

# reACT-Believe

The AIDS Committee of Thunder Bay  
Spring 1999 Volume 12, Issue 1



## Spring/Summer Issue



### Changes at the AIDS Committee of Thunder Bay

Michael Sobota, ACT-B's long-standing Executive Director will be taking a leave of absence to work on a research project. The project is to document and write the history of the community-based response to HIV/AIDS in Ontario, focusing on the last two decades of this century. Michael will be on leave from ACT-B from June this year through November, 2000.

While Michael's leave signals a change for ACT-B, an orderly plan is in place to provide a smooth transition, without interruption to programs or services. The current ACT-B staff team remains in place. However, some staff will take on new positions and responsibilities. Lawrence Korhonen, currently Administration Coordinator, will become Executive Director. Lawrence is a senior staff person, having been with the agency since January, 1988. Selly Pajamaki will move from being ACT-B's Volunteer Coordinator to Administration Coordinator. Carri Anne Whidden will be contracted as Volunteer Coordinator. Carri served in this position a couple of summers ago when previous Volunteer Coordinator Jo-Ann Jacomb took a summer's leave of absence.

As with any change, this transition will need some time – and your support – to fully function harmoniously and smoothly. We invite your trust and support.

Michael is not leaving the city. He will be working on the history project from his home. He welcomes any thoughts or contributions you might have about documenting the community response to HIV/AIDS. And you will see him around as he says he'll continue volunteering at ACT-B events.

### National AIDS Awareness Campaign 1998-1999

#### Spring Youth Campaign 1999

Following up on The Faces of AIDS campaign, this year sees a secondary campaign focusing on youth and HIV. This complements the World AIDS Campaign theme this year **Youth: A Force For Change**. The campaign will target youth between the ages of 14 and 24 and will focus on those at higher risk for HIV infection: young women, young gay men and those using substances including injection drugs. While ACT-B has not seen HIV infections among Thunder Bay youth thus far, rates of sexually transmitted diseases and teen pregnancies show that unprotected sex is happening and poses a risk of potential HIV infections.

A national social marketing campaign will be launched in May 1999, which will include a one hour broadcast special on MuchMusic/Musique Plus, an HIV youth only web site, and a fall campus poster advertising campaign. We will have available brochures, posters, rave cards and fact sheets for any school, agency or individual wishing to promote the campaign. If you would like further information, please contact David Belrose at 345-1516.

#### Youth and HIV/AIDS

*(The following is excerpted from a Canadian AIDS Society fact sheet.)*

In Canada, youth are becoming infected with HIV. While no one is exempt from risk of infections, youth are at risk for HIV infection because of their increased vulnerability to several factors that increase one's likelihood of contracting the virus. These factors include the following:

*(continued on page two)*

#### Under Our Cover . . .

|                                       |   |
|---------------------------------------|---|
| Education Update                      | 2 |
| For Your Information                  | 3 |
| Fundraising News                      | 4 |
| Newsletter Survey Insert              |   |
| Health Promotion Insert               |   |
| Poetry, etc. submitted by our readers | 5 |
| Letters                               | 6 |
| Here and There                        | 7 |
| Parting Glance                        | 8 |

# Education Update

*(continued from page one)*

## Economic Factors

HIV is a class issue. Individuals living in poverty are at increased vulnerability for health problems. In one study, lower income HIV positive males were found to go on to have a 60 percent higher mortality rate than higher income HIV positive males. (Hogg et al., BC Centre for Excellence in HIV/AIDS, 1994). In Vancouver, BC, among YouthCO AIDS Society's Positive Youth Outreach Program's HIV positive members, a full 86 percent report annual incomes below \$10,000 (2nd Quarterly Statistical Report, 1997).

## Addictions

Many youth experiment with drugs and many youth living with HIV are infected through the use of shared needles. Enrollment statistics in the Vancouver Injection Drug Use Study (VIDUS) show that the average age at which participants first use needles is 21 years. (Strathlee et al., BC Centre for Excellence in HIV/AIDS, 1996). Alcohol and other drugs, apart from the HIV risk connected with needle-sharing, can also affect sexual behaviour and increase young people's vulnerability to HIV.

## Sexuality

Isolation and self-loathing characterize the teenage years and young adulthood of many gay, lesbian and bisexual youth (Canadian Public Health Association (CPHA). *Safe Spaces: HIV prevention for gay, lesbian and bisexual youth*. Ottawa: 1998.). According to the CPHA, the average gay or lesbian youth maintains total silence about their sexual orientation for a period of at least six years, all the while experiencing severe stress to that orientation. Consequently, as youth come to terms with their sexuality, HIV prevention becomes a secondary concern. Youth coming to terms with their sexuality face a number of environmental factors which contribute to their sense of isolation. Among these factors include: the lack of services which address youth specific needs; homophobia; lack of adult role models in the gay community; alienation from organized religions because of religious values taught about homosexuality; and the hostile environment of school. These factors augment the risk of HIV infection among youth.

