

reACT-Believe

The AIDS Committee of Thunder Bay Spring, 1995 Volume 8, Issue 2



All About Volunteers . . .



April 24 - 29 was national volunteer week. All across the country, organizations like ours were celebrating, praising and promoting volunteers. We have been blessed at ACT-B. In 1994, 160 of you volunteered 4,839 hours of your time. This is a phenomenal show of support for AIDS work in Thunder Bay!

We celebrated National Volunteer Week too. We hosted an informal awards evening, with "Theatre Games" being the featured entertainment. Fifty people were present and laughter was the theme of the night. I would like to thank Sheena Albanese, Carmen Classen and Wayne Faulkoner for their high energy performance!

Volunteers come to us from all walks of life - home working mothers, students, university professors and letter carriers, and from every age of the spectrum. Over the past eight months, I have had the pleasure of getting to know our volunteers, and I would like to recount a few stories about my experience.

In September, the university and

college students came into town and seemed to descend on ACT-B. I was overwhelmed by the deluge of new faces, sometimes ten of you a day. The most memorable moment was one particularly harried fall day. I had just processed half a dozen new intakes and I was sitting at my desk catching my breath. ACT-B is located on a very busy intersection, so I use my window as free advertising space for volunteerism. Five young women were reading my signs and banners as they waited for the traffic light to change. I gave them a friendly wave and smile. The light turned green and they began to cross the street. Suddenly, they all made an about face turn and came back to ACT-B to volunteer their time. That is how Kristy, Nicole, Heather, Kari and Zoë became volunteers!

Reception volunteers have always played a key role at ACT-B. We are honoured to have Janet Stewardson here Wednesday mornings. Janet's robust laugh is a breath of fresh air on our sometimes bleak landscape. One day, Janet fielded a call from a woman who asked, "Does David (the Education Coordinator) have a wooden penis?" Janet held it

together long enough to respond, "I'm afraid I don't know about that. That is more than ANYONE could ever want to know about David!" The shrieks of laughter didn't subside until Janet's shift was over. To elaborate: David uses a wooden penis to illustrate proper condom use. Someone had borrowed "Woody" to take up to a remote Northern reserve. Enroute, there was a plane crash and poor "Woody" lay unclaimed on the frozen lake. The woman was calling for a replacement!

Volunteers bring us joy! You help us to see the bigger picture and to remember that we don't work in isolation. You show us that the entire community cares about AIDS. You are the hand that reaches out to help. You are the voice on the other end of the telephone who says "yes" to some bizarre requests. Thank-you volunteers for your continued support. Thank-you for being such kind, giving and caring people. I'll be calling you soon! You never know what new scheme we have in the works!

Jo-Ann Jacomb,
Volunteer Coordinator





A Significant Anniversary Approaches...

This coming fall/winter will mark the 10th anniversary of ACT-B's existence in Thunder Bay.

It was during the late summer and fall of 1985, that a small group of concerned people in Thunder Bay began meeting to share their feelings and ideas about AIDS. There were no public education or prevention programs in existence in Thunder Bay, and there were alarming and confusing stories in the media.

In the fall of 1985, the first publicly identified case of AIDS surfaced at McKellar Hospital, resulting in further media frenzy. The concerned individuals continued to meet and strategize, and in January 1986 formally organized themselves as the AIDS Committee of Thunder Bay (ACT-B). They had no funding, no staff, no office - they were passionate and committed volunteers.

Now, as we approach a decade of service in Thunder Bay and Northwestern Ontario, we invite you to think about this anniversary, what it means to you, to our communities. We invite your suggestions about how we may give attention to this past decade, as well as where we find ourselves ten years after ACT-B began.

Please let us hear from you: how should we address our 10th anniversary?

"Trial Without End"

by June Callwood

A review by Michael Sobota

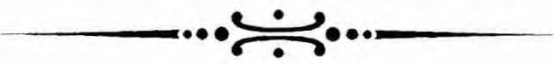
Trial Without End is a detailed telling of how one man, Charles Ssenyonga, came to infect at least five women with HIV. As a result of the women's willingness to come forward and talk about their experiences, criminal charges were laid against Mr. Ssenyonga in London, Ontario. The trial lasted three months, but Mr. Ssenyonga died before the judge delivered his decision. Thus, we have one literal interpretation of June Callwood's title for her book.

