

reACT-Believe

The AIDS Committee of Thunder Bay
Winter, 1996 Volume 9, Issue 4



Substance Use Outreach Project hits Thunder Bay streets



Over the next seventeen months, a Substance Use Outreach Project (SUOP) will be present on the streets of Thunder Bay. This project is designed to promote HIV prevention in the local substance using community over a limited time period. This population is difficult to reach and is increasingly at risk of HIV infection. The project will evaluate the effectiveness of a three-part innovative approach.

- 1) *A Peer Ambassador Program will recruit and train five members of the target population to do peer outreach by sharing information, providing condoms and offering alternatives and/or referrals to health services.*
- 2) *A Bar Outreach Program will offer several "Bar Nights" in local pubs, promoting HIV/AIDS awareness and prevention.*
- 3) *An Advertising Campaign will be created to provide prevention information through creative transit ads, electronic displays, posters, information cards and matches.*

Program Coordinator, Janet Adams, says "this program incorporates some exciting and innovative approaches to disseminating HIV prevention strategies and education to marginalized populations."

This project is coordinated by the AIDS Committee of Thunder Bay and will run until March 31, 1998. Funding for the project comes from the last of the federal government's National AIDS Strategy. This funding ends in March 1998, although HIV/AIDS continues to spread locally — especially in the substance using community.

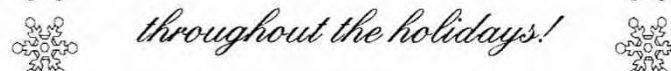
For more information about the SUOP call Janet at 345-1516.



*Season's Greetings
and a hope for peace and
good health*



throughout the holidays!



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Fundraising News

by John Books

It has been an extraordinary year — one of many challenges.

I want to thank everyone who has lent their support to us in the past year. I hope you have enjoyed the events organized by the AIDS Committee.

Recently, 355 people attended the annual AIDS Walk at Lakehead University. More than \$10,500 was raised to support the work of ACT-B. It was very gratifying to see so many people join in the walk on September 29th. Thank you to The Outpost for their assistance in making the event so successful. Thank you also to everyone who collected pledges.

We are planning another *Healthy Sex Cabaret* in March. Join us for a little fun after the long difficult winter!

And Art AIDS, our annual art auction will be held in April. If you are an artist or crafts person, we would appreciate your contribution to this event. The auction is one of the best of its kind in the city and helps to bring in more than \$6,000 in revenue for ACT-B. This year we hope to add items donated from various

Annual General Meeting

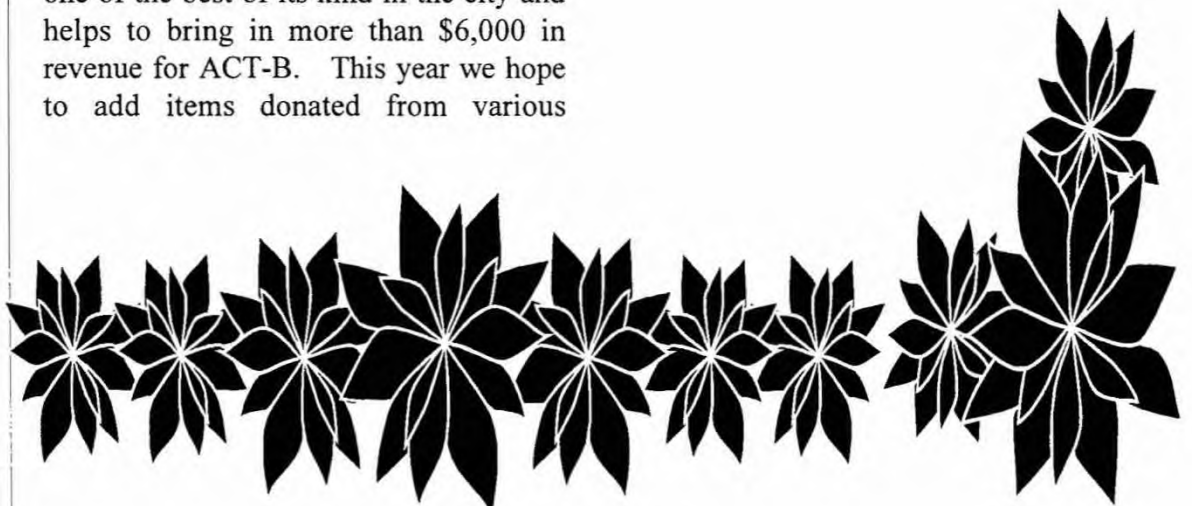
by Jo-Ann Jacomb

ACT-B has completed 11 years of work and on November 19 hosted it's 10th Annual General Meeting.

