reACT-Believe

The AIDS Committee of Thunder Bay
Winter 1998 Volume 11, Issue 3

AIDS Awareness Week & Holiday Issue

The Faces of HIV/AIDS

General Campaign November 23-30, 1998
Targeted Campaign Spring 1999

"As Canada's largest prevention initiative, the national AIDS awareness campaign is central to HIV/AIDS prevention efforts, and ultimately to the health of all Canadians. It is an occasion to celebrate the accomplishments of the AIDS movement in Canada and to acknowledge the contributions of so many."
- Allan Rock, Minister of Health

The 1998/1999 national AIDS awareness campaign, to be launched during National AIDS Awareness Week (November 23 to November 30), will build on the 1997/1998 campaign theme with modifications and updates. The Faces of HIV/AIDS reflects the reality of HIV/AIDS in Canada. While on one hand, people living with HIV/AIDS are living longer due to new and improved treatments, on the other hand, the number of new infections each year is on the rise. More and more Canadians are being affected. The campaign is designed to motivate Canadians to become more aware and involved in the prevention of HIV.

In Northwestern Ontario, the change in the faces of HIV/ AIDS has been very dramatic. As of the fall of 1998, 95 percent of the people living with HIV/AIDS that come to ACT-B for services are heterosexual men and women, while only 5 percent are gay men. Many have injection drug use backgrounds, many are Aboriginal people, many have partners and/or children. The faces of HIV/AIDS in this area cover a broad spectrum. This is truly an issue that affects the entire community.

AIDS Awareness Week offers an opportunity to learn more about the impact HIV/AIDS is having on your community.

- Attend one of the events planned for the week:
  - ACT-B Annual General Meeting, Wednesday, November 25 will feature Dr. Richard Fralick, a member of the Toronto HIV Primary Care Group
  - Candlelight Vigil of remembrance on Thursday, November 26
  - Public Forum on World AIDS Day, Monday Dec. 1 at the Waverley Resource library
- Visit information displays at various community agencies
- Drop in to the AIDS Committee, pick up information, browse the library, talk to a staff person
- Call the AIDS Committee office or watch the newspaper for additional events and activities.

David Belrose, Education Coordinator

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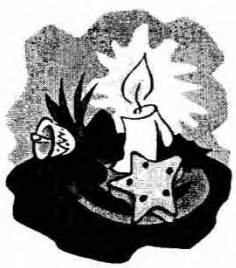

May the Blessings of the Season be yours

Education Update

Force for Change: World AIDS Campaign with Young People

The Joint United Nations Programme on HIV/AIDS (UNAIDS) and its co-sponsors and partners have chosen to focus the 1998 World AIDS Campaign on young people. The main reasons for this focus are:

Over 50% of new infections with HIV, the virus that causes AIDS, are now occurring in young people in the 10-24 age group. Young people are particularly vulnerable to HIV infection and are being very seriously affected by the epidemic.

Young people have the power to change the course of the epidemic. Young people are not only being infected and affected by HIV/AIDS, but they are also a key resource in mobilizing an expanded and effective response.

The campaign will be a chance to sustain the momentum created during last year's campaign on the theme of "Children living in a world with AIDS" and to build on some of the initiatives that were begun over the past months. Similarly, it is hoped that the activities initiated during the course of this year will be carried over beyond the year-end, and that the campaign will be seen as an occasion to develop new approached and to achieve consensus about what needs to be done in both the immediate future and the longer term.

The theme that has been selected for the 1998 campaign is "Force for Change: World AIDS Campaign with Young People." This highlights the intention of the Steering Committee that the campaign be used as a real opportunity to set up and strengthen processes for involving young people in reducing the spread of HIV, as well as mobilizing support for young people who are already suffering from the impact of the epidemic on their own lives, their families and their communities. The campaign also provides a platform for emphasizing the links between HIV/AIDS and other factors that are critical to young people's health and development including, in this anniversary year of the Universal Declaration of Human Rights, the promotion and protection of their rights.