The story of Mr. Ssenyonga is much more complex than the above summary. Mr. Ssenyonga knew he was HIV infected when he had unprotected intercourse with numerous women. He had received counselling from physicians, a public health nurse, he had made a connection with the local community based AIDS organization, he had been directly questioned about his HIV status by several of the women he had unprotected sex with, and he had a public health order written against him in an attempt to prevent him from further transmission of HIV. None of these actions worked. Thus, a second interpretation of the author's title refers to each individual involved in the unfolding story, each personal trial they carried, inside the larger story.

June Callwood's research is detailed and extensive. The book reveals Mr. Ssenyonga's story and the women involved with him, mostly through first person interviews. When statements are not corroborated, we are expected to take them at face value. In addition Ms. Callwood writes with clear bias, using colourful, connotative words and descriptions as she presents her information.

The reader should precede through this wealth of material with caution. The debate about how to address people who knowingly infect others with HIV is a serious one, and it has been going on for some time. Mr. Ssenyonga is only one of a few individual cases that have surfaced in Canada and been given media attention. It is important in addressing those few individuals who knowingly infect others, that care be taken not to stigmatize all people living with HIV.

Meanwhile, I consider Trial Without End essential reading for front line workers, for policy makers and for anyone trying to understand the complex reality of living with AIDS. The accumulative power of the book is substantial: I finished it with sadness, frustration...but not without hope. There are no easy answers to the complex issues raised. But we are getting better at understanding the issues clearly. June Callwood has made a significant contribution by laying out the field in Trial Without End.



focus on Fund Raising

1994 Fund Raising Goal Met!

Rough figures indicate more than \$72,000 was raised in the past year, a 25% increase over last year!. In a very competitive fund raising environment, that is a remarkable achievement. We finished the year with Art AIDS 95 and the Cabaret, both of which were significant successes.

On behalf of the AIDS Committee, I salute the many individuals and local businesses who have contributed to the fight against AIDS in our community. We also extend our heart felt thanks to the volunteers who serve on the Fund Raising Committee, the Art AIDS Committee and our Bingo and Casino volunteers. Their generous contribution of time, expertise and energy was... and continues to be invaluable.

Here are some events you can look forward to over the summer months:

♣ On the May long weekend, we will have a casino at Casey's on Memorial Avenue.

♣ In June, the Canadian AIDS Society will launch a series of nation wide PSA's to promote awareness of community based organizations like ACT-B. We will follow that with a direct mail campaign.

♣ We will be selling tickets for two Whiskey Jack games (June 14th and July 26th). If you know any baseball enthusiasts, please consider selling advance tickets for ACT-B.

♣ We have cancelled the **Fun Run** scheduled for June 10th. Other events and opportunities required our attention. We hope to return with this event in 1996 and apologise to those who were looking forward to it.

♣ July brings us Harbourfest. The AIDS Committee was recently chosen to be the "Host Charity" of the 1995 Harbourfest, July 6, 7 & 8. Among other activities, we will have a Dunk Tank and the AIDS Mural. This is an exceptional opportunity for the AIDS Committee to let the community of Thunder Bay know our role in the fight against AIDS.

Looking ahead, preparations are under way for our biggest

event of the year. **From All Walks of Life** will kick off AIDS Awareness Week on October 1st. Thunder Bay along with 30 other communities across Canada will hold a pledge walk on that day. Last year 2,500,000 dollars was raised for community AIDS organizations. All funds raised in Thunder Bay will stay here. Pledge forms will be ready by mid August. If you are going to collect pledges come in and pick up a Pledge Form. We will be encouraging people to collect at their place of work and to challenge schools, businesses and organizations to compete for the most money raised.

Let's make this an even better year than the last one! Have a good summer.

John Books, Fund Raising Coordinator



Education News



Disclaimer: Statistics for HIV infection and AIDS are limited in accuracy by a number of factors. Often, it is only possible to give estimates of numbers.

prepared March 15, 1995

by David Belrose, Education Coordinator, AIDS Committee of Thunder Bay

THUNDER BAY

17 cases of AIDS reported in Thunder Bay up to end of 1st quarter of 1994 based on health unit area of residence at time of onset/diagnosis (Source: AIDS in Ontario, Ontario Ministry of Health, 1st quarter, 1994): ACT-B has more clients than this, and has seen many more clients die than this number. Over 40 cases of HIV infection reported to Medical Officer of Health. ACT-B estimates approximately 100 to 200 cases of HIV infection/AIDS in Thunder Bay.