Outstanding volunteers were recognized for their work on behalf of ACT-B. Karen Ferland was credited for her unfailing contribution over the years and for coordinating the past five "Opening More Doors" regional conferences. Gail Linklater was given a plaque of appreciation for her six years of service on the board of directors. Thanks were also expressed to retiring board members Richard DeVuono and Mahlon Inksetter.

The membership elected the 1996-97 board of directors. They are listed on the last page of this newsletter.

The Guest Speaker at the AGM was Mark Bulbrook, Executive Director of the Ontario AIDS Network. He spoke about the Krever Inquiry, AIDS in the hemophiliac community, and AIDS in the third world.





Youth Outreach — Northern Pride

by David Belrose, Education Coordinator



Growing up lesbian, gay or bisexual in Northwestern Ontario is still a major challenge. Negative attitudes by family members, peers, teachers at school, and religious groups help to foster an atmosphere of great difficulty for many of these teens.

Since February 1995 a support and education group — now called Northern Pride — for lesbian, gay and bisexual youth has been running in Thunder Bay. The group was created to assist lesbian, gay and bisexual youth to develop the knowledge and attitudes that will allow them to gain control over and enhance their well-being.

It also provides an educational component that includes issues of healthy decision making, self-esteem, negotiation skills, safer sex, self-image, dealing with stigma, homophobia and community development. As well, it offers a safe and confidential setting for lesbian, gay and bisexual youth to meet, discuss issues of common interest, explore feelings and share concerns.

Participation in the group is open to youth, up to age 25, who are lesbian, gay, bisexual, or who wish to explore issues of their sexual orientation. The group adheres to the principles of: *confidentiality, non-judgmental, respectful of diversity, respectful of the right to self-determination in terms of identity.*



1-800-268-YOUTH

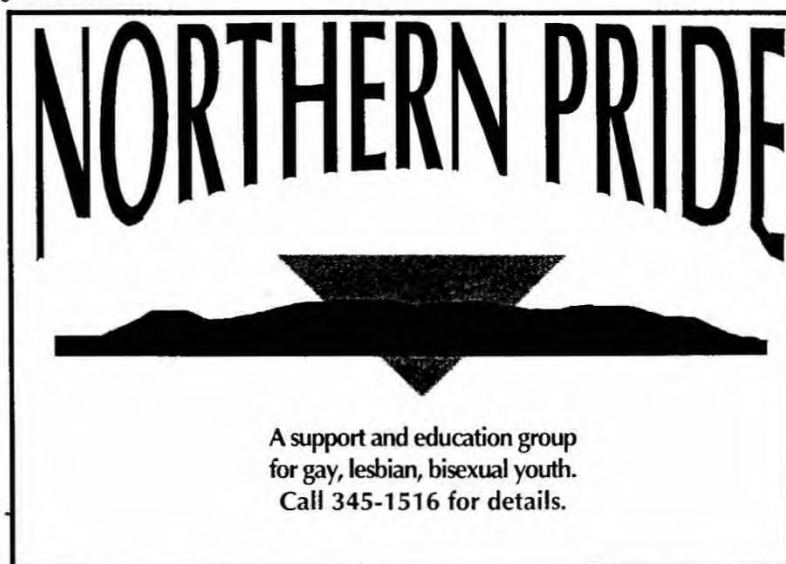
Studies have found that oppression and homophobia contribute to higher rates of suicide, alcoholism and drug use among lesbian, gay and bisexual youth. The atmosphere of homophobia and heterosexism in high schools, families and elsewhere, combined with a lack of social support, can make it very difficult for lesbian, gay and bisexual youth to develop the sense of self-esteem that will assist in making healthy choices around sexual and substance using behaviours.

