



RE-ACT BELIEVE

The Newsletter of The AIDS Committee of Thunder Bay

Volume 13, Issue 3

Winter 2000-01

EXTRA EXTRA: This Just In!



AIDS WALK CANADA
A PLEDGE IS THE FIRST STEP

The volunteer and staff member who raised the most donations for ACT-B at the Walk is our very own Selly Pajamaki, who raised



\$5252.10! Selly raised the most money in Ontario! For this she receives two tickets on Air Canada anywhere in Continental North America from the Canadian AIDS Society courtesy of Canadian/Air Canada. If that isn't enough Selly raised the most money in CANADA! Selly you are incredible!

Our second place winner was Mrs. Helen Rose and third went to Karen Rooney!

Thank you for working so hard to support the AIDS Committee of Thunder Bay.

National AIDS Awareness Campaign

"Men make a difference"

AIDS Awareness Week,

November 27 - December 1

World AIDS Day and Aboriginal

AIDS Awareness Day, December 1

Once again, the National AIDS Awareness campaign begins with AIDS Awareness Week and World AIDS Day. A poster, postcards, and five fact sheets are available to address the issues in this campaign. The theme of Men and HIV/AIDS is tied to the World AIDS Campaign. Call us for more information.



December 1 is also Aboriginal AIDS Awareness Day 2000. The theme for the day is **Uniting Our Communities**. This theme has been chosen to embody the direction that the Canadian Aboriginal AIDS Network (CAAN) is moving in, strengthening its community ties and working together with its membership and partners in Aboriginal Communities across Canada. Please contact CAAN for more information at their web site (www.caan.ca) or call 613-567-1817.

On behalf of the AIDS Committee of Thunder Bay I would like to wish everyone a Merry Christmas and a Happy New Year! I wish each of you happiness in the coming year.



Let it Snow!

The Editor

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Fall AIDS Awareness Campaign

Men Make a Difference is the title of the first year of a two-year campaign focusing on the role of men in the AIDS epidemic. The new Campaign aims to involve men more fully in the effort against AIDS and to bring about a much-needed focus on men in national responses to the epidemic. In 2000, the Campaign has **three broad goals**. The **first** is to raise awareness of the relationship between men's behaviour and HIV. The **second** is to encourage men and adolescent boys to make a strong commitment to preventing the spread of HIV and caring for those affected. And the **third** goal is to promote programmes that respond to the needs of both men and women.

All over the world, women find themselves at special risk of HIV infection because of their lack of power to determine where, when and how sex takes place. What is less recognized, however, is that the cultural beliefs and expectations that make this the case also heighten **men's own vulnerability**. HIV infections and AIDS deaths in men outnumber those in women on every continent except sub-Saharan Africa. **Young men** are more at risk than older ones: about one in four people with HIV is a young man under the age of 25.

Part of the effort to curb the AIDS epidemic must include challenging harmful concepts of **masculinity** and changing many commonly-held attitudes and behaviours, including the way men view risk and how boys are socialized to become men. Broadly speaking, men are expected to be physically strong, emotionally robust, daring and virile. Some of these expectations translate into ways of thinking and behaving that endanger the health and well-being of men and their sex partners. Other behaviours and attitudes, on the contrary, represent valuable potential that can be tapped by AIDS programs.

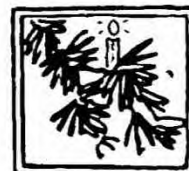
Focusing the Campaign on men also acknowledges the fact that men are often less likely to seek **health care** than women. Except in a handful of countries, men have a lower life expectancy at birth and higher death rates during adulthood than women. But boys

who are brought up to believe that "real men don't get sick" often see themselves as invulnerable to illness or risk. This is reflected in the under-use of health services by men. Greater attention must be given to the health needs of men, including those living with HIV and AIDS.

There are sound reasons why men should become more fully **involved** in the fight against AIDS. All over the world, men tend to have more sex partners than women, including more extramarital partners, thereby increasing their own and their primary partners' risk of contracting HIV. More men than women inject drugs and are therefore more likely to infect themselves and others through the use of unsterilized equipment. And many men who have sex with other men do not know how to protect themselves or their partners. Secrecy, stigma and shame surrounding HIV compound the effects of all these risk behaviours. The stigma surrounding HIV may prevent many men and women from acknowledging that they have become infected.

