepwalk through those and get back to sleep. It's annoying but it didn't all start last November.

Normally I don't have to be at work at 8:00am so I can find a convenient time in the morning to eat. Recently though, I've been commuting one day a week – leaving at 6:45am and returning home about 6:00 pm. If I happen to wake up about 5:30am I take the ddl and then the Crixivan just before running out the door. Otherwise I take the Crixivan enroute and get by with a little less water than usual. Then I snack from arrival through lunch. It works.

My toes are numb all the time, I think from ddl neuropathy. But it doesn't seem to be getting any worse and isn't painful. (I try to walk a fair amount hoping the exercise will help and maybe it does – who knows?) I think the Crixivan sometimes makes me a little nauseous – especially if I have some phlegm in my throat. In the morning another half-hour back to bed can help – if there's time. Some little breath mints or hard candy seems to help too. I don't know what they do to my stomach status but pills won't do me any good if I barf them up so I use the mints when the urge hits me. (The pharmacist had said that a cracker or something with the Crixivan could be ok, but the nausea isn't necessarily right with the pills.) Anyway, the nauseous feeling still makes me cringe a little when I think of Crixivan or look at the pills or bottle. After reading Kabat-Zinn's *Full Catastrophe Living*, it seemed wise to make a conscious effort to counter this reaction. I'm making progress but still have a way to go on this.

I'm pleased that all the effort is so far productive. My viral load has dropped to and remained "non-detectable." My life is certainly quite a bit more complex. And those warm summer afternoons when I see others walking down Broadway with fine ice cream cones my mouth waters. I also used to enjoy those occasional mid-afternoon office birthday cake breaks more when I could partake. In short, being very "compliant" isn't a piece of cake but I sure feel a whole lot better than I did a couple of years ago.

Health Promotion

by Daryle Cano – ACT-B Support Worker/Health Promoter

How To Get Treatment Information From Home

Are you aware that you can access HIV treatment information from the comfort of your home? If you own a telephone, you can call CATIE, the Community AIDS Treatment Information Exchange, at 1-800-263-1638. There is no charge for this call. CATIE is an independent, non-profit community-based organization that helps people living with HIV and AIDS make informed health care decisions. The calls are confidential, and the trained consultants can provide information on medication, nutrition, complementary therapy and medical conditions.

You can also reach CATIE via the internet, if you are able to use a friend's computer that has internet access. General E-Mail inquiries should be sent to: info@catie.ca and you can reach their World Wide Web Site at www.catie.ca. Their mailing address is #420 – 517 College Street, Toronto, Ontario M6G 4A2.

If you have any further questions about CATIE, please ask your counsellor. CATIE is available to anyone, free of charge.

Food For Thought – Submitted by Ingrid Buahene, Nutritionist

The buzz word in the Health and Nutrition field is "organic" foods. The latest research shows that 60% of North America is interested in buying organic foods. But, do we actually get what we are paying for?

Here are some tips on what the label tells us:

1) If it is on raw products – the food is grown and manufactured without hormones, pesticides or synthetic fertilizer.
2) On processed foods – the product contains at least 95% organic ingredients.
3) Made with certain organic ingredients – the food contains 50% to 90% organic ingredients.
4) Organic ingredients list means that it contains less than 50% organic ingredients.

We have to take the time to read the information label to know what we are paying for.

Stouffers published this recipe in a newsletter – try it and see how you like it:

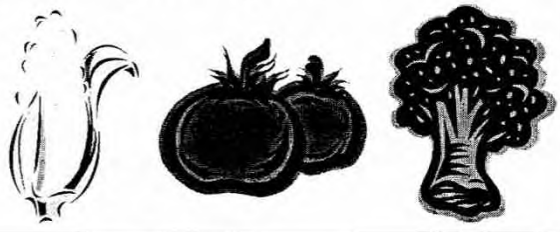
Alfredo a la Genovese (a main dish for one)

1 pkg. of frozen Pastaria Fettucine Alfredo 2 tbsp. chopped Genoa salami (about 2 slices)
2 tbsp. thawed green peas

Microwave pasta according to package directions. Stir in salami and peas. Cover loosely with plastic wrap; microwave on high for one minute or until hot.