ONTARIO

4429 AIDS cases, 3597 known deaths - 95.8% male, 4.2% female
50.3% in Toronto (at time of diagnosis)
number of HIV positive tests through Lab. Services Branch (November, 1985- September, 1994)
14,473 of which 1,173 are female (8.1%)
number of HIV positive tests through Lab. Services Branch from Jan.- Sep. 1994 - 1094 of which 190 are female (17.4%)

CANADA

Dec. 31, 1994 (Quarterly Surveillance Update: AIDS in Canada, Health Canada)
total 10,689 AIDS cases, dead-7,471
10,576 adult (10,000 men 94.5%, 576 women 5.5%) 113 pediatric (59 M, 54 F)
Statistical adjustment (delays and underreporting) based on figures to June, 1993
total reported - 9,651 total delay adjusted - 11,676 total adjusted for delay and corrected for underreporting - 13,737
HIV seroprevalence rate in pregnant women (rate per 10,000) (Oct. 1993)
Manitoba 0.72, Ontario 1.9, British Columbia 4.95, Quebec 5.2, Newfoundland 12.0

WORLD

US - 401,789 AIDS cases reported as of Sept., 1994 est. 1.1+ million HIV
WORLD - 1,025,073 AIDS cases reported to World Health Organization by December 31, 1994, - estimated 4,500,000+ AIDS cases.
As of late 1994, it is estimated that 18 million adults and 1.5 million children have been infected with HIV.

As of Jan. 1994, it was estimated that 5,000 people per day were becoming infected with HIV (1,825,000 per year).

**THE PERSON WITH HIV/AIDS
MAY BE YOUR MOTHER,
FATHER, SON, DAUGHTER,
SISTER, BROTHER.
HIV/AIDS TOUCHES US ALL.**

By the end of 1993 13,379 people in Ontario, of differing age, gender, race, and orientation, had been diagnosed with HIV infection.

Trade in fears for facts!

For more information, call:

807-345-1516

AIDS COMMITTEE OF THUNDER BAY

Health Promotion



Paying for Your Drugs April 1995

Are You Getting What You're Entitled To?

The basic antivirals, AZT, ddC, ddI and pentamidine are made available by the government free of charge to all people with HIV through a special programme. You or your insurance company must pay for all other medications unless you qualify for an Ontario Drug Benefits (ODB) card.

There are now three ways to qualify for an ODB card. It is provided to you automatically if you are on welfare or receiving homecare. Effective April 1, 1995, you can apply under the Trillium Drug Program if your total drug costs in a year are excessive. For a person with an income up to \$20,000 you must pay a deductible of \$500; for a person with an income over \$20,000 the deductible is based on 4.5% of your net income. The exact amount of the deductible varies according to your income and whether you are single, or in a family of two, three, or four or more. You are eligible once you have paid this amount in drug costs, and you will receive an ODB card for the balance of the year. You must save all receipts for prescription drugs and show your income tax return for the previous year to establish your net income.

How ODB Works

Even if you do qualify for ODB, the system can be complicated. There are four ways you can get your drug costs covered under ODB.

Formulary List

This is a list of drugs which are paid for if you have an ODB card. You must show your card to the pharmacist when ordering your medication. The list includes common drugs like Septra/bactrim, dapsone, ethambutol, ciprofloxacin, amphotericin B etc.

Non-formulary List

This is a list of drugs which are only covered under certain circumstances. It requires some paperwork on the part of your physician. You must present your pharmacist with a "Non-formulary Benefits Form" signed by your doctor. The list includes lomotil, immodium, trental, and liquid nutritional supplements.

Facilitated Access List

This is a special list of AIDS/HIV drugs which registered doctors may prescribe. Many pharmacists are unaware of this list so you may have to insist. Some common drugs on this list include rifabutin, fluconazole, ganciclovir, and acyclovir.

Section 8 Requests

This is a procedure where a doctor applies for coverage for a particular drug not on any of these lists, for an individual patient. This can be a long cumbersome paper-heavy process. Presently you need to make a Section 8 request to get clarithromycin for MAC,

Mepron for PCP, Itraconazole for histoplasmosis or candidiasis, or somastatin for diarrhea, among others.