In preparing their campaign, UNAIDS has been advised by a Steering Committee composed of its cosponsors (UNICEF, UNDP, UNFPA, UNESCO, WHO, and World Bank) as well as the Association Francois-Xavier Bagnould, Education International, the International Federation of Red Cross and Red Crescent Societies, MTV International, Rotary International, and the World Assemble of Youth.

Note: The article above came from the UNAIDS web site. If you would like further information, please contact ACT-B at 345-1516 or visit the site at http://www.unaids.org/unaids/events/wad/1998

Are you looking for information about HIV/AIDS?

Books
Videotapes
Audio tapes
Reference/ Research
HIV/AIDS Treatment Information
Brochures
Posters

Visit the Resource Centre
AIDS Committee of Thunder Bay
217 S. Algoma St. (Algoma and Cornwall)
9:30-4:30 Monday to Friday
Call 345-1516
E-mail: actb@tbaytel.net

EVENT SCHEDULE
AIDS AWARENESS WEEK 1998

Date	Event
Saturday, Nov.21	ACT-B Tag Day various locations
Monday, Nov. 23	Northern Access to HIV Care - focus groups for PHAs during day Healthy Sex Night for Men/ Healthy Sex Night for Women 7:00 PM Lakehead University Residence Conference Centre
Tuesday, Nov. 24	ACT-B Bingo
Wednesday, Nov. 25	ACT-B Annual General Meeting Unitarian House 7:00 PM Speaker: Dr. Richard Fralick, HIV Specialist Silent Auction
Thursday, Nov. 26	Candlelight Vigil 7:30 PM (Silent Walk from ACT-B – weather permitting) Unitarian House, 129 S. Algoma St. Condom blitz – Lakehead University Outpost
Monday, Nov. 30	HIV Testing Information Night 7:00 PM Lakehead University Residence Conference Centre
Tuesday, Dec. 1 **World AIDS Day** "Force for Change: World AIDS Campaign with Young People"	"AIDS-Proofing Your Kids" Public forum for families 7:00 PM Waverley Resource Library Auditorium

Other events

Thunder Bay District Health Unit – Safer Sex campaign with "Lifesaver Lollipops"

Thunder Bay Regional Hospital – lobby displays at McKellar and Port Arthur campuses

Family Services Thunder Bay – information display

Listing as of October 22, 1998. Other events/activities may be added prior to AIDS Awareness Week. Please call 345-1516 for current information.

Take Note –
The Annual General Meeting of the AIDS Committee of Thunder Bay will be held on Wednesday, November 25, 1998 at the Unitarian Hall at 129 S. Algoma St., Thunder Bay
Doors will open at 6:30 p.m., Meeting begins at 7:00 p.m. to conduct agency business and elect the 1998 Board of Directors. Guest speaker will be Dr. Richard Fralick of the Toronto HIV Primary Care Group. There will be a Silent Auction. Everyone is welcome.

Fundraising News

AIDS Walk Success

Thank you, Thunder Bay! The AIDS Committee of Thunder Bay is grateful for the generosity of all those who supported the recent AIDS Walk. Whether you pledged a friend or co-worker, contributed a prize or sponsorship money, your support made this event the most successful ever: $25,000 was raised to help in the fight against AIDS in Thunder Bay.

Thank you local sponsors and contributors.
Sponsors: The Outpost Pub, Bell Canada, Thunder Bay Telephone, Pizza Hut, Domino's Pizza, Dr. Donaldson
Media Sponsors: The Chronicle-Journal, KIXX FM
Contributors: Canadian Regional, Lakehead Travel, Delta Chelsea Inn (Toronto), Valhalla Inn, Grand Portage Lodge, Rose Valley Lodge and Restaurant, Moxies, Superpet, Zeller's, Michael's Hair Design, Coca Cola Bottling, Magnus Theatre, Molson's, WalMart, Canada Safeway (Arthur St.), Neebing Roadhouse, Blockbuster Video, Good News Café, Fresh Air Experience, native Arts & Crafts, J.B. Evans, Morvision Video Productions and Balloon Thunder Bay.
And, thank you to the National Sponsors of this event (see the adjoining column).