Working with Northern Pride youth group and doing HIV education has shown first hand the challenges posed by homophobia and heterosexism.

Parents, teachers and counsellors need to recognize the problem and begin to work to make schools safe for everyone including lesbian, gay and bisexual youth.

As co-facilitators of Northern Pride, Barbara Spencer and David Belrose are prepared to work with any individual or group to help create a safer and more supportive environment for lesbian, gay and bisexual youth.

Call 807-345-1516 or 807-622-6121 for more information.



Special friends.....

Daryle Dollan

by Jo-Ann Jacomb

Colourful? Effervescent? Unique and unusual? How shall I begin to explain ACT-B's support worker/health promoter?

Standing only 4-feet 10-inches tall, Daryle is indeed a spit fire. Her life history and personal experiences make any Sunday night "Made for TV" movie a dull affair. Daryle has lived life to the limit and is not afraid to talk about it.

Adopted by the Cano family at birth, she has since met her biological family. (This story in itself is good enough for the National Enquirer!)

Running away from home in her teens, Daryle became a heroin addict and consequently contracted Hepatitis C. 8 1/2 years of her life have been spent incarcerated in the Kingston Penitentiary. She will be on parole for the rest of her life.

Sound like a depressing story? Not so. Out of life's greatest tragedies, Daryle has managed to find positive lessons and strength.

She has been recovered from the heroin addiction for 18 years. While in prison, Daryle gained a Social Work degree and now uses her experience to help others.

She speaks the language of the streets, yet has the theoretical

background that gives her credibility.

Daryle is deeply sensitive to the needs of clients because, in many cases, she "has been there."

She serves on the Board of Directors of the John Howard Society and is frequently asked to speak to groups about her experiences.

Daryle recently became a non-smoker. She quit because "it was making the dog sick." Her latest addiction is to bingo which she plays (and wins at) regularly.

Her dream is to live in a log cabin somewhere in the wilderness of Northwestern Ontario. She gains her strength from the Native Culture and is a Jingle Dress Dancer.

Daryle adds life and character to ACT-B. She brings a uniquely different perspective to this work and we all learn from her experience.



Daring to hope... A view from this side

by Rob MacKay

I spoke at ACT-B's regional *Opening More Doors Conference* in early October. What follows are excerpts from that speech interjected with some of my questions, thoughts and concerns about the changing face of AIDS care.

"My new glasses, my grey hairs and Hope.

This person with HIV never thought about aging. When I got my new glasses I asked my optometrist with some concern, 'Why do I need glasses? What is wrong with my eyes?'

He replied quite simply, 'Nothing. You are getting old.'

You see, I had no hope or expectation of aging. The thought had not entered my mind. I was aging — my eyes are failing....*I like that!* I now wear my new glasses as a badge of honour — a rite of passage.

Whenever I get my hair cut, inevitably, someone will notice my newly revealed grey hairs. My mother will say, 'R - O - B!!! Look at all those grey hairs!' My wife will say, 'Are you ever getting old!'

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Health Promotion

HEPATITIS C

by Daryle Dollan, Support Worker/Health Promoter

With the changing face of AIDS in our community, we are seeing more and more men and women becoming infected through sharing needles while using intravenous drugs. In many of these cases, it is common to find HIV in conjunction with Hepatitis B (HBV) and/or Hepatitis C (HCV).

Those of you who know me, are aware that I have a personal interest in this area. As a former intravenous drug user myself, I contracted Hepatitis B in the early 1970's, and apparently I also contracted Hepatitis C around the same time period (it was known as non-A, non-B hepatitis back then). So I have a vested interest in the treatment options (or lack of them) for Hepatitis C.

First of all, HCV is a virus that infects the liver and causes hepatitis, or inflammation of the liver. This leads to varying degrees of liver damage, including an increased risk of cancer of the liver.