How the ODB Doesn't Work

Unfortunately the government did not take the opportunity provided by creating the Trillium Drug Programme to solve a number of the problems people with AIDS encounter with the ODB, namely:

1) There is no coverage of experimental therapies. For example, a person with CMV retinitis who has failed IV ganciclovir and foscarnet is faced with the option of obtaining a ganciclovir implant at a cost of \$5000 or going blind. While most experimental therapies are provided free of charge by the manufacturer, a few must be paid for, such as GM-CSF, growth hormone and the ganciclovir implant. Even where a patient has exhausted all therapeutic options, the government has refused to cover costs.

2) There is no coverage for complementary therapies. For example Chinese herbs, L-Carnitine, NAC, and vitamins are not covered. The government has refused to even make a commitment to examine coverage of complementary therapies.

3) The facilitated access list for people living with HIV needs to be immediately expanded. Too many drugs can only be obtained through section 8 applications which some physicians will not make because of all the paperwork involved.

4) A mechanism is needed for continual amendments to the facilitated access list to keep up with therapeutic developments. A specialized AIDS committee should be established, including consumer input, with a power to recommend additions to the list. If recommendations are not accepted, written reasons for not covering the drug should be provided.

Meanwhile...

If you still need financial assistance to pay for your drugs ask about assistance programs at your local AIDS service organization.

What You Can Do...

AIDS ACTION NOW! has been calling for the deficiencies of the current ODB to be rectified and for a truly comprehensive programme to be introduced. If you are not happy with the way the system currently works (no coverage of experimental or complementary therapies, too many section 8 applications etc.), or if you feel that the amount of the deductible is unfair, phone your MPP to explain why we need improvements to this plan and demand to know what she or he is going to do about it. The upcoming election is a good time to seek commitments from the candidates in your riding to improve drug funding in Ontario.



Health Promotion

by Jan Ritchie



Reiki Therapy

(reproduced from Mainliners issue 54 March 1995)

What is Reiki? (Pronounced Ray Key)

The word REIKI is from the Japanese and means "Universal Life Energy" and builds on the belief that energy lives within us and around us. Reiki is a method of channelling this energy by the practitioner laying hands on the client.

History of Reiki

The Usui System of Reiki evolves from the techniques of Dr Mikao Usui, a Japanese Professor of Theology who lived last century. Dr Usui travelled extensively and this healing system was developed following research and meditation and is based on ancient Sanskrit teachings. The Usui system continues to be taught by Reiki masters today. You do not have to be religious or follow any prescribed belief system to benefit from Reiki - you need only be able to receive.

To Receive

"Just for the moment set aside your conditioned ideas and expectations. Make yourself empty for moment. Be open, Receive."

The Benefits of Reiki

Following the philosophy of channelling Universal Life Energy, Reiki can:

- relieve stress
- assist the body in healing itself
- revitalise body and soul
- promote relaxation
- produce a feeling of well-being
- benefit physically, mentally, emotionally and spiritually
- loosen energy blocks
- cleanse the body of poisons

How is Reiki given?

No diagnosis or prescription is needed for treatment and the client is totally passive. Treatment is given fully clothed on a treatment couch. A trained practitioner lays hands on various parts of the body and Reiki energy flows.

During this simple, yet powerful process the client usually feels relaxed and calm and often experiences a sense of profound well-being.

Where to Get Reiki in Thunder Bay?

Jennifer Tett offers Reiki in Thunder Bay. She has agreed to offer our clients a sliding scale rate of \$15.00 for a complete treatment. You can reach Jennifer at 344-9411. She is located in the Medical Arts Building on Cumberland St. Satisfied clients return again and again to enjoy the Reiki experience. If you need any further information please contact Ian Ritchie at 345-1516.

Positively Well Workshops

We bid a fond farewell to the second series of "Positively Well" workshops. To recap last years efforts, Richard Robichaud from Toronto came to Thunder Bay to speak about DNCB. Next, Chester Myers made his third trip to Thunder Bay to speak about "HIV and Nutrition". The final workshop featured Sandra Johnson from the RISE Program in Toronto. Sandra gave a instructional workshop on Therapeutic Touch and relaxation techniques. I would like to thank the focus group that selected the presenters and of course, many thanks to the presenters for coming to Thunder Bay and sharing their knowledge with us.

I am in the process of planning this years exciting "Positively Well" sessions, and I would like to assemble a focus group to assist with the project. I need ideas about guest speakers, our target audience, and implementation suggestions. If you would like to participate in this project, please call me at 345-1516. I am tentatively planning the first meeting for Monday July 10, 1995 at 5pm.