The Walk was a very enjoyable event, thanks to: Norm Sponchia, M.C.; Nancy St. Jarre and Patti Ogilvie, entertainers; the staff of the Outpost; the many ACT-B volunteers; Lawrence Korhonen and Christa Alsch, staff; and also the Walk Committee: Sherry Britton, Doug Kanto, Serge & Nicky Tittley, Carol Nicholson, Selly Pajamaki, Karen Vescio, and Carri Whidden.

The top prizes for the most amount of money raised by an individual for the Walk went to the following people:
- 1st prize: Teresa Miller who collected $1,767.50
- 2nd prize: Barb Spencer who collected $652.00
- 3rd prize: Maria Fiorot who collected $555.25
- 4th prize: Selly Pajamaki who collected $505.00

Together, these four people raised $3,479.75. Our sincere appreciation and thanks to them and all of the other walkers who helped to make the Walk a great success again!
Other prize winners were:
- Kenora House was the LU residence that collected the most pledges
- Westgate Collegiate & Technical Institute won the Red Ribbon Trophy for the most pledges collected by a local high school
- the Golden Woodie was awarded to the 4th year Social Work class at LU
- the team from St. Paul's United Church won the team award for the most pledges collected by a group.

The fun doesn't stop with the Walk – we have more fund raising events coming up all the time. The next big event is the Tag Day on Saturday, November 21st. If you're interested in helping out, call Selly at 345-1516.

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OFFICIAL AIRLINE OF AIDS WALK CANADA '98
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A PROJECT OF / UN PROJET DE LA

Canadian AIDS Society / Société canadienne du sida

in partnership with community AIDS organizations across Canada
/en collaboration avec les organismes communautaires
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New Ways to Take Old Drugs

By Greg Miller, reprinted from "STEP Perspective. Your Northwest Treatment Journal" Winter 1998

In the past two years, we have seen the introduction of two new classes of antiretroviral drugs, protease inhibitors and non-nucleoside reverse transcriptase inhibitors. These new drug classes have greatly advanced the drug treatment of HIV infection. Recently, two additional drug products have been introduced, Combivir and Fortovase. These two products are not new drugs; rather they are new formulations of medications already in use. This article will briefly review these agents and highlight the advantages and potential drawbacks of each.

One challenge facing people taking multiple medications to treat HIV infection is adherence to often complicated drug regimens. Due to the importance of proper medication taking, a current strategy is to simplify drug dosing by designing combination therapy with fewer tablets or dosing times per day. Combivir is an attempt to accomplish this. GlaxoWellcome has taken two of its products, Retrovir (AZT) and Epivir (3TC) and placed them into 1 tablet. This new product is called Combivir. For people taking Retrovir 100mg capsules, 2 capsules 3 times daily and Epivir 150mg tablets 2 times a day, this change would provide a decrease from 8 tablets/capsules daily to just 2 tablets per day.

Each Combivir tablet contains 300mg of AZT and 150mg of 3TC. Dosing recommendations are to take 1 Combivir tablet 2 times daily. This matches the dose of 3TC taken by a great majority of people who take this drug (150mg 2 times a day). However, doses of AZT are more variable. Common dosing schedules for AZT include 100mg 3 times daily, 200mg 2 times a day, 200mg 3 times daily, and 300mg 2 times a day. Daily doses of AZT range from 300mg to 600mg per day, and sometimes higher. The dosage adjustments are frequently made to eliminate or minimize side effects that may occur with AZT.

People who are taking AZT and 3TC separately and wish to switch to Combivir to take advantage of the simpler dosing regimen should compare their current dose and frequency of AZT and 3TC to that provided by Combivir. Because of the variety of AZT dosing, it may be impossible to match the daily dose of AZT a person is taking, the schedule of their AZT, or both. Be aware that any changes caused by this switch could have consequences. If the daily dose is higher, using Combivir may lead to an increase in side effects. If it is lower, or the dosage interval (time between doses) is longer, there is the possibility of different therapeutic effect. Often a switch can be made with little or no noticeable difference.