## Sexism and Young Women

Young women are particularly at risk for HIV infection not only because of their disadvantages in society of being young, but also to their biological and social vulnerability. Compared with males, the female reproductive tract is more susceptible to infection with HIV and other STDs, a susceptibility that is particularly great in young girls. Gender inequalities are reflected in sexual relations between men and women in that men are more likely to initiate, dominate, and control sexual interactions and reproductive decision-making (Mann & Tarantola, 1997). According to UNAIDS, gender expectations which mean that young women have less control over their lives and

bodies than their male counterparts, increases the risk for HIV infection among young women. Often, females or street involved youth who are in abusive or dysfunctional relationships do not have negotiating power in a relationship to be able to protect themselves. Unwanted sex from social pressure, coercion and violence make young women particularly vulnerable. When looking at the rate of other STDs (also a measure of unprotected sexual contact), girls aged 15-19 years have the highest rate of infection for gonorrhea and chlamydia among women. Untreated STDs greatly increases an individual's risk of getting or passing on HIV to his or her partner. Youth are more reluctant to seek treatment for fear of being found out and the lack of access to youth-friendly health services contributes to the increase in STDs and HIV infection.

## Street Involvement

Street involved youth are facing many difficulties which may put them in positions where they are at a higher risk of HIV transmission. They may be dealing with poverty, abuse, poor self-esteem, and they may be trading sex for shelter or food. Often, gay, lesbian and bisexual youth do not feel safe in shelters because of a perceived homophobic atmosphere. Often, street involved youth are also faced with the issue of injection drug use. Young people who use injection drugs are exposed to high HIV risks if they share needles. The lack of support for stopping substance abuse and counselling services for youth magnified their vulnerability to HIV infection.

## Psychiatric or Neurological Disorders

Youth with impaired impulse control, insight or capacity to perceive risk by psychiatric diagnosis or neurological disorder are at an increased risk for contracting and transmitting HIV in institutional or community settings. The youth may also be poor, marginalized, lack basic sex education. Sexual abuse of children with disabilities occurs at a higher rate than children who do not have a disability. Youth who are dealing with a history of past or ongoing sexual abuse are at an increased risk for HIV transmission.

## Sexual Behaviour

Studies have shown that 50 percent of Canadian 17 year-olds have had sexual intercourse. Of this 57 percent of 17 year-old boys and 45 percent of 17 year-old girls used a condom the last time they had sexual intercourse. Ninety-nine percent of Canadian youth define themselves as heterosexual, this labeling leads to a belief that HIV is of no concern to them (College of Family Physicians of Canada, 1995). When looking at patterns of sexual behaviour common in youth two types are prevalent: serial monogamy, and casual sex. Youth who have experienced physical or sexual abuse at an early age tend to follow a pattern of casual sex. In terms of asserting personal boundaries, it is often hard to refuse unprotected sexual  
*(continued on page three)*

# For Your Information

## Spring Youth Campaign 1999 *(continued from page two)*

Intercourse when youth may fear rejection or loneliness.

### What Can We Do?

Research into prevention education programs for youth about AIDS show that factors influencing the effectiveness for peer education strategies include involvement of peer educators in program planning, provision of adequate training, on-going support and community acceptance. (MacKay, 1997). In a recent study of target groups for prevention education, it was found that youth 15 to 19 years old should be the highest priority for HIV/AIDS prevention education followed by 10 to 14 year olds (Sahai & Demcyree, 1996). Therefore, programs that address the above mentioned issues need to be developed. Youth need to be involved in the design and implementation of programs in order to ensure that these programs are successful. We need to ensure that programs designed reflect the realities of the various target groups, including street-involved youth, young gay men, Aboriginal youth, young women, HIV positive youth and youth from ethnocultural communities. According to UNAIDS, youth are a force for change. Youth are resilient and open for change. By ensuring school-based prevention education programs are appropriate, peer oriented, and address issues affecting youth, youth can help create a social environment in which they will have more control over their lives, and their risk to HIV/AIDS.

For more information, call the AIDS Committee at 345-1516.

.....  
 : AIDS Walk 99 will soon be here - mark the date, Sunday, September 26 in your cal- :  
 • endar now, you won't want to miss it!! Pledge forms will be available early in June. Get :  
 : your registration in soon - use the convenient form below. :  
 .....