Using LDH Serum Levels As A Predictor Of PCP

In my treatment research, I came across an article that appeared in the Canadian Journal of Infectious Diseases titled "The spectrum of pulmonary diseases in patients with HIV infection". The article describes the many respiratory infections that people living with HIV/AIDS experience. One of the most useful pieces of information that I found was the fact that using "the lactate dehydrogenase (LDH) serum level has proved to be extremely useful in ruling out PCP" (Canadian Journal of Infectious Diseases Vol.5 Sept. 1994 p.34E). This is very interesting because PCP is sometimes hard to confirm because the presenting symptoms can be nonspecific and could also be symptoms of either bacterial pneumonia, Mycobacterium tuberculosis or other respiratory infections that might be unrelated to HIV infection. The LDH serum level is a quick laboratory test that most hospitals can do onsite in 30 minutes. It should be noted that elevated LDH serum levels can also be associated with hemolysis, lymphomas, pulmonary embolism, liver disease and dapsone therapy, it would therefore be important to rule these out first. If you would like a copy of this article or any other information on treatment please contact me at 345-1516

¹Montaner J, Spour L, Carlos Z, "The Spectrum of pulmonary disease in patients with HIV infection" Canadian Journal of Infectious Diseases Volume 5 Suppl E September 1994. p. 34E-39E.



Resources



We have good news about our resource library. First of all, one of our volunteers, Kristen Poluyko, has agreed to take on the task of Librarian. We expect that this will result in a more efficient cataloguing of materials. Kristen will also work on a new look for the library over time, with a view to enhancing ease of use.

Secondly, we have been able to augment our holdings as a result of several generous contributions. A grant from the Ontario Ministry of Health has allowed us to replace a number of materials which had been lost over time, as well as acquiring duplicate copies of some material in high demand. The United Way provided us with a small grant to purchase materials related to abuse and family support issues. We are also grateful for the generous personal donation of a number of books by a local resident.

People from other centres have commented on the quality of our resource library. We encourage you to make use of the material we have available, and to let others know of its existence. The library is open during regular office hours, Monday to Friday, 9:30 to 5:00 pm.

Here are some of the new materials we have recently received.

NEW BOOKS

AIDS, Sharing The Pain Kirkpatrick
AIDS: A Guide To Clinical Counselling Miller & Bor
AIDS Caregivers Handbook(updated) Eidson
Breaking The Surface Greg Louganis
Coming Out To Parents Mary V. Borhek
Creating Compassion Weezman
Everything You Need To Know When A Parent Has AIDS
Draimin, Barbara
Everything You Need To Know About Being Being

HIV-Positive Shire, Amy
Facing The Fire Lee
The Family And HIV Bor
The Family Heart Dlew
For Those We Love: A Spiritual Perspective on AIDS
Gay Theology Without Apology Comstock
Helping The Bereaved Cook
Lesbian & Gay: Chemical Dependency & HIV/AIDS
Weinstein, Dava
Lesbian Health Guide Vespry/McClure
Lesbian Health: What Are The Issues? Stern
The Rainbow Book: Ontario Directory of Community
Services
Safety In Numbers: Safer Sex & Gay Men King
Speaking Of Christ: A Lesbian Feminist Voice Heyward
Theory And Practice Of HIV Counselling Boretal
Treatment of Complicated Mourning Rando
Trial Without End Callwood
What The Bible Really Says About Homosexuality
Helminiak

VIDEO

The Cause Of AIDS: Fact And Speculation (4 videotapes)
Doctors With Heart NFB
The Legacy of Jon Gates
Growing Up Gay and Lesbian McNaught
Homophobia In The Workplace McNaught
Healing Spirit NFB
Living With AIDS Thru Yoga & Meditation Petrich
OUT: Stories Of Lesbian And Gay Youth NFB
The Tibetan Book Of The Dead NFB (2 videotapes and
book)