Additionally, for people not currently taking AZT or 3TC who wish to start taking Combivir, the dosage adjustments made to AZT to reduce side effects or to 3TC because of decreased kidney function are not possible due to the fixed combination in this preparation. While Combivir may simplify the drug-taking regimen for people taking AZT and 3TC, the inability to adjust dosing should be considered when prescribing or taking Combivir.

Adverse reactions associated with either AZT or 3TC can be seen with Combivir. These include fatigue, headache, nausea, insomnia, and hematologic (blood) toxicities, including low red or white blood cell counts, and effects on the pancreas or nerves of the hands or feet.

Saquinavir was approved for use in the United States as a hard capsule with the brand name Invirase. The major concern with Invirase was poor oral absorption. Saquinavir is an effective antiretroviral if it can reach effective levels in the blood. Hoffman-LaRoche, the maker of Invirase, reports an average of only 4% bioavailability (amount of an oral dose that reaches the bloodstream). Efforts to improve bioavailability have resulted in the release of a new soft gel formulation of saquinavir, called Fortovase. The active drug, saquinavir, is the same.

When taking Fortovase, the amount of saquinavir that reaches a person's bloodstream is increased in two ways. First, the soft gel formulation increases the bioavailability (absorption) of saquinavir by 3 to 5 times. Second, Hoffman-LaRoche doubled the recommended dose of saquinavir from 1800mg per day with Invirase (3 200mg capsules 3 times daily) to 3600mg per day with Fortovase (6 200mg capsules 3 times daily). These two factors, improved absorption and doubled dose, result in blood levels approximately 9 or 10 times higher when Fortovase is taken compared to Invirase. Dosing concerns are the same with Fortovase as they are with Invirase. They both must be taken after a meal, preferably a high-fat meal, to get the desired absorption.

It should be noted that the recommended dose of Fortovase is 18 capsules per day, increased from 9 capsules per day with Invirase. This can be an obstacle to proper drug-taking for some people. While the number of capsules and daily dosage has increased, Hoffman-LaRoche has priced Fortovase at the same daily cost (i.e. 18 Fortovase capsules cost the same as 9 Invirase capsules). This means that the cost of each 200mg capsule of Fortovase is one-half the cost of a 200mg capsule of Invirase.

Approximately half of the people taking saquinavir are using it in combination with a second protease inhibitor, ritonavir (Norvir). The recommended dose of Fortovase when used in combination with ritonavir is the same dose as Invirase in combination with ritonavir – usually 400mg twice a day. Remembering that Fortovase cost per capsule is half that of Invirase and the dosage is the same when used in combination with ritonavir, the cost of this double-protease inhibitor therapy is reduced by switching to Fortovase.

One additional concern with Fortovase not faced with Invirase is storage requirements. Fortovase should be refrigerated prior to dispensing. When stored in the refrigerator, Fortovase will be good for the entire shelf life as indicated by the date on the bottle. When stored at room temperature (77 degrees Fahrenheit), Fortovase will be good for only three months. Care should be taken to prevent Fortovase from reaching temperatures higher than this.

Side effects with Fortovase remain the same as with Invirase: diarrhea, nausea, abdominal discomfort, or stomach pain. As more drug is absorbed, there may be an increase in the incidence or severity of these side effects.

Mineral Elements – Submitted by Ingrid Buahene, Nutritionist

Mineral elements do not exist in foods, but are combined in salts; for example sodium chloride. They may also be combined with organic compounds; iron in hemoglobin and sulfur in almost all proteins. Unlike carbohydrates, fats and proteins, mineral elements cannot be used for energy. They are found in all body tissues and fluids.
We differentiate between macronutrients and micronutrients. Macronutrients are those major elements that occur in the largest amounts, whereas micronutrients or trace elements are found in very small amounts.

