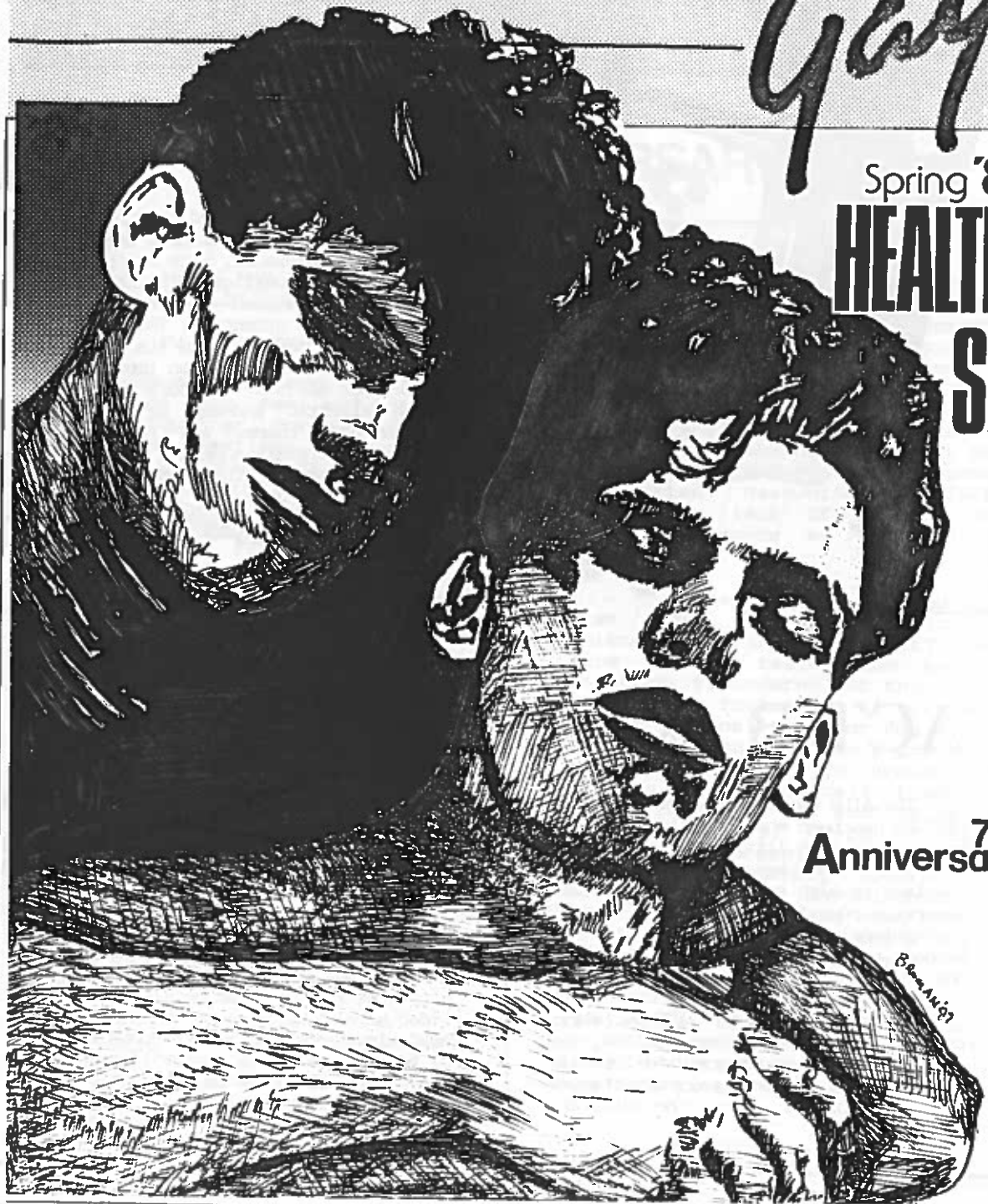


T • H • U • N • D • E • R

Gay

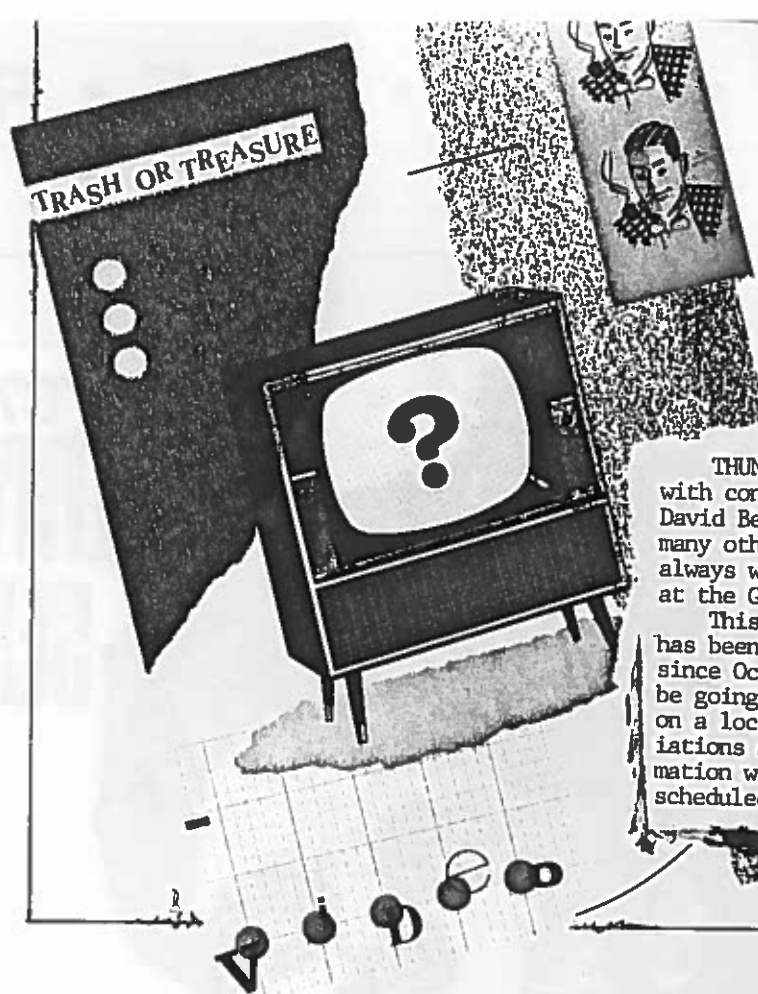
Spring '87

HEALTHY
SEX



7th
Anniversary!

Bennett



trash or treasure

THUNDER GAY is compiled by Doug Broman with contributions from Michael Sobota, David Belrose, Lawrence, Rick Smith, and many others. Additional contributions are always welcome - needed - and can be left at the GTB office Attention: Thunder Gay. This little magazine, in its many forms, has been published off and on (mostly on) since October of 1979. Rumours that it will be going "electric" and will be broadcast on a local cable channel are true. Negotiations are currently underway - more information will appear in the Summer Issue scheduled for mid-June.

ACT-B expands efforts

The AIDS Committee of Thunder Bay (ACT-B) has been working quietly over the past months with little public activity.

Members of the committee have been involved in high school class talks and inservice educational sessions for various professional staff in the city. Also, members have attended meetings of the OAN (Ontario AIDS Network) representing 11 different community-based organizations as well as CAS (Canadian AIDS Society), the national umbrella organization.

Plans are now underway to formalize the structure of the local committee, become incorporated, expand the voluntary

Board and seek out more working volunteers for the day to day work of the committee.

It is hoped an office, AIDS information phoneline, and library/resource centre can be established by this summer. Community volunteers are crucial to proceed with these basic services.

Further plans being considered are an AIDS Awareness Week for Fall, a 2nd city-wide public Forum on AIDS, film and video screenings of some of the latest educational videos, and the possibility of hosting a meeting of the 11 member organizations of the Ontario AIDS Network here in Thunder Bay.

T · H · U · N · D · E · R

Gay

Spring 87

A 7th ANNIVERSARY

SEVEN YEARS AND STILL GROWING HAPPY BIRTHDAY, GTB

by David Belrose

Seven years ago this April, a group of gay men and lesbians gathered together for a weekend of parties and meetings. Out of this came GAYS OF THUNDER BAY, which now celebrates seven continuous years of existence. These seven years have had triumphs, disappointments, successes and failures, but the group has survived. The gay community is now an established fact in Thunder Bay, and we who are part of this community must ensure that we continue to grow and prosper.