# YES!

I'll raise money and walk 'til my shoes fall off to fight AIDS and to support people with HIV/AIDS. Please send my Walker kit right away.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apt.: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

Employer/School/Organization: \_\_\_\_\_

Team Name (if any): \_\_\_\_\_

Age: ☐ under 18 ☐ 18-25 ☐ 26-35 ☐ 36-45 ☐ 46-55 ☐ 55+

Sex: ☐ M ☐ F

- ☐ I would like 1 2 3 4 5 Pledge forms (circle one).
- ☐ I'll take the lead in forming a team. Please give me a Team Leader's kit.
- ☐ In addition to walking, I can volunteer my time. Please call me.
- ☐ This is my first AIDS Walk Canada.
- ☐ I can't make it on September 26, but I want to donate.



**AIDS WALK CANADA**  
 A PLEDGE IS THE FIRST STEP

# Fundraising News

Welcome to spring and the promise of another season of warmth and beauty in Thunder Bay. This is one of the reasons we appreciate living here.

I would like to acknowledge everyone who supported local people affected by HIV/AIDS and our efforts to provide supportive programs and to prevent further infections. It is through the generosity and concern of many hundreds of people who give their time or offer donations that these efforts benefit our community.

As we look to the upcoming year, our major fund raising project will be the **AIDS Walk on Sunday, September 26th**, at the Outpost on the campus of Lakehead University. The focus this year will be to recruit teams from the community with particular focus on young people.



**AIDS WALK CANADA**  
A PLEDGE IS THE FIRST STEP

We are planning to have pledge forms available early in June so interested people can collect pledges through the summer months. AIDS Walk 99 will be fun, exciting and the most successful fundraiser we have ever had!

We are facing many challenges in the next fundraising period. Just a few weeks ago, many of you may have enjoyed a performance of the LAST Cabaret. The Cabaret was a signature event for ACT-B and will be missed by many. Some ideas are percolating about a possible replacement for this popular event.

We are in need of volunteers to participate on the Walk Committee, the Fundraising Committee and to help with other fundraising events. Please call John if you enjoy a challenge and are willing to make a commitment of your time.

## ATTENTION BINGO LOVERS!!!

Do you have time on your hands, free evenings with nothing to do? Do you like being in a busy (hectic at times) atmosphere, surrounded by crowds of people? Have we got the place for you! Why not become an ACT-B Bingo Volunteer? Give us a few hours now and then, or sign-up to become a regular bingo worker and work one or two bingos a month. Talk to our regular bingo workers - they have a lot of fun and are a great bunch of people to know. If you're interested in helping us out, call Selly at 345-1516 and arrange to become a 'Bingo Volunteer' today. Bingos are on the 2nd and 4th Tuesdays of the month and run from about 5:30 to 9:30 p.m. Call today to sign up!!!

## Yard Sale

*If you are holding a yard sale this spring or summer, would you consider donating 10% of your proceeds to the AIDS Committee?*

*Your donation would be dearly appreciated.*

*Due to a lack of storage space, the AIDS Committee is unable to conduct its own yard sale.*

*Call us prior to your sale and, with sufficient notice, we will try to get volunteers to help you. Call 345-1516.*

## MEMBERSHIP IN ACT-B

### Why should I become a member of ACT-B?

Membership brings with it many benefits. Becoming an active voting member of the AIDS Committee of Thunder Bay means that you:

- \* Have a say in the direction of the agency
- \* Have paid the annual membership fees
- \* Support the aims and objectives of the agency
- \* Can attend & vote at the Annual General Meeting
- \* Can stand for nomination to the Board of Directors
- \* Can elect the incoming Board members
- \* Receive the agency newsletter

### When do I need to submit my application for membership?

According to the ACT-B by-laws, your membership must be received at least 30 days prior to the Annual General Meeting (in late November) for you to be eligible for voting privileges. Therefore, the **deadline for receipt of your membership application is October 20, 1999.**

### How do I apply for membership?

The last page of this newsletter has a cut-out membership form you can fill in and mail to the ACT-B office at Box 24025 RPO Downtown North, Thunder Bay, ON P7A 8A9

# A Public Cervix Announcement

## Positive Women and Cervical Disease

Partial reprint from Treatment Resources, Toronto People With AIDS Foundation, August 1997

The problem that almost all women face, from time to time, is that some of the cells in the cervix grow abnormally (wrong). Now most of the time, these abnormal cells disappear on their own. After awhile, everything is back to normal. But sometimes they don't. That is when trouble starts.

When your cervix has many abnormal cells, it is called **dysplasia**. When dysplasia is discovered early and treated, it is not called cancer. The doctor treats the dysplasia, and you go back to normal. If the dysplasia is not discovered, it can turn into cervical cancer. This is bad, but still treatable. The real problem is when the cancer is not discovered. It keeps growing, then it begins to spread to other parts of the body. Don't let it get that far! That is what **pap smear tests** are all about.