A number of **special circumstances** place men at particularly high risk of contracting HIV. Men, who migrate for work and live away from their families may pay for sex and use substances, including alcohol, as a way to cope with the stress and loneliness of living far from home. Men in all-male environments such as the military may be strongly influenced by a culture that reinforces risk-taking including unsafe sex. And in some all-male institutions such as prisons, men who normally prefer women as sex partners may have unsafe sex with other men.

Male **violence** further drives the spread of HIV – through wars and the migration they cause, as well as through forced sex. Millions of men a year are sexually violent towards women, girls, and other men sometimes in their own family or household. Worldwide, a recent report states that at least one woman in three has been beaten, coerced into sex or otherwise abused in her lifetime.





At the same time, a balance needs to be struck between recognizing how men's behaviour contributes to the epidemic and recognizing their **potential** to make a difference. As politicians, as front-line workers, as fathers, as sons, as brothers and friends, men have much to give. Men need to be encouraged to adopt positive behaviours, and to play a much greater part in caring for their partners and families. Studies worldwide show that men generally participate less than women in caring for their children. In terms of the AIDS epidemic, which has left over 13 million children **orphaned**, there is an urgency for both men and women to provide the love and practical needs such as food, housing, clothing and education for children who have lost their parents.

All this does not mean an end to prevention programmes for women and girls. Rather, the Campaign aims to complement such programmes. Work that enhances gender awareness and sensitivity should focus on the needs of **both sexes**. The Campaign is designed to provide material for national and local organizations to create their own campaign based on Men Make a Difference but responding to local priorities.

ACT-B to Advertise on the Big Screen!!

You've all probably sat through those obnoxious ads at the movie theatre while waiting for the film to start. Well, starting on November 30, 2000, ACT-B will have two ads running at Famous Players Silver City Theatre as part of the annual Injection Drug Use Outreach Advertising Campaign. This campaign has two goals: to raise public awareness and to target substance users directly. The idea was dreamed up by David Belrose while sitting in the theatre trying to ignore the ads flashing on the screen. David suddenly had the brainstorm realization that our bus ads are the same dimensions as the ads on the movie screen. Thus was hatched a truly inspired idea. A captive audience and a really big screen. Hopefully this campaign will get some attention and raise some awareness at the same time. Thanks to David... an idea we all wish we had been the mother (or father) of!! Two ads will be running on all twelve screens at Silver City from November 30, 2000 to January 4, 2001. The "Party Animal" and "Bedroom Eyes" posters were selected to be shown at Silver City as they address the issues of HIV, Sex and Substance Use. So look for our ads, and let us know what you think, when you head out to see a movie over the holiday season.

Janet

Northern Pride

A support and education group for gay, lesbian, bisexual, transgendered, two-spirited and questioning youth.

New participants are always welcome to a safe, confidential and fun setting. Sessions involve group discussion, videos, guest speakers, and social activities. Some of the issues that can be explored include: What does sexual orientation mean?,

The coming out process, Surviving at school, Dating and meeting people, Healthy choices, Spirituality and sexuality, Dealing with family, Homophobia, stigma, and self-image. The group meets every second Tuesday at 7:00PM. For details, call David at 345-1516 or Barbara at 684-1887.

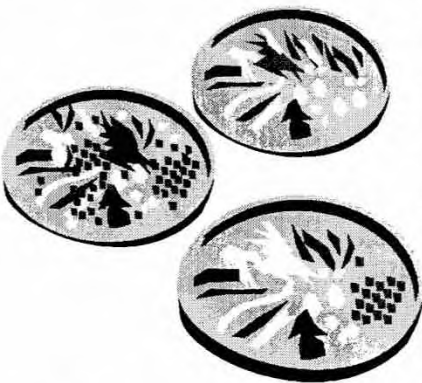


1-800-268-YOUTH



Taking control of your health with complementary therapies

Highlights of findings from the first phase of Oak Tree Clinic research



Article authored by Tamil Kendall in the September / October 2000 edition of *Living +*

Complementary therapies are an important part of healthcare for many PWAs. Research in British Columbia from the late '90s puts complementary therapy use among different populations of PWAs at 39-48%. Yet many individuals do not tell their primary care physician or other healthcare providers what complementary therapies they are using. This lack of communication may prevent PWAs from fully benefiting from their complementary therapies, and could expose them to health risks, such as herb/drug interaction.