Nutrition per serving: 435 calories, 15 gm protein, 23 gm fat, 42 gm carbohydrate
Excellent source of vitamin B12.

Next time we will talk about vitamins.



For Your Information

Reprints of Magazine Articles of Particular Interest

A Little Prevention Is Worth ...

A Refresher on Preventing HIV Infections

From: Hemophilia Ontario News Winter 1997 Vol. 29 No. 3

When someone in the household is HIV+
everyone needs to use their own razors, toothbrushes, towels, and washcloths.

When handling needles, always:

- Hold the sharp end away from yourself.
- Put used needles in a sturdy, plastic jar with a lid.
- Give the jar to your health care professional for safe disposal.
- Never put the cap back on the needle.
- Never bend or cut needles.
- Never remove the sharp needle from the plastic part.
- Never put the used needle jar in the garbage.

What if there's an accidental needle stick?

- Don't panic.
- Put the needle in the used needle jar.
- Wash where you stuck yourself using warm, soapy water for at least 15 seconds.
- Call your doctor or nurse and tell them what happened.
- Follow their instructions.
- Read the following "needle stick" article.

Intimacy & Protection

No risk:

- Abstinence
- If you and your partner are not infected and you only have sex with each other.

Some risk:

- Safer sex activities.
- Safer needle use.

What are safer sex activities?

- Safer sex activities prevent contact with semen, vaginal fluids or blood.
- Talk to your partner about safer sex *before* having sex. Make it your responsibility.
- Use a latex condom correctly every time you have sex.
- Use only water-based lubricants. Oil-based lubricants such as petroleum jelly must never be used because they may weaken the condom and cause it to break.

Home Infusions & Accidental Needle Sticks

Home infusions have meant greater freedom for children and adults with hemophilia. Any attempt to go into a vein with a needle carries with it the possibility of an accidental needle stick even when one knows all of the "right ways" and takes appropriate precautions. Kids can wiggle when you least expect it or the dog can bump into you sending the needle you've just removed from an HIV infected person right into your hand or the I.V. line disconnects suddenly and squirts you in the eye.

Many accidental exposures carry little or no risk of infection such as when infected blood gets on a skin surface that is intact. Even some needle sticks carry very little risk. If any of these happen to you contact an emergency room, clinic or your doctor, **as there is a prophylactic treatment, which if begun soon after the needle stick, may increase your chances of not becoming infected with HIV**. You can be treated following the same guidelines as are used when medical personnel experience an accidental exposure to HIV. *Depending on the exposure experienced* you may be given a 30-day cocktail made up from the same antivirals used to treat people diagnosed with AIDS.

If "post exposure prophylaxis" (PEP) is to be implemented, it needs to be started as soon as possible. It is thought to be less effective the longer it is delayed, but there are no data to indicate if there is a specific time after which it is ineffective.

Long term effects of this therapy are not yet known. In an editorial in the New England Journal of Medicine, Dr. David K. Henderson of the National Institutes of Health, writes that the decision to support the use of postexposure chemoprophylaxis for [those] accidentally exposed to HIV is warranted, despite the short– and long term risks of such treatments.

This information is based on the contents of these two documents found on the web site of the Canadian Public Health Association: ***Basic Facts About HIV/AIDS & Caring Safely for People with HIV or AIDS*** **www.cpha.ca**

Agency Activities

Notes from our Placement Students

My Placement at ACT-B

by Mel Wiegand
Recreation & Leisure Services Student

Working at ACT-B over the last four months has been quite an experience. I have had no previous experience working in the field of HIV/AIDS. But what I have learned will be invaluable to me in the future.

During the past few months I have worked with Fund-raising and with Support Services and I have performed all other duties as required. Some of my duties included helping with the Direct Mail Campaign, The Healthy Sex Cabaret, and Bingos. I also helped in getting the Activities Program started. See you all at the next event.