All women should be getting pap smear tests at least once a year anyway. The doctor scrapes cells from the inside of your cervix and tests them. If the doctor finds a few abnormal cells, she/he will call you back for another pap test. As we said. Dysplasia cells are common. It's not time to press the panic button. If there are a lot of abnormal cells, they will call you back for more tests within 6 weeks.

Before the doctor does those tests, she/he has to try to clear up any other problems you may have in that area. If you have another vaginal infection, like yeast, thrush, trichomoniasis or herpes, the results of the pap smear test may not be clear. Your doctor should make sure there's no confusion about this. You don't want dysplasia to be wrongly called "just a yeast infection".

The doctor uses an instrument called a **colposcope** (which is a special microscope) to check out the area very carefully. The doctor may also do a **biopsy** (remove a tiny group of the cells). If the pap smear test and the biopsy agree that it is still dysplasia, the doctor will begin treatment for dysplasia.

**Cryotherapy** (freezing) is the most common treatment. It is easy, and can usually be done in the doctor's office. The "cryo-unit" is basically a tank of nitrogen gas connected to a probe (a metal stick). The gas is very cold. The cold probe is held against the abnormal areas until they freeze. The frozen cells die and go away. It takes about 2 to 3 weeks for the area to heal, so no hanky panky, no tampons, no anything in your vagina while it is healing.

Another kind of treatment is **electronic therapy**, also called "LEEP" or "loop". The doctor uses a thin wire loop and electricity to scrape out the affected area. With a bit of luck, they will get it all on the first try.

**Laser therapy** uses the light to vaporize cells. When the laser is being used (like the loop) to get rid of some surface cells, only a "local anesthetic" is used (like at the dentist), or no anesthetic is used at all. Laser therapy is a very good treatment – healing is usually faster than with freezing, and the chances of anything going wrong are few. The problem is that the therapy has to be done by an expert, not just your usual doctor.

You may have noticed that so far we have been talking about all women. But how about the woman who is HIV+? Is her situation different?

Well, the tests and treatment are the same. What is different is that HIV+ women are more likely to develop dysplasia. And, if it is untreated, it will turn into cervical cancer faster than in HIV negative women – perhaps 4 times faster.

Even more alarming is that a large percentage of women get cervical cancer as their first AIDS-related disease. This is because the whole process from (a) a few abnormal cells in the cervix, to (b) dysplasia, to (c) cervical cancer, can take 10 years. So a woman may already have dysplasia before she even tests positive for HIV.

What does all this mean for you, an HIV+ woman?

A) More HIV+ women get dysplasia in the first place because their immune systems are weak, and don't do a good job fighting the abnormal cells.

B) Get a pap smear test immediately.

C) Most cancer specialists who know about HIV say get a pap smear test every 6 months instead of the usual once a year – especially if your CD4 count is below 500.

There are no outside symptoms of dysplasia unless it turns into cervical cancer. Then there are symptoms. Symptoms of cervical cancer are:

A) Bleeding from your vagina after intercourse.

B) Bleeding from your vagina between periods or after menopause.

C) Watery or bloody fluid from the vagina that may be thick or smelly.

These symptoms can be caused by other problems, but they tell you to get to the doctor as soon as possible.

**What is the difference between dysplasia and cervical cancer?** Cervical cancer is actually dysplasia, but the whole cervical area is affected. Also, the abnormal cells are not just on the surface, and perhaps they have spread to your uterus. After that stage, the abnormal cells can break off and go to other parts of your body.

**What is the treatment for cervical cancer?** It is pretty much the same as for dysplasia – LEEP, freezing, or laser – only more so. If the cancer has really spread, the doctors may have to do a **hysterectomy** – they remove the entire affected area. Hysterectomies aren't as common as they used to be. Doctors are better at catching the problem before that becomes necessary. Of course, all this depends on whether or not you are going in for your pap smear tests like you are supposed to.

**What causes dysplasia and cervical cancer in the first place?** The cause if cervical cancer is closely related to HPV, the "human papilloma virus". HPV is sexually transmitted. HIV might increase the chance of cancer from HPV. HPV is also related to dysplasia and cancer of the anus and rectum, so both men and women are at risk. Being HIV+ increases the danger of the dysplasia turning to cancer.

**What Should You Do?** Pap smears front and back! Pelvic and/or rectal exams! Reach for the phone now and call the doctor for an appointment, if you haven't been taking care of business.

*Prepared by: Eli Graham, Tracy Ribble & Derek Thaczuk*

# Food for Thought – Canada's Food Guide

By Ingrid Buahene, Nutritionist

The Food Guide is based on healthy eating which equals to good nutrition. For this, one needs a combination of the 4 food groups. The amount needed depends on age, body size, activity level, male or female. How many servings from each group does one need? The difference is age – younger children can choose a lower number of servings than older ones. If you follow the Food Guide, you will get between 1800 – 3200 calories per day.