BCPWA, with financial support from Health Canada, is conducting research with PWAs and conventional healthcare providers such as doctors and pharmacists. The aim of the research is to find about the risks and benefits of complementary therapies, and how these opinions contribute to communication. The first phase of the research conducted among HIV+ women and healthcare providers at Oak Tree, a multidisciplinary HIV clinic in Vancouver for women and their families. We focused on women because compared to men, little is known about women's use of complementary therapies in HIV care. These results are based on comprehensive interviews with five healthcare providers and focus groups of thirteen HIV + women. The healthcare providers and PWAs we spoke with agreed that one of the biggest benefits of complementary therapies is empowerment. Choosing and using complementary therapies can help people take more control of their health, feel better, and live better. PWAs and providers at this clinic reported success with managing symptoms and side effects. There was also agreement on the value of the complementary therapies for health maintenance, and how the mind, body and spirit connection is important for well-being. Healthcare providers said they had not seen any complementary therapies that directly lower viral load or increase CD4 counts. Yet, among the HIV + women participating in the study, 71% reported using these therapies to lower viral load and 57% to prevent infections.

Trying to be easy on the liver, whether because of hepatitis or drug related toxicity or both, is another reason people are choosing complementary therapies. In many cases, this choice makes a lot of sense. However, the liver processes herbs and vitamins, and some can be toxic to the liver. The idea that "natural" is safe was common among the women.. Therefore, PWAs and healthcare providers need to be aware of the power and potential risks of complementary therapies. If a therapy has the power to heal, it may also have the power to harm. Cost and information gaps are reasons PWAs may not be getting the most out of their complementary therapies. Cost restricts access. For some women, "anything that costs money is out of the question." For others, costs mean choosing between and rotating the therapies used. "One month it will be creatine. Another month it will be no magnesium," one women said. Women also reported limiting the food they eat to buy complementary therapies, and not being able to afford therapeutic food choices, such as sugar-free diet or juice therapy.

**Are you or someone you know
interested in sitting on a very
dynamic committee?**

If you are, I would like to encourage you to join ACT-B's Fundraising Committee. We are currently looking for energetic, enthusiastic people to join our team. Meetings are held on a monthly basis. The Committee works with the Fundraising Coordinator and the Executive Director in developing the annual fundraising plan and goals. For more information, please give Jodi a call at 345-1516.

Women's inability to go to complementary practitioners was another example of how money limits access to information. Only 9% of the women said complementary practitioners were a major source of information about complementary therapies, whereas 64% reported health food stores as a major source of information. Health food stores may have knowledgeable staff, but they may also subject PWAs to a storm of questionable marketing. Seventy-three percent said popular media- TV, radio, and newspapers- were a major source of information on complementary therapies. This info may be flawed, and is usually not HIV specific.

HIV + women identified lack of knowledge, both their own and that of the healthcare providers, as a barrier to communicating about complementary therapies and making informed treatment decisions. Lack of good information is related to lack of resources. Research funding, or rather the lack of it, is a major reason for knowledge gaps about complementary therapies. Healthcare providers and PWAs at Oak Tree said they want more scientific research on the safety and efficacy of natural products. They also want more research on interactions between conventional and natural medicines.

The good news is all of the women said the local AIDS organization was a major source of information on complementary therapies. Healthcare providers at Oak Tree Clinic also rated very high, with upwards to 80% identifying the doctors, pharmacist, nurses and dieticians at Oak Tree as important information sources.

Open communication between PWAs and conventional healthcare providers can maximize the benefits and minimize the risks of complementary therapies. An example of maximizing benefit was the dietician's tips to streamline vitamin therapy, cutting down on cost and pill burden but including everything the woman wanted. When HIV + women made a habit to talk to their physician or pharmacist before starting herbs, supplements, or vitamins, the risks of interactions were minimized. This research suggests conventional healthcare providers need to initiate the discussion of complementary therapies. Past experiences and stereotypes caused the HIV + women we interviewed to expect conventional healthcare providers to be opposed to complementary therapies, so they did not raise the topic.

So...