It is estimated that 2% of the world's population is infected with Hepatitis C. The infection rate in specific groups is much higher. For example:

- *Among intravenous drug users, the infection rate is 76%*
- *Within the population of people with hemophilia, the rate of infection is 70%*
- *Among those who have received blood transfusions, the rate is 31 cases per 1000 transfusions prior to 1985, and 12 per 1000 in 1990.*

The most common method of transmission is through sharing unclean needles. Hepatitis C can be spread through unprotected sex, although this is a less common method of transmission.

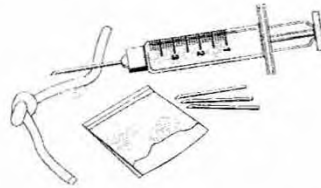
A simple blood test will be able to detect the presence of antibodies to Hepatitis C in your blood. It is a good idea to be tested twice to confirm diagnosis. A specialist can then monitor your liver function over time, and may recommend a liver biopsy to assess the amount of damage that may have occurred. This is a relatively simple procedure that is done in day surgery. It is not recommended for people with hemophilia because of the risk of internal bleeding.

After the initial infection (called "acute" hepatitis, despite the fact that there isn't anything cute about it), one of two things can happen. Either the virus can no longer be detected, or the infection becomes chronic. With chronic hepatitis C, some people (about 20%) will develop cirrhosis. Basically, this is liver damage that is irreversible, and can lead to liver failure and/or cancer of the liver.

You may have Hepatitis C without being aware of it because some people don't have any symptoms, while others may have symptoms such as fatigue, muscle aches and pains, etc. I was not aware of my Hepatitis C status for seventeen years! The easiest way to be sure is to get a Hepatitis C antibody test.

TREATMENT OPTIONS

The most common treatment of Hepatitis C is with alpha interferon. Interferon is a hormone that your body produces naturally to combat viruses. It has been reproduced and can be injected to increase the level of interferon in your system. There are varying degrees of success with alpha interferon treatment. Approximately 50% of those treated with interferon respond to treatment. It is a VERY expensive treatment and is normally not covered by a drug plan, so you will have to check on your medical coverage. Other treatments that are being tested are Ribavirin (in combination with interferon), N-Acetyl Cysteine or NAC, which is believed to enhance the effectiveness of interferon, and Beta-interferon.



HEPATITIS C AND HIV CO-INFECTION

As mentioned earlier, it is common to find Hepatitis C in people that contracted HIV through sharing unclean needles. HIV and HCV co-infection increases the risk of serious liver disease. Hepatitis C can be more severe and difficult to treat in people with HIV. Many of the drugs used to treat HIV can be toxic to the liver. As well, those that are co-infected with HIV and HCV have a lower response to treatment with interferon, and interferon can lower the white blood cell count resulting in bacterial infections in HIV positive individuals.

TAKING CARE OF YOURSELF

The best thing you can do for yourself if you are HCV positive, or HIV and HCV positive, is to make some lifestyle changes:

- * *Eat a healthy, balanced diet.*
- * *DO NOT DRINK OR AT THE VERY LEAST, DRINK MODERATELY!*
Alcohol abuse will increase your chances of developing cirrhosis and/or cancer of the liver.
- * *Avoiding drugs and smoking is also recommended, but again, moderation is an option if you absolutely cannot (or WILL NOT) quit.*
- * *Get lots of rest, reduce your stress level and exercise regularly.*

If you have any questions about HCV please talk to your doctor. You can also call Daryle at the AIDS Committee of Thunder Bay, or contact the Canadian Liver Foundation at 1-800-563-5483 or the Canadian Hemophilia Society at 1-800-668-2686.

I would like to give credit to the Canadian Hemophilia Society for many of the facts and statistics used in this article. They have published an extremely informative and valuable booklet entitled **"HEPATITIS C - AN INFORMATION BOOKLET FOR PEOPLE INFECTED WITH THE HEPATITIS C VIRUS, AND THEIR FAMILIES."** (April 1995)

DARING TO HOPE...

.....continued from page 4

Of course, they don't know how much I enjoy hearing this. I like my grey hairs! For me, it's a sign of aging, of perhaps — hope!