Macronutrients

Calcium – 99% of the body calcium is found in the bones and teeth where it is combined with phosphorus and other elements to give rigidity to the skeleton. Calcium is required for the complex process of blood coagulation, controls the transmission of nerve messages, and brings about the normal contraction of muscles, including the heart.
Food Sources – any kind of milk, hard cheeses, kale, turnip greens, mustard greens, broccoli, cabbage, and cauliflower rate as fair sources. Among fruits, oranges contribute some calcium. Canned salmon gives calcium if the tiny bones are eaten. Meats and cereal are poor sources of calcium.
Deficiency becomes evident only after years of inadequate intake – such as osteoporosis, especially in older women. The causes of the condition are complex, but non-milk drinkers are more susceptible than those who drink milk throughout life.
Phosphorous – is essential for building bones and teeth.
Phosphalipids – regulate absorption and transport of fats. They also regulate the storage and releasing of energy according to the body needs. They supply enzymes that are required to utilize carbohydrates, fats, proteins and buffer salts in the regulation of acid-base balance.
Food Sources – milk, meat, poultry, fish, egg yolks, legumes and nuts are rich sources.
Magnesium – 60% of it is found in bones and teeth. Together with other mineral elements, magnesium regulates irritability and muscle contraction and activates many enzymes involved in energy metabolism.

Micronutrients

Iron – most of it is present in the hemoglobin. Hemoglobin is carried in the circulation in the red blood cells. It picks up oxygen in the lungs and transports the oxygen to the tissues so that oxidation reactions can take place in the cells. From the cells, the hemoglobin carries carbon dioxide to the lungs to be exhaled. Iron is also a constituent of many enzymes that are required for the use of glucose and fatty acids for energy. When the red blood cells are destroyed after their lifespan of about 120 days, the hemoglobin is broken down. The iron that is released is used over and over again.
Food Sources – meat, any kind of organ meat, especially liver, legumes and nuts, dark green, leafy vegetables of all kinds. Fruits are fair contributors, dried prunes, apricots, peaches and raisins are rich in iron, but their infrequent use means that daily intake is not importantly affected. Molasses is a good source of iron.
Deficiency – Iron deficiency anemia is found in infants and young women.
Iodine – is stored chiefly in the thyroid gland, but is also present in trace amounts in all cells. It is an essential constituent that regulates energy metabolism.
Food Sources – saltwater fish, shell fish. The most reliable way to ensure adequate intake is through the use of iodized salt.
Zinc – it is part of the enzyme that transfers carbon dioxide from the tissues to the lungs, it is essential for the production of insulin by the pancreas.
Food Sources – it is widely distributed in plants and meats that are good sources of protein. There is little chance of zinc deficiency when a varied diet is consumed.
Fluoride – exists in the body in compounds called fluorides. Traces of fluoride are beneficial in protecting teeth from decay and are useful in maintaining bone structure.
Source – best provided in the water supply.
Other Trace Elements:
Chromium – involved in carbohydrate metabolism
Cobalt – a constituent of B12.
Copper – a catalyst for hemoglobin formation.
Manganese – enzyme system, normal for bone structure, blood formation.
Selenium – related to activity of vitamin E.

For Your Information

Women and HIV/AIDS

Why are women vulnerable to HIV infection?

Women are biologically more vulnerable than men to HIV infection. Studies have found that male to female transmission appears to be two to four times greater than female to male transmission. This is in part because semen contains a far higher concentration of HIV than vaginal fluid and also because there is usually much more semen than vaginal fluid present in sexual encounters.

The presence of sexually transmitted diseases (STDs) which cause genital ulcers, such as chlamydia and herpes, has been shown to increase the risk of acquiring HIV infection in the event of exposure to the virus. Given that women often do not suffer from symptoms of STDs, they may go untreated and undiagnosed. Women between the ages of 15 and 19 report the highest rates of STDs and are therefore a high risk age group.

The economic, social and physical power imbalance between men and women contributes to the lack of safety in sexual relationships and the difficulty for many women in negotiating safer sex. To do so may have repercussions, ranging from stigma to fear of violence or abandonment.