- 1) Variety of foods.
- 2) Emphasize cereals, breads, other grain products, vegetables and fruit.
- 3) Choose lower fat dairy products, leaner meats and foods prepared with little or no fat.
- 4) Achieve and maintain a healthy body weight through regular physical activity.
- 5) Limit salt, alcohol and caffeine.

The 4 Food Groups are:

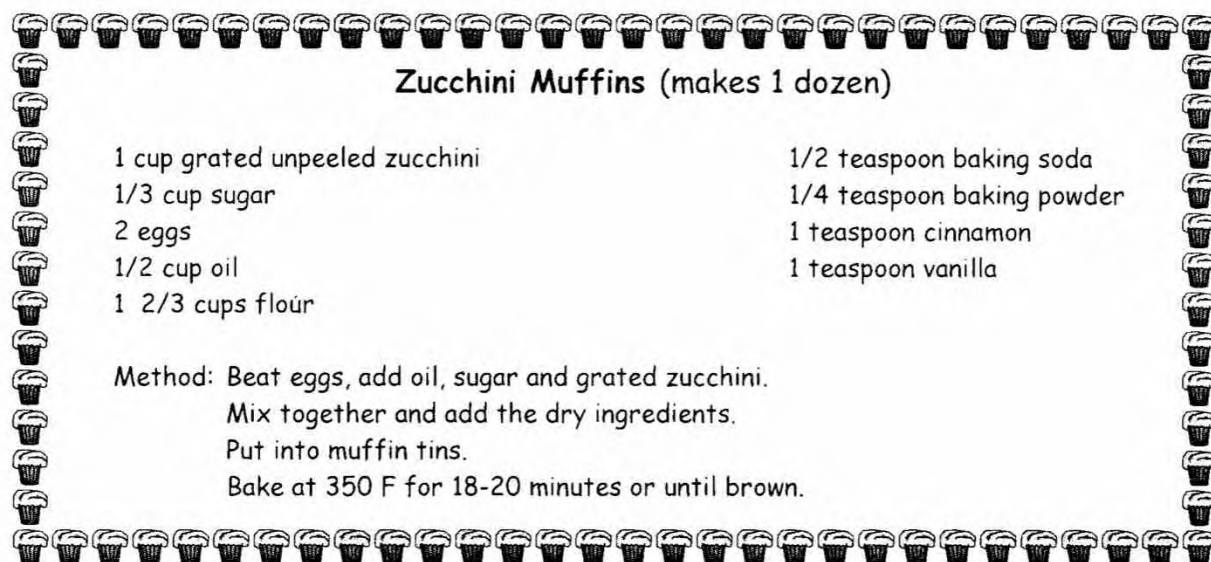
- 1) Grain products: 5-12 servings per day, which can be bread, cold or hot cereal, bagel, pita or bun, rice or pasta.
- 2) Vegetables & Fruit: 5-10 servings per day, which can be a medium-sized fruit or vegetable. This can be fresh, frozen or canned. Juice – 1/2 cup qualifies as a fruit serving.
- 3) Milk: 2-4 servings, all types of cheese, yogurt.
- 4) Meat & Alternatives: 2-3 servings per day, such as meat, poultry, fish, canned fish, eggs, canned beans, tofu, peanut butter.

Other foods not covered in the 4 groups include: fats & oils (butter, margarine, and lard); sugars such as jam, honey, syrup, candies; high fat snack foods (chips, pretzels); beverages, such as water, tea, coffee, alcohol, and soft drinks; herbs, spices, condiments (such as pickles, mustard, ketchup). These foods can be used in making meals or snacks and are often eaten with foods from the 4 groups. One item not to overlook is water. Choose water often and be sure to drink more in hot weather or when you are active.

Where does the salt fit in? Most of it comes from the table salt. Most people get more than they need, so avoid highly salted snack foods. Check labels – choose foods that are unsalted and lower in salt. Use less salt when cooking, taste food before adding salt.

Caffeine – use in moderation. It is found in drinks such as coffee, tea, colas and foods that contain cocoa. It is also found in drugs such as cold remedies and headache medicine.

**Try this recipe for a healthy snack:**

A decorative rectangular border made of small, stylized muffin icons surrounds the recipe text.

### Zucchini Muffins (makes 1 dozen)

|                                |                            |
|--------------------------------|----------------------------|
| 1 cup grated unpeeled zucchini | 1/2 teaspoon baking soda   |
| 1/3 cup sugar                  | 1/4 teaspoon baking powder |
| 2 eggs                         | 1 teaspoon cinnamon        |
| 1/2 cup oil                    | 1 teaspoon vanilla         |
| 1 2/3 cups flour               |                            |

**Method:** Beat eggs, add oil, sugar and grated zucchini.  
Mix together and add the dry ingredients.  
Put into muffin tins.  
Bake at 350 F for 18-20 minutes or until brown.