HOPE

A huge word, a difficult word.

Several months ago, sitting at my computer watching the live broadcasts of the XI International Conference on AIDS from Vancouver (which carried the theme *One World, One Hope*), I began to get a very unexpected feeling. And it was not a very pleasant feeling. It should have been but it was NOT.

For the very first time, I was feeling HOPE around the prospects of eradicating HIV from the body using a new class of pharmaceuticals called Protease Inhibitors in combination with other drugs.

This HOPE was hard to digest, integrate or even feel comfortable with.

Just over four years ago, I sat in a doctor's office and had my hope for a future taken away. This was no small thing. I lost the vision and hope for many things. The expectation of seeing my young daughter's wedding day; the hope of a long life; seeing the world; loving again; being loved; being held without fear; holding without fear. Yes, I lost a whole lot of things.

I lost hope!!

Of course I replaced those "hopes" with new ones. Shorter ones. A different hope. So when I feel NEW HOPE, it threatens to give all that back to me and once again turn my life upside down. A scary thought.

The HIV+ community has been given hope before. We have history in this area and we have learned from that. Failed drugs such as AZT, the tat gene inhibitors and others have, for a brief time, given us hope.

Emotionally, I cannot afford the luxury of HOPE for the risk it carries is too great.

What scares me about "NEW HOPE" is that I may have been able to have all my dreams redefined once, but don't for a minute assume I can survive it again or even want to try.

The mention of a new drug is scary to me. Scary because I know that tenuous hope can hurt me. Hope may very well not be something that we have control over. Whether or not we choose to commit EMOTIONALLY to that hope is the question. How much should I invest in HOPE?

My message in all this? Be cautious in what you say or offer people that are either infected or affected. Even offering HOPE may be experienced differently than you expect.

If you ask my wife about my new glasses, be prepared that this may remind her that time is going by and will sadden her. If you tell my mother that my grey hair makes me look older, don't be surprised if she smiles at the prospect of her son aging.

Don't tell me about a new treatment that offers HOPE, unless you plan to be there with me if it should fail.

THE CHALLENGES

*My thoughts on how new treatments
may have an impact on the way we look
at AIDS care and support.*

Our model for care has been built, designed and reinforced by "helping people to die." Even the most sceptical of minds cannot dismiss the possibility of a longer, healthier life for people with HIV infection in these times of Protease Inhibitors and "The Cocktail." In the face of such substantial change in the management of HIV/AIDS, service providers such as ACT-B must examine these new times in order to respond appropriately.

This examination will change over time. As our service users live longer and healthier lives we must continue to consult them directly. Only THEY can help us understand their changing needs.

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Healing Our Nations

November 9 - 13
Halifax, Nova Scotia



The 4th Annual Canadian Aboriginal Conference on HIV/AIDS and related issues was held in Halifax, Nova Scotia from November 9 - 13. The Theme of the gathering was "Healing our Nations." Approximately 300 people from across Canada and the United States attended to discuss ways of combatting HIV/AIDS.

Two members of ACT-B attended the conference and present their reports...

Sandy Johnston, Proud mom & supporter

Brenda J. LeSage

The reason I wanted to attend this conference was to support my son who is HIV-positive and to support others who may be affected. I find that there is so much support needed in the aboriginal community, not only from our nation, but from our immediate families. I believe that with this unconditional love behind them, our children can stay healthy longer. My son is a perfect example of this.

From the conference I heard the horror stories of people being turned away and families shunned because of the virus.

We can no longer lie to ourselves or hide for HIV/AIDS is infecting or affecting our nation greatly. What I learned from the conference was not only how to take away some of *my* fears but to overcome the fear of the virus in other people.

We must open our hearts, minds and eyes. Only then will some of the beliefs be cast aside and we can truly be one nation. I am pretty sure that was the Creator's plan in the first place.



I was lucky to be chosen to attend this wonderful gathering of all peoples across this nation who are concerned about HIV/AIDS. This conference was one of the most exhilarating and emotional events that I have been to.