The history of gay life in this area is largely unknown, but we know there have been small social groups, house parties, and different bars where those in the know could discreetly meet. In 1974, the first attempt was made to form an organization for gay men and women, when LAKEHEAD GAY LIBERATION was established as a recognized club at Lakehead University. After the first six months, unfortunately, almost all those involved in the group moved to Toronto, and the group died.

From 1975 to January 1980, the social needs of lesbians and gay men were addressed by a social club that operated out of a hall on Simpson Street. Named the BACKSTREET ATHLETIC CLUB, this organization was

started by four women, and was later run by a number of different people. This was an important development, and provided space for people to meet, cruise, socialize, and be themselves. By the summer of 1979, there were a few people who felt there was a need for more. The first issue of THUNDER GAY was put out independently. A men's support group was started. Meanwhile, BACKSTREET ran into a lack of support, and closed its doors at the end of January, 1980.

A committee was formed soon after to try to develop a replacement for BACKSTREET, but there was no real focus and the committee floundered. At this time, there was a fortuitous circumstance in that the Coalition for Gay Rights in Ontario had received a grant for an organizer to go around the province. A phone call from this person resulted in setting up the weekend of April 24-26 to try to form a gay organization in the city. On the Sunday afternoon, a meeting was held during which the group was formed, the name GAYS OF THUNDER BAY decided on, and a set of long and short term goals set.

Over the next few months, a core group of workers coalesced, many others hovered around the edges, and a series of house parties were held to get to know each other,

(cont'd page 14)

Letter to a friend

April 19, 1987

Dear Mark:

Hi! Received your last letter. Sorry to have missed you when I was in Calgary.

Recently I was at our GTB Phoneline taking some calls and it sparked memories of my own coming out. It has been seven years since GTB came out on April 25, 1980 and almost seven years for me too. I almost can't believe it. How far I've come out since I took those nervous steps up to the GTB office - how nervous and anxious I was to meet someone gay and talk to them. Of course, I came to Calgary to come out to you. I hadn't known that GTB existed then, but, I'm glad I did go to Calgary otherwise I'd not be writing to you today.

After seven years there have been many people who have used GTB's Phoneline (the way I used yours) to come out. Phonelines across the country are the "door handles" to the gay community for many men and women. The counsellor on the receiver often is the first link. Like it was for me that summer of 1980. Now I have been that first link for a man's coming out experience.

I had been dropping in at the Phoneline a couple of times and one night I decided to take calls. After some usual hangups came a call from a guy about my age. He was not from Thunder Bay but had been in school here. Although he had called once before, quite some time ago, he never had had the nerve to call again, 'til now.

He had all kinds of questions - usual stuff like, "what do you do at meetings... at socials?" and questions about AIDS. We talked for half an hour. I asked him if he'd like to drop in to the GTB office. He felt too uncomfortable to do that. "Well, would you go to a social?" I asked. He replied he wouldn't be here. I offered to meet him at a local bar. That was okay so two others and myself from the Phoneline went to meet him.

It's interesting to meet someone just coming to terms with their homosexuality. I'd forgotten what it's like trying to ac-

cept my gayness - I just take it for granted. He had a variety of ways of trying to say he wasn't really sure if he was gay - that he was exploring the possibility - wasn't sure because he thought of marriage and being able to have children. Once he started to open up though, his experiences, desires, his feelings, fears and fantasies he shared with me left no doubt he was gay and still struggling with it inside.

We talked late into the evening and he met some other people. We met on another night the next week when the din from the band was absent. I introduced him to my friend Michael (who is one of the most "out" men in Thunder Bay - also far more skilled at counselling than I) and it was interesting seeing such opposite ends of the "coming out" spectrum relating across a barroom table.

This man who finally took that step to come out will take many more. I said to him that there are many different levels of being out, that coming out is something that never stops and that he'll choose his own level of being out. "You carry a heavy load around with you when you're closeted. It's emotionally draining to pretend you're something you're not - because of your fears... sure not everyone is out to the same degree at the same time (I know I'm not) and it can be scary when you push at the edges. But when you do you have less of a burden on your shoulders and you're not as afraid."

I answered his questions as best I could. I gave him my opinion and reminded him I'm only one gay man he's met. I made sure he was aware of some of the facts about AIDS - how to play safe - to use condoms. There's nothing like talking about AIDS to be explicit about sexual practices. That both answered more questions for him

and broke down barriers talking about sex. I urged him to keep up to date on AIDS information as well. The more we talked, the more we met, the more comfortable he became. He even said he would go to a social if he were in town.