**Next Newsletter:** information about Fiber in our diet, and more recipes

# Poetry, etc. submitted by our Readers

## Tears of Hope

Seeing an AIDS victim is hard for us  
As we struggle to retain of them  
As they were when healthy and hopeful  
For they, than able to work  
To love completely and to give generously.

Sometimes, being insensitive and forgetful  
Inconsiderate and selfish,  
We shun away from their Needs.

Their bodies are less and less strong  
Their energy little and limited  
Now is the time to show love for them  
O overlook their moods  
To accept their fate  
It's love they want  
Patience, they deserve.  
To run that last lap  
With a smile on their face.

Lighten up then  
And show that smile  
I mean, that magic smile  
The smile of the lips and the eyes  
Means everything and the whole world  
In the life and day  
Of an AIDS patient.

Watching someone you love  
Waste away day after day  
By an enemy invisible  
Seems more than can be borne.

Rationalizing and wishing is futile  
The problems continue, and each day  
Despair and frustration take hold  
The feeling of powerlessness  
The lack for the cure.

Don't we get bogged down  
Let's take care of our own  
As we shed tears of hope  
We are the human race.

A

Acquired immune deficiency syndrome  
Aids threatening, deadly a catastrophe stands.  
Acquired via normal, natural, sometimes abused  
means  
Appalling and painful the toll it takes  
Abstain, abjure, take charge are its demands.

We can't lose this war

Station I  
Tom Tom Tests positive for AIDS

Tom Tom our of curiosity  
And concern for his ailing health  
He takes the AIDS test  
The results are positive  
The shock, overwhelming  
The dreams are broken

AIDS has no cure  
Deep inside, the doubts echo  
It can't be me  
Why me he asks?

I awake with a sense of sadness.  
It is the sadness of loss.  
I feel life slipping away  
I've lost my best friends: They:  
I grew up with of the same breast suckled  
It is my brothers and sisters  
It is even worse.  
I've lost interst and enthusiasm: for life:  
Is now an endless nightmare.

I

Intravenous needles by drug users  
Infected blood transfusions or contacts  
Irresponsible sex, promiscuity or prostitution  
Inevitable, intended or unfortunate  
Install a solid and firm path for the killer.

We can't lose this war

Station II  
Tom Tom accepts counselling

Tom Tom revisits his Doctor  
The Doctor reassures Him  
With proper medication  
Good dieting and counselling  
He has another shot to life  
To have the serenity to:  
Accept what he cannot change  
The courage to change what he can  
The wisdom to know the difference  
He has learned the "Serenity Prayer".

As I traverse this journey  
A journey wrecking my emotions  
Asking questions out of this world.  
As for prayer am pretty prayed out  
Am intrigued by a new feeling  
A voice whispers deep within me.  
And the echo resounds in my soul  
And bell clear its vibrations  
Assuring me to be still.  
Ah ha "affliction"....God's shepherd Dog,  
To draw us in the fold.

D

Depressed, alone, frightened gets the infected  
Diseased, weak and weary suffers the patient.  
Despaired, emaciated, becomes the victim  
Destiny, face to face with the deceased to be  
Death, the label it brands the dying.

We can't lost this war.

Station III  
Tom Tom develops full blown AIDS

Months after months life changes  
Tom Tom faces the challenges  
To accept to be like a baby  
To be assisted on and off the bed.  
To be fed, washed and dressed  
This is a life he has to cope with  
One without prospects  
A life that's falling-apart  
The life of one dying from AIDS.

S

Since no cure is sure yet  
Stand firm for you have the power.  
Set up a decisive and aggressive battle.  
Sensational the victory will be  
See under this combat down will go the killer.

We can't lost this war

Station IV  
Tom Toms Legacy

Tom Tom had fine thoughts  
He had a legacy for all  
This is my desire  
To share the secret of life  
Life is one big exciting game  
With no rules, umpires, refs or judges  
But we are all participants  
You don't have to win or lose  
Coz when it's all over  
All you need is to rest in peace.

Did you know this Hebrew text from the Talmud  
A dream unanalysed is nothing but,  
An unopened letter from a friend.  
Doing this thing of mine opening these letters.  
I direct my gaze not in the sky  
I do love the sky, and all the distant constellation  
Deeply, I appreciate the horizon, how well  
The sun descends to the other end of the earth.  
Disturbing though is this quest of mine  
I think I have a dream  
It's a statement: the direction of life.