- Start talking. Open communication between PWAs and healthcare providers is beneficial.
- Increase knowledge. More education about complementary therapies and more research is needed.
- Conquer cost. In short term, AIDS walk dollars go to the Complementary Health Fund and into the pockets of PWAs, so participate actively and give generously. In the longer term, we need more funding for integrative care.

Tamil Kendall is Coordinator of the Complementary & Alternative Medicines

Project for the BCPWA Treatment Information Program.

Reprinted from Living + Magazine, Vol. 8 Sept/Oct.

2000. A publication of the BC Persons with AIDS Society, www.bcpwa.com.



The AIDS Committee of Thunder Bay

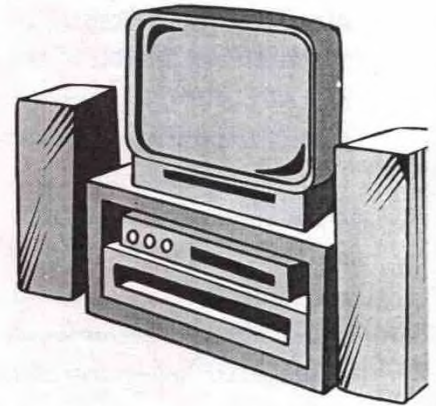
**GET YOUR
RAFFLE
TICKETS
TODAY!**

Home Entertainment Raffle

Tickets are only \$2.00 each. All the money raised from this Raffle stays in Thunder Bay to support programs for people infected or affected by HIV/AIDS.

1st Prize – a complete home entertainment centre including a 32" JVC TV, VCR, CD Player, Receiver, 6 Paradigm Speakers and cabinets to make it complete.

Valued at approx. \$4,000.00



**Plus two early bird
draws of \$250.00
each to be held on
December 21, 2000.**

**Just in time for
Christmas**

**Grand Prize Draw to
take place Saturday,
February 10, 2001 at the
Outpost at the
Lakehead University
benefit concert for
ACT-B by
Diamonds in the Rough**

2nd Prize – A Home
Computer System.

Valued at approx.
\$2,100.00



3rd Prize – Uniden
Cordless Phone.

Valued at approx. \$350.00



For more information or tickets, please call the AIDS Committee at 345-1516

Generously Supported by the Power Centre

Thank



You!

Do the Route—The Red Ribbon Walk AIDS Walk 2000



The AIDS Committee of Thunder Bay would like to thank all of the Walkers (including dogs), volunteers and sponsors for making this year's Walk such a huge success.



Over \$25,000.00 was raised by over 200 Walkers. All of this money raised stays in Thunder Bay to support programs for people infected or affected by HIV/AIDS.

Walk Sponsors:
WEST JET AIRLINES
Downtown Volkswagen
Bowater
Grand Portage Lodge and Casino
Janzen's Pharmacy



AIDS Committee of Thunder Bay

2000 Charitable Donations



\$100.00 - \$249.00

Cross, Marge
Davis, Dr. Geoff
Ferenczy, John
Foldy, Elizabeth
Fricot, Mandy
Hilton, Janice
Holmes, Hugh
Houston, Daniel
Kennelly, Pat
Korhonen, Lawrence
Korteweg, Janice
Kruzik, Betty
Matijek, Sonya
Matyuska, Lee
Parr, Lynn
Prinselaar, Ed
Pulo, Greg
Reszitnyk, Mark
Richardson, April
Roberts, David
Rose, Helen and Reg
Schaefer, Ursula
Swerda, Darren
Triskle, Carl
Veltri, Mary
Watkins, Charlotte
Williams, C.D.
Williams, Dave
ACE Music Services Inc.
Canadian Union of Postal Workers
Cook Engineering
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Lakehead District School Board
Norway Timber
Ontario Power Generation Company
Sears Employees Charitable Fund
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\$250.00 - \$499.00

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Vezeau, Fern
Bay Credit Union
Bell Canada
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Grand Portage Lodge and Casino
Janzen's Pharmacy

\$500.00 - \$999.00

Pruys, Joe
Ryan, Max
Sobota, Michael
Bombardier Employees 4C Fund
Molson Companies Donation Fund
United Way of Thunder Bay

\$1,000.00 - \$2,499.00

Dr. Greg Gamble
Thunder Bay Foundation

Over \$2,500.00

John Andrew's Foundation
MAC AIDS Fund
Rotary Club of Thunder Bay (Fort William)



Thank-you for your generous support