As my placement comes to its conclusion, I would like to thank everyone on staff for their friendship, support, their humour, and most of all their knowledge. You have made this experience truly a rewarding one.

Meegwech.

Thanks for the Memories

by Colleen Miller
Masters of Social Work Student

Hello readers! I have had the awesome opportunity of doing my university placement at ACT-B since the beginning of March and will continue until mid-June. Although I am working in the Support Services Department, I have enjoyed interaction with all staff at ACT-B.

So far, my experience has included coordinating and implementing the Annual Health Agenda Review – surveys and focus groups, support work and I will be co-facilitating a support group for Affected Persons.

I must tell you that working at ACT-B with staff, clients and volunteers has been a tremendous exposure to sincere caring and support for people living with HIV/AIDS. I also want to plug the library at ACT-B, the resources have made a good contribution to my research project on the psychosocial issues of women and HIV.

My stay at ACT-B has been a pleasant personal experience and I appreciate the opportunity to enhance my professional social work skills.

Thanks to everyone – it's been great!

What's Happening in Support Services these days?

By Sheila Berry, Support Services Coordinator

In the past several months, the Support Services Committee has been working with the board, staff, volunteers and interested clients to bring people with HIV/AIDS together for support.

Sandy, Mel and Clement have done the organizing and invite other ACT-B clients to join them. In their own words, "We are having lots of fun and laughter." Activities such as bowling, mini–putt and movie night have been planned and future events such as picnics, laser-tag, frisbee-golf, and much more will happen. This group is for friends, family and partners. Confidentiality is respected. Kids are welcome! To find out more about this program, call 345-1516

HIV Positive Support Group will be meeting every Tuesday evening for the next six weeks, commencing May 5th. The group is for HIV positive people who are looking for friendship and mutual support, and will be facilitated by Greg Adams and Judy Cameron. Confidentiality will be respected. Times for the meetings are 7-9 p.m. For location and more information, contact Sheila Berry at 345-1516.

Still life in the hearts of strangers
by Jodi Maguda
former Peer Ambassador, SUOP

Once there was a leaf of my life,
fallen from my tree of knowledge.
Parts of my soul travel each vein.
Parts of me not yet slain.
Most of my purity is gone.
Yet I still live on?
This leaf holds many secrets.
This leaf holds many tears.
This leaf holds a lot of laughter.
To you I'm a stranger,
nothing in your eyes.
I've lived sooo long.
I've lived so hard.
My knowledge is extensive,
Yet I'm so eager for more.
You, you hold the knowledge,
that I seek,
that I want.
Take then this leaf, this leaf from my life,
and ponder.
What do you want?
Take this leaf and know there is still hope.
Take this leaf and know,
that there is till so much more.
Each person you lay your eyes on,
Holds something inside of them,
something so deep
something so intimate
something so.....
Necessary.
??

Here and There . . .

ATTENTION VOLUNTEERS

We want to know how to contact you. If you are a volunteer who has not been contacted recently, or who has had a change in address, phone number, time of availability, or area of interest, please call in your current information so we can keep in touch with you. Call Selly at 345-1516.

Now that the university and college school year is over and our student volunteers have returned home for the summer, we are looking for more bingo volunteers. Bingos are the 4th Tuesday of every month. If you would like to work at a bingo or you know someone who would, call Selly.

Please keep in mind that the AIDS Walk and AIDS Awareness Week are coming up in the fall. If you would like to volunteer for these events, call ACT-B. Anyone interested in walking can call for a pledge form in early summer.