The sky has no answers  
But beauty and splendour  
The answer is in your heart  
For the size of your heart  
Is the size of your world  
The answer is in your heart.

The battle is long and tough  
We need to weave a path  
The path is made by those who walk it.  
Though affliction befall us  
Together as one, we'll walk this path  
We shed tears of hope.

We can't lose this war.

By Michael Nalumos Cabulesite 1998

To my deceased mom Edith Kiwanuka  
And all the beautiful people  
Who have taught me how to love

## Letters

### **Losing a friend – by Carol Nicholson, Volunteer**

*Losing a friend is a very difficult thing, especially when that friend dies due to complications of a horrible disease they didn't need to get in the first place.*

*It's been over two years now since the world lost Bob. Bob was a man with many passions and a desire to make sure the world ran properly. Bob arranged dinner parties, taught music, and never forgot the meaning of justice.*

*Attending Bob's funeral was an experience that is best described as humbling. I was slapped in the face with the reality of AIDS, and the reality of why I volunteer for an AIDS Service Organization. I felt as a volunteer I had to be there, I had to represent myself and my fellow volunteers to this grim reality, and to challenge the very reasons why this mission is important to me.*

*Many wonderful, talented people are lost to AIDS, and the world is a poorer place for having lost these individuals. Although talented people remain, it's tragic that those taken from the world are far too young to die, as far as natural life spans go. They shouldn't have to face a thing like AIDS in the prime of their lives. AIDS, and the complications of it are merciless.*

*Anyone who knew Bob would say that he was a volcano awaiting eruption. He fought passionately against the injustices of the world, and never gave up. It's funny, I can envision Bob in Heaven, writing letters to God, complaining about the fact he died, and how unfair AIDS is, and why isn't something being done to stop this disease?*

*I remember visiting Bob when he was in the hospital, and meeting his mother. She greeted me and my friend with a big smile, and encouraged us to sign the 'visitor's book' which was a spiral bound notebook. She looked tired and worried, as a mom would be, and I felt very close to her, as I am a mom myself. Her son could be my daughter and I thought it unfair that likely, this mom would outlive her child. It's not supposed to work that way!*

*She gently wiped Bob's forehead and whispered in his ear that he had visitors. Bob continued to sleep and she went on to fuss with the blanket, making sure he was tucked in. It wasn't long after that day that Bob was sent home, to die with dignity with the members of his careteam around him. Thankfully Bob didn't have to suffer very long. Peace came quickly.*

*I salute Bob and his 34 years of life. I'm glad I had the honour of knowing him. Bob's motivation was inspiring and I fuel my efforts as a volunteer based on his never ending energy. I hope that one day those of us involved in the world of ASO's will eventually announce, WE WON!*

*Volunteering for an organization that helps those who are infected live their lives with dignity is a challenge sometimes. I admit I sometimes like to 'hide' as a volunteer and be anonymous and forget about the bad side of AIDS.*

*I used to think I could save the world from infection through information and each book I processed would be the key to prevention for someone. Then I would see a client come into the office, looking pale, sad and frail. I'd remember that the most important thing isn't found only in a book, it's supporting those who are struggling to find a comfortable path and live as best they can.*

*I volunteer to help people live, be healthy and empowered with information. My biggest fear of volunteering is to witness someone close to me walk into the office needing help because they're infected.*

*As a mom I recognize that each client that walks into an AIDS agency is the son/ daughter of a mom and dad. My heart goes out to the families who struggle with the pain an HIV positive diagnosis can mean for everyone close to that person.*

*So Bob, I promise that in your memory, and the memory of all the other wonderful people who have been lost, I won't give up and the work will continue. I'll help work towards the ultimate goal, to make AIDS and HIV no longer a threat.*

# Here and There ...

## ATTENTION VOLUNTEERS

Thank you to the many volunteers who helped to make Tag Day 98 a great success. In particular I would like to thank Sherry Britton, for calling and arranging for the many locations. Thank you also to Marge Cross and Liisa Clarke, our Santa's helpers who contribute so much to our Christmas baskets program.

On April 7, we held our annual Volunteer Appreciation at the Unitarian Hall. Special mention and thanks went to our regular receptionists, bingo workers, and drivers. Two of our volunteers were honoured at the local "Salute to Volunteers" at Intercity Centre: Sherry Britton and Marge Cross. The 1999 ACT-B Volunteer of the Year is John Kirst. John is a regular receptionist and bingo worker, he also helps out wherever he is needed and is on our Board of Directors.

Thank you again to all the volunteers for all you have done for us over the past year!



## The New Van is Here (Finally)

On February 11, 1999, we had the official dedication and unveiling of the agency's new van.

After several years of fundraising, we now have a new vehicle, thanks to our many volunteers and funders.