Women in abusive relationships are at a greater risk of HIV infection. Low self-esteem and the fear of instigating violence within an abusive relationship limit an abused woman's ability to insist on condom use with her partner. This risk is an invisible and deadly form of violence against women. In many relationships (abusive and non-abusive), especially with longer-term partners, there is a tendency to associate non-condom use with loyalty, trust or love. It also appears that fear of pregnancy, not the fear of HIV or STDs motivates condom use. Condom use therefore has shown to decline in women who rely on oral contraceptives as a method of birth control. Other factors associated with not wearing condoms includes an increased number of partners, embarrassment about buying condoms, difficulty discussing condom use with a partner, insufficient knowledge about HIV and STDs and the belief that condoms interfere with sexual pleasure.

...continued on page 8

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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

A Message From Santa's Elves

Christmas is fast approaching and here at the AIDS Committee of Thunder Bay we are once more in need of "Secret Santa's." Providing something special for Christmas has become an ongoing tradition which we invite you to participate in.

The number of individuals and families affected by HIV/AIDS has increased yet again. Unfortunately, this includes children. The reality for many is that once they are affected, their support systems vanish. The holiday season, where family and friends are stressed, is particularly poignant for those rejected by familiar faces.

We are asking you to take on the role of a "Secret Santa" by filling either a large stocking for an individual or a basket for a family. We will provide specific information, e.g. gender, age and interests, to make each basket/stocking meaningful. Should your schedule not permit the actual shopping, we will gladly accept a cash donation and complete your "Santa" commitment. Baskets and stockings are needed by December 17th at the latest for Christmas delivery.

Please contact either Marge at 622-0462 or Liisa at 344-8443 to choose a family or an individual and make arrangements for pickup.

Thank you in advance for your caring and gracious support.

Marge Cross and Liisa Clarke, Christmas '98 Santa's Elves

Letters

The Light at the End of The year - by Michael Sobota

I am writing this near the end of October. The earth is shifting and Thunder Bay finds itself tilted further and further away from both the light and warmth of the sun. I now come to work in the dark and within a few weeks will be going home after the workday in the dark.

We are advancing toward winter and the darkest day of the year. This is routine, expected, "not a big thing". While these conditions lend themselves toward some difficult months ahead, their flip-sides are equally relevant. Winter is a time for closeness, a time for tucking-in, for slowing our hectic pace, for contemplation and productive thought. It is a time when closeness is both sought out and forced upon us.

As we head into these darkly rich, quietly cold months, I am grateful for the preparation that ACT-B has done to get us ready. This has been a thick, busy year of work at our agency. Some of it is very visible: if you have visited our location since last summer, you can see the changes. You are greeted with a warm and welcoming reception area and equally warm volunteer receptionist. Some staff offices have been relocated to provide easier traffic flow, consolidation of like services, and a better sense of comfort and confidentiality. This has been a year of significant training for staff, upgrading skills and knowledge levels through participation in the Ontario AIDS Network peer skills building workshops, through regional and provincial conferences, through local workshop and training sessions and improved peer networking. ACT-B now has an agency web site and internet access. Other equipment improvements resulted from one-time AIDS Bureau funding to the Ontario AIDS Network.

As Fall advances into Winter, the flow of people through our doors hasn't diminished. We are being accessed by more clients than ever before, we welcome new volunteers each month, colleagues in health come to our location for diverse meetings. ACT-B is a warm and busy place. The coffeepot is usually on, or the kettle available to be plugged in. We are grateful for this busy inter-change of people and support.

The light at the end of this year – the external, physical light – decreases. Simultaneously, all the inner light of all the hundreds of people whose paths cross inside our walls, increases and multiplies. Yeah, winter is coming. Not to worry. Pay attention to your pace. Thank you for your work. Glow.

Michael Sobota is the Executive Director of The AIDS Committee of Thunder Bay

Here and There ...

ATTENTION VOLUNTEERS

I would like to thank all of the many volunteers who helped to make AIDS Walk 98 such a great success. There were approximately 60 volunteers involved with the Walk - we would have been lost without them. In particular I would like to thank Sherry Britton, for the fantastic job she did in soliciting prizes from local companies; Carol Nicholson and her group of volunteers for their work in the Children's Activity Centre; and Karen Vescio for finding corporate sponsors.