Slippy Kisses

Although it involves a bodily fluid, kissing is considered to be a relatively safe sexual activity. HIV is not readily transmitted through saliva and researchers have wondered for years why it is so difficult to even locate HIV in saliva of people living with the virus. Now, Dr. Tessie McNeely of the National Institute of Dental Research (NIDR) has revealed findings which may explain why. *Associated Press* reports she discovered that a protein in saliva called secretory leukocyte protease inhibitor, or SLPI (pronounced slippy) attaches itself to white blood cells and protects them from infection. It's the only substance in saliva which she found inhibits HIV at the normal concentrations found in the mouth. SLPI also circulates in blood in minute quantities and McNeely theorized that it might be possible to inject SLPI into the bloodstream to protect cells from HIV. (reprinted from POZ No 7 Apr/May 1995)





Jan Ritchie

When Ian Ritchie bursts into a room, he exudes a sense of invincible youth and self-confidence. His contagious laugh is undeniably one of his most attractive qualities, although his long flowing hair comes in a close second! An avid tennis player, Ian spends his off time on the court and with his new love, Marla. The youngest member of the ACT-B team, Ian is a welcome addition.

Originally from Ottawa, Ian came to Thunder Bay to attend Lakehead University. He earned a degree in Sociology in 1992 and still continues his studies on a part-time basis, working towards a Social Work degree.

What brought Ian to the AIDS Committee? "My brother told me he was gay and so I wanted to learn more about it. The only thing I knew about was the connection between being gay and AIDS so I came to the AIDS Committee. I got the information here. I signed up to volunteer and a while later got a job." That was two years ago and Ian's still going strong!

Ian has two jobs at the AIDS Committee; health promotion and support services. He explains the differences and the similarities. "Health promotion is about giving people information on healthy living and what they can do to maintain good health. It's letting them make the choice of what they want to do or how they want to live their life. I run "Positively Well" which is a group of speakers we bring in to talk about nutrition, alternative or complimentary therapies. I do research about any new drugs that come out or about clinical trials people want to get into. Support work is more direct counselling. Counselling around psychosocial issues, grief, disclosure, drug and alcohol counselling, "social worky" stuff. The two areas go hand in hand. I have an established relationship with clients so it is easier to give them

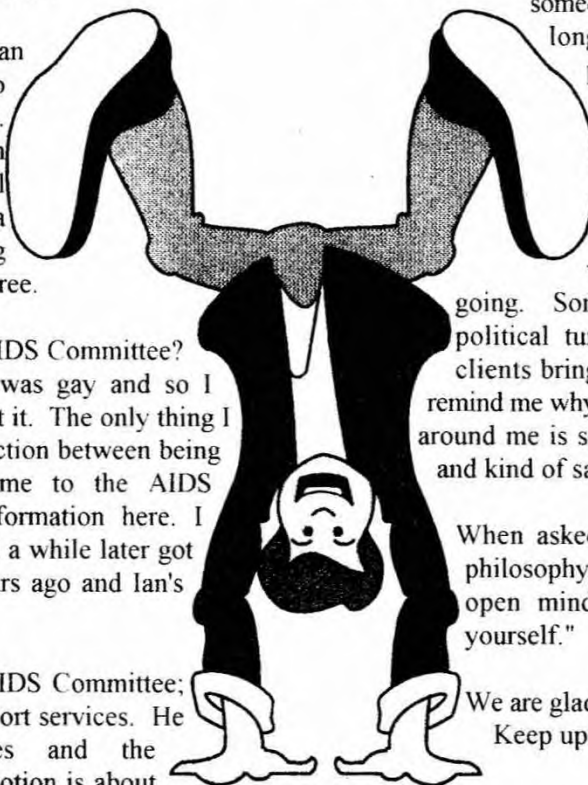
health promotion information."

AIDS work is grief work. How does Ian handle the losses? "It's difficult. I've never had to deal with death before. I've never lost anyone close to me. When I started working, I didn't know how to handle it, which in some ways is good because I don't have baggage. I don't know how I'm supposed to act. It's hard in the sense that I work with people for a year and a half. I develop a relationship. We don't see someone for only 10 sessions - it's long term. From my own personal perspective, it's an honour to be there and share someone's journey."

What brings you joy and keeps you going in this work? "My clients keep me going. Sometimes I get caught up in political turmoil and frustration. My clients bring me back to the ground and remind me why I'm here. All the other stuff around me is secondary. That grounds me and kind of saves me."

When asked to talk about his personal philosophy, Ian explained: "Have an open mind and an open heart. Be yourself."

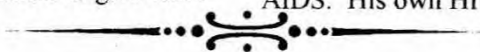
We are glad that you are "yourself" Ian! Keep up the good work!