Kevin Barlow, who put it all together, was a powerful speaker. All the presenters and keynote speakers were terrific! Such courage for these people to share their stories with us.

All the workshops I attended were excellent and very informative. They included: HIV & TB - Dual Infection Issues; Healing through Humour; Grief and Multiple Loss; "Legend of Pagosi" Micmac Medicines, Traditional Usages and Gathering Methods; and Extremist Attitudes: Maintaining Balance in Aboriginal HIV/AIDS Service Delivery.

The elders taught us to be proud of ourselves and this illness; to use it to our best advantage. I learned to forgive myself as well as others. I learned that I had to take a good hard look at myself whether I want to or not! I also found out how important it is to teach our children and grandchildren about HIV/AIDS.

I was overwhelmed at the close knit group of people. We all stand out in our own special way in contributing to this dilemma. I knew when I left Halifax that I must try to do my part. I have since run for the Board of Directors at ACT-B and was elected! I am anxious to share my experience with others at the ACT-B.

Meegwetch



REFLECTIONS OF A YEAR GONE BY....

The Holiday Season is a time for reflection. A time to review the year and take stock of all the good things that have happened. Many people have helped us in our work at the AIDS Committee during 1996 and we would like to take this opportunity to say "thank you" to:

* Employees of Pizza Hut who donated \$80 from their tips to Mother's Cupboard.

* Ray Laird and Ryan Bureyko for coordinating benefit socials during the year.

* "Broadway Bound" for hosting a first rate benefit concert in support of the AIDS Committee and the Thunder Bay Symphony Orchestra. They donated \$700 to each organization.

* Our tireless primary care physicians who support our PHA's to the best of their knowledge, skills and abilities.

* Pius White for his public leadership at our AIDS Walk, mail solicitations and support letters for various fundraising proposals.

* The AIDS Awareness Week Steering Committee members and a special thank you to Carri Whidden for her work coordinating the week's events.

* Karen Ferland for coordinating our 5th Annual Regional "Opening More Doors" conference.

* Vicki Suttie for making the silent auction at our Annual General Meeting such a success; raising over \$500 for the Emergency Financial Assistance Program.

* Jennifer Peter for her diligent work on the Social Marketing Campaign during her placement with ACT-B.

* Members of the fundraising committee for their ideas and support and a special thanks to all those dedicated volunteers who assisted with fundraising events.



* Sandy Johnston for cleaning our refrigerator! Huge Job! Big Thanks!

* Anne Ciemny for coordinating the "Cheese Cake Challenge" and Mr. Sub for donating the use of their cooler.

* The AIDS Walk is one of ACT-B's largest events. Thanks go to: The Outpost at Lakehead University for hosting the event. Norma Jean Newbold from Lakehead University Residence for her recruitment of students to support the walk. MDS Laboratories, Janzens Pharmacy, Domino's Pizza, North Algoma Confectionary, Glaxo Wellcome, Lakehead Travel Agency and

Canadian Airlines for their sponsorship of the AIDS Walk. And a big thanks to the planning committee!

* The Senator Norman Paterson Foundation for contributing to our "Vehicle Fund."

* William Roberts and all the performers in the *Healthy Sex Cabaret* for bringing humour to this issue.

* Mike's Mart store on Red River Road for their sales of Nevada Tickets.

DARING TO HOPE

continued from page 5...

Although estate planning will remain an important part of the assistance to people infected with HIV, we may now want to offer PHA's educational goals. This gives them an opportunity to live productive lives in the context of their limitations.

Regardless of the improvements in HIV/AIDS care, there will undoubtedly be many that continue to die, get sick and require the support of agencies like ours. How do we respond to the person newly diagnosed with HIV? Surely not the same way we did 2 - 4 years ago.

There is no hope of getting back those that we have lost or cure the pain that has been experienced by so many. But I do have HOPE. A different HOPE! MY HOPE!"

Parting Glance



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
- Thunder Bay WINS!
- All of the people involved in general fund raising 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

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Yes! I want to support ACT-B this holiday season! I know that my contribution will really count! Here is my donation of \$_____.

Name:

Address:

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Telephone:

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