AIDS Awareness Week will run from November 23rd to 30th this year. As part of the activities, the AIDS Committee will conduct a **Red Ribbon Tag Day** on Saturday, November 21st. If you are interested in helping with the project, call Selly at 345-1516. We will be needing a large number of volunteers.

Bingo continues twice a month, on the second and fourth Tuesdays, if you'd like to help at a bingo, call Selly.

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 The Needle Exchange:
Call 625-9767
345-7233 or 345-1516

About Anonymous HIV Testing in Thunder Bay
Call 625-5981

About Regular HIV Testing
Call the STD Clinics 625-5944 or 622-7585

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

About HIV/AIDS Treatment Information
Call Catie (Community AIDS Treatment Information Exchange) 1-800-263-1638

Support Services Activities

It's fall again – complete with coloured carpets of crunchy leaves, early morning frost, crisp autumn air, the ever increasing threat of snow, and preparations for winter. Fall is business. Here at ACT-B it's busy.

- **The AIDS Walk** was a tremendous success with support from local youth, family, friends and colleagues, area businesses, and Westgate and Port Arthur Collegiate High Schools.
- **The 7th Annual Regional Counselling Conference** took place at the Prince Arthur Hotel in mid-October and was a great success with over 150 registrants, more than ever before.
- **Positive Support Group** is running for 8 weeks. The last session will be in the first week of December. Details on times and dates, call Support Services.
- **Friends, Family and Partners Group** for people affected by HIV and AIDS is in the process of organizing for a six week session. If you are interested in attending, please call and let us know.
- **Retreat for HIV Positive people and people with AIDS** took place October 29 and 30th.
- **Mother's Cupboard** is stocking up the shelves. If you would like to bring in some items for the cupboard, you can drop them off at reception. We now have a freezer, so we can accept bread, margarine, meat and frozen vegetables.
- **Secret Santas** are busy collecting goodies for Holiday Baskets. If you are interested in doing a stocking or assembling a family basket, individually or with a group of friends or co-workers, call Marge Cross at 622-0462 or Liisa Clarke at 344-8443.
- **Northern Access to HIV Care Study** is going to be gathering information over the next few months to assess the level of health care available to People with HIV or AIDS in Northern Ontario. This project is sponsored by the Ontario HIV Treatment Network and is being carried out in partnership with PHA's, AIDS Services Organizations and various health-care providers across Northern Ontario.

Parting Glance

Women and HIV/AIDS *(Continued from pg. 5)*

Subordination in education, employment, social and legal status makes women more vulnerable to HIV. Women who have limited access to financial resources are more likely to become economically dependent on men, relegated to the subsistence sector or forced into commercial sex work. Attention to more immediate concerns of food, housing and addiction often takes priority over future concerns of HIV infection.

Women also have a shorter survival rate than men diagnosed with AIDS. This may be due to: a) a misdiagnosis of early symptoms resulting in later diagnosis and treatment delay; b) exclusion from drug trials; c) lack of research in natural history of HIV disease in women; d) inadequate child care; and e) the way in which many women tend to care for others before themselves.

KEY ISSUES

- *An increasing number of Canadian women are contracting AIDS. Among them, 63% are due to heterosexual contact, 17% due to injection drug use, with the remainder due to either the receipt of blood/blood products or undetermined factors.*
- *Women are one of the fastest growing populations infected with HIV. The World Health Organization estimates that over 15 million women will become infected with HIV by the year 2000.*

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

- Ontario Ministry of Health - AIDS Bureau
- Health Promotion and Programs Branch, Ontario Region, Health Canada (ACAP)
- All of the people involved in general fundraising and the support of many local businesses and individuals.

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.

Please address any comments or concerns to

reACT-Believe
P.O. Box 24025
RPO Downtown North
Thunder Bay ON P7A 8A9
(807) 345-1516

ACT-B Advisory Council

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Selly Pajamaki	Volunteer Coordinator
Michael Sobota	Executive Director
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