Pictured left to right are Rob Shepherd, Fundraising Committee; Deb Emery, Board Chair ACT-B; Boris Cham, Rotary Club - Fort William Branch; and Dr. Jim Colquhoun, Thunder Bay Foundation.

## 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

Service bilingue disponible

### 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](mailto:info@catie.ca)  
internet: [www.catie.ca](http://www.catie.ca)  
**catie**  
Community AIDS Treatment Information Exchange

## The 2nd Canadian HIV/AIDS Skills Building Symposium

The 2nd Canadian HIV/AIDS Skills Building Symposium: Getting Together, Sharing Together, Learning Together is happening on November 12 to 15, 1999 in Winnipeg, Manitoba. Health care professionals, such as doctors, nurses, mental health workers, will join policy advocates, PLWHIV/AIDS, researchers, and staff and volunteers of AIDS Service Organizations to learn new skills, network, analyze and evaluate best practice methods in HIV/AIDS work and share perspectives on current critical issues in HIV/AIDS work.

To request registration materials please contact the Events Team at the Canadian AIDS Society, (613) 230-3580, ext. 500.



# Parting Glance



## RENAMING ACT-B'S HIV/AIDS RESOURCE LIBRARY

Many of you will remember Gabe: his infectious sense of humour, his great big smile, his stories and jokes, and his great love for (of all things!) the game of golf. For those of you that didn't know Gabe, he was the HIV/AIDS educator for the Treaty 3 area, and was working for Ojibway Tribal Family Services at the time of his death in September 1998. Gabe got his start in AIDS education here at ACT-B in 1991-92, and would make sure he dropped in at the office whenever he was in Thunder Bay. On some of his visits, he would bring his wife or children along. We will miss Gabe's joyful presence.

To honour Gabe's memory and his work as an HIV/AIDS educator, we have renamed ACT-B's library. It is now known as the **Gabe Kakeeway Memorial HIV/AIDS Resource Library**. There is a great picture of Gabe's smiling face (donated by his sister Cecile), displayed with a plaque and a Teaching Turtle: a tool designed by Gabe for use in HIV/AIDS education. So, if you are in the neighbourhood, come on in and check out the library!

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

Or, e-mail us at: [actb@tbaytel.net](mailto:actb@tbaytel.net)

Visit us on the internet at: [www.tbaytel.net/actb](http://www.tbaytel.net/actb)

### ACT-B Advisory Council

|                    |                                                       |
|--------------------|-------------------------------------------------------|
| Richard Atkinson   | Co-Chair                                              |
| Fred Ball          | Director, Regional Public Health Laboratory           |
| Mary Lee Barry     | Ogden East End CHC                                    |
| Ronald Joseph King | Thunder Bay Indian Friendship Centre                  |
| Gail Linklater     | Crossroads Centre                                     |
| Dr. Gordon Milne   | Family Physician                                      |
| Karen O'Gorman     | HIV Program Consultant ARF                            |
| Diana Smith        | Public Health Nurse, Thunder Bay District Health Unit |
| Sharon-Dale Stone  | ACT-B Board of Directors                              |
| Nicky Tittley      | Safety Coordinator, Thunder Bay Regional Hospital     |
| Rev. Don Uhryniw   | Current River United Church, Council of Clergy        |
| Don Young          | Co-Chair                                              |

### ACT-B Board of Directors

|                   |                      |
|-------------------|----------------------|
| Rick Atkinson     | Deborah Emery, Pres. |
| Sandy Johnston    | Dawn Kannegiesser    |
| Doug Kanto        | John Kirst           |
| Rob MacKay        | Stephen Mitchell     |
| Sharon-Dale Stone | Bruno Valente        |
| Pius White        | Don Young            |

### ACT-B Staff

|                   |                                |
|-------------------|--------------------------------|
| Janet Adams       | IDU Outreach Worker            |
| Christa Alsch     | Secretary                      |
| David Belrose     | Education Coordinator          |
| Sheila Berry      | Support Services Coordinator   |
| John Books        | Fund Raising Coordinator       |
| Daryle Cano       | Support Worker/Health Promoter |
| Lawrence Korhonen | Administration Coordinator     |
| Selly Pajamaki    | Volunteer Coordinator          |
| Michael Sobota    | Executive Director             |

### reACT-Believe Contributors

|                          |        |
|--------------------------|--------|
| Selly Pajamaki           | Editor |
| ACT-B staff & volunteers |        |

Yes! I want to become a **member** of ACT-B! I know that my contribution will really count! Here is my donation  
\$10.00 \_\_, \$20.00 \_\_, \$50.00 \_\_, other \_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Province & P.C.: \_\_\_\_\_

Telephone: \_\_\_\_\_