Pius White

When it comes to juggling, Pius White has become a master. He is presently serving his second term on the Board of Directors at ACT-B, he is an active volunteer and also a client of the agency.

In the early 70's, Pius left his home town of Atikokan to seek his fortune in Toronto. He worked in the hospitality industry as a bar manager for many years. As his circle of friends widened and grew, Pius began to meet more and more people who were sick with AIDS. His own HIV+ diagnosis came seven years



Profiles continued . . .

ago. Pius had by this time developed a strong support system in Toronto. He never sought support or went to the AIDS organizations there because he felt so well supported by his friends. About two years ago however, Pius began experiencing some health set-backs and decided to move to Thunder Bay where he could be nearer to his family.

Life in Thunder Bay was quite different from that of Toronto. Suddenly faced with unemployment, loss of his peer group and life in a small town, Pius came to the AIDS Committee. "I came in to do volunteer work and the next thing you know, I was on the Board of Directors!" Pius soon became very committed to ACT-B. "As somebody living with HIV, I have to get involved personally when I can; when my health allows me to. I figure if I can't get involved, I can't expect other people to do everything for me. By doing this, I am not only empowering myself, I am also getting information for other people too."

As a client, Pius gains moral support from all the staff at the agency, especially from Support Services. "I find when I'm sick, everyone is there. When I have a problem and Ian and Sheila are not around, I know there's someone in the office I can talk to."

Board duties include being the PHA (persons living with HIV/AIDS) delegate to the Ontario AIDS Network. Pius also serves as the PHA representative for the Canadian AIDS Society. He attends numerous conferences on behalf of the agency and brings back valuable information to the board and staff. We are sometimes hard pressed to find him in town, since he jet-sets across the country so often!

Pius contributes many hours of volunteer work at ACT-B. "I work the casinos. I sit on the Education and Support Services committees. I also go out in the community and speak to groups and am presently helping to establish a speakers bureau. I tell my own personal story."

I asked Pius if he is connected with other HIV+ people in Thunder Bay. "I have one good friend who is also HIV+. I rely a lot on that person for moral support, especially when I am not feeling well because that person understands alot. It's very hard

in this city because there's not that many people that I know who are positive. There are more but they are not ready to go public or even meet other people. It's frustrating at times."

How has life changed over the past years? "I take better care of myself, eat healthy food, take vitamins and get lots of rest. No more staying out till 3 or 4 o'clock in the morning. The last six months have been very tough. I was in the hospital in December, January and February. March and April have been good so maybe I've broken the spell. I was in a coma this winter and one good thing that came out of it was that my health directive or living will was used. They honoured it. I am very specific about what is allowed to be done and what is not. I have my doctor and an advocate involved. It took six months to get this thing together. I worked with my support worker and doctor for many months. At the end, we brought in my advocate. It's nice to see that it works."

"The best thing about my involvement with the AIDS Committee is that it keeps me busy. I can't work any more. If I didn't have the involvement with the



agency, I'd most likely spend my time sitting around and doing nothing. I enjoy doing what I'm doing most of the time."

Our hats are off to Pius White! Thank-you for your dedication and commitment to ACT-B!

Parting Glance



Buy your WINS tickets from ACT-B.

Thunder Bay WINS is back on track. There is new spirit and commitment in making Thunder Bay WINS thrive. This unique lottery benefits over 90 charities in our community. And for those who know the odds, it is clear that WINS offers the best chance of you winning the big prize. Now you can buy your tickets at the AIDS Committee office. When Thunder Bay plays, Thunder Bay WINS!

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

- Ontario Ministry of Health
- Health Promotion and Social Development Office, Ontario Region, Health Canada
- Ontario Trillium Foundation
- All of the people involved in general fundraising and the support of many local businesses and individuals.

Special thanks to Bearskin Airlines for sponsoring Art AIDS 95. This event would not be possible without the help and support of many local artists in our community. Thank-you for your valuable contributions to the AIDS Committee.

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

Please address any comments about "reACT-Believe" to:

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Derek Zulesky	Director

ACT-B Staff

Christa Alsch	Secretary
David Belrose	Education Coordinator
Sheila Berry	Support Services Coordinator
John Books	Fundraising/Communications
Jo-Ann Jacomb	Volunteer Coordinator
Lawrence Korhonen	Office Manager
Ian Ritchie	Support Worker/Health Promoter
Michael Sobota	Executive Director