For Information -

About AIDS or HIV Infection:
Call the AIDS Hotline at 1-800-668-2437
Or
The AIDS Committee of Thunder Bay
Information Line 345-SAFE (7233)

About AIDS (HIV Antibody) Testing:
Call the AIDS Committee of Thunder Bay
345-7233 or 345-1516

Anonymous Testing in Thunder Bay
Call 625-5981

Regular HIV Testing
Call the STD Clinic 625-9544

About Counselling or Referrals
Call the AIDS Committee of Thunder Bay
345-7233

Aboriginal Healing and Science, can they co-exist? Why, naturally.
by Gabriel Kakeeway, Aboriginal AIDS Educator, Northwestern Ontario

After a few years of relating the principles of genetics and Aboriginal Medicine, I have come to a belief that they can co-exist. After this research the conclusion has been to nullify homophobia, AIDS phobia and HIV.

The history of Canada will dictate that HIV reminds me of Christopher Columbus coming upon beautiful people which he termed "Indeo." Some historical documentation was brought forth by Walter L. Williams who authored "the Spirt and the Flesh", the sexual diversity of the North American Indian. His actual research lessened my own fears in regards to working with Gay and Lesbian people and therefore, enabled my logic to work with all people. HIV education concludes that all people's hemoglobin is the same. Melanin, which dictates the shade of each person's skin colour, is also consistent in that we are all created equal, so why the racist logic that is still prevalent in the aspirations of freedom for all. Anti-sexual logic may only work if a person wants to climb the political ladder, questioning sexual diversity has, however, become passe.

In genetics we start out as female for the first 6-9 weeks while in utero. DNA or our genetic code then mixes in with testosterone, which creates a male person and a female default remains so that the fetus remains female. As basic as this information may seem, a blueprint is created. In current research, men and women are given personalities and certain individuals achieve feminine and masculine qualities. Therefore, genetics dictates it is okay to be diverse or different from heterosexual principles.

In many societies, some of these people were hidden, and in earlier history practically "fed to the dogs." This forced many North American Tribes to go underground with their roles as Medicine People, healers, crafts people and yes, even, warriors and peacekeepers. If people had warriors, common sense would let me know that I shouldn't ask what people do in their bedrooms. Ask Bill Clinton.

During the Residential School era in this region of the Northwest, open sexuality was then considered perverse. Perhaps this is one of the reasons some people have problems in finding out who they really are. As Native People have gone from dodem to modem in their teachings, we must remember that judgment of others is questioned by any religion.

Hopefully we can establish healing centers that will assist in this endeavour.

As I said, HIV reminds me of the current government system, the moment you get anywhere with it, it changes.

Parting Glance

Women's Symptoms For HIV Infection/AIDS Can Be Different From Men's Symptoms

The following symptoms can be signs of many different health problems. However, many women who have the AIDS virus (HIV) have one or more of these. If you have any of them, you should have them checked out.

Vaginal Yeast Infection – (Especially if it comes back a lot or is hard to get rid of.) Discharge from a yeast infection is white or cream-coloured. It often looks like cottage cheese. You may feel burning or itching. Your outer vaginal lips may be swollen and red and sore to touch. Sex may be painful. Yeast infections are very common.

Thrush – This is caused by another kind of yeast infection. It looks like creamy white patches in your mouth or on your tongue.

Changes in your periods – If your periods start to be really painful or very irregular or you are missing your periods, and this is different from your usual pattern, have it checked out.

Pelvic Inflammatory Disease – The signs of this can be pain in your abdomen (stomach), unusual discharge from your vagina (which may be thick or foul-smelling), painful sex, pain in your back or legs, pain when you pee, bleeding in between periods, fever, nausea and vomiting. If you have one or more of these symptoms, you may have P.I.D. It is very serious.

Hormone Changes – The AIDS virus can cause hormone changes that cause hot flashes, mood changes and some kinds of vaginal infections (such as a yeast infection).

Cervical Changes – The AIDS virus can cause changes in the cells (skin) in a woman's cervix. The only way to tell if you have these changes is to have an "internal" check-up (PAP test).

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The opinions and medical information offered by "**reACT-Believe**" are those of the individual authors and not necessarily those of the staff and Board of Directors of the AIDS Committee of Thunder Bay. Medical information offered should be used at your own discretion. Please consult your doctor.

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