And so it seems, I've seen a circle come around. A man's coming to terms with himself. For me, from coming out to you in Calgary, to having someone come out to me here. That's seven years of coming out experiences for myself. I wonder how this guy's next seven years will be for him.

It's been nice talking with you again, I'll be in touch soon. Until later, take care,

Your friend,

Lawrence

PHONELINE

The GTB Phoneline is now on "summer hours" - the time is the same, 7:30 pm to 9:30 pm - but the evenings have been changed to Mondays and Wednesdays. The group claims that Friday evenings are 'too slow' and that Mondays are busier.

-GAYAA-

The Twelfth Tradition Alcoholics Anonymous group is a fellowship of lesbians and gay men in Thunder Bay. The only requirement for membership is a desire to stop drinking. The primary purpose of A. A. members is to stay sober and help other alcoholics achieve sobriety.

The group meets in the GTB office on Thursdays and Sundays at 8:00 pm. Anyone with a drinking problem is welcome.

CHEMICAL DEPENDENCY AND AIDS

On August 13, Barbara Faltz, Director of the AIDS and chemical dependency program at San Francisco General Hospital, gave a workshop at Pride Institute entitled "Chemical Dependency and AIDS."

Barbara noted that the link between AIDS, chemical dependency, and unsafe sexual practices is becoming clearer.

"Further, stress in the chemically dependent life style is very high," she said. "It wreaks havoc on the immune system; judgment is impaired as to what is safe when a person has been drinking or using drugs." She cited a study of 800 gay men in San Francisco, in which it was found that 61 percent of the men were more likely to have unsafe sex when drinking.

She also stated that, although not directly linked to AIDS, marijuana and cocaine use also are associated with unsafe sex practices. Cocaine and amphetamines have also been demonstrated to be immunosuppressant.

Ms Faltz applauded Pride Institute's policy of treating all staff and patients as if they were HIV positive.

Yet, she did not recommend general screening for HIV at treatment centers. "As the AIDS epidemic progresses," she said, "substance abuse issues need to be assessed more thoroughly." It is virtually certain, she said, that the substance abuse issues will intensify.

Pride President Ellen Ratner said, "The connection between AIDS and dependency has only been looked at recently. Pride Institute is part of that ongoing effort now, and we will continue to be helpful however we can."

THE BOTTLE: many never beat it

THE SPRING season is especially lonely for many of Canada's 600,000 adult alcoholics, even those who are surrounded by loved ones. And it will be a difficult time for friends and loved ones as the alcoholic's disease affects them — the broken promises, lies, denial, anger, irritability, memory-loss, verbal and physical abuse and unrealistic dreams.

The social prognosis for alcohol-abusers is not good. Only "about 10 per cent of addicts of all kinds who complete treatment programs manage to totally abstain from their drug of preference," said psychologist Douglas Tate, of the Royal Ottawa Hospital's Meadow Creek Farm Addiction Treatment Centre.

Another way of looking at it is, one third "predominantly abstain," one third "significantly reduce drug (alcohol) use," and one third "are unchanged or increase consumption," he said.

"The ones who do best are people who have a fairly intact life to go back to," said Alan Osborne, a socio-psychologist at the Addiction Research Foundation in London, Ont. The recovering alcoholic must have activity to fill the void previously occupied by drinking. Patients often start to become emotionally and psychologically intact after three or four months of sobriety. At the end of a year's sobriety, the prognosis is better, "but there can be a relapse with some patients after a two-year period," he said.

There are about 1.6 million adults in Canada who regularly indulge in "hazardous" drinking (as determined by medical examination and patient reports to doctors) — about 10 per cent of the population older than 20 years. These people are risking a move into the alcoholic population, with alcohol-induced physical damage, according to the latest available ARF figures, which are for 1981.

At a time when both the U.S. and Canadian Governments have declared war on a serious and growing

This article, from the Globe & Mail, deals with the issue of dependency in the straight world. One in ten, it claims, is an alcoholic or drug dependent.

In the gay community, the figure is much larger — one gay man or lesbian in three is an alcoholic.

There are a number of treatment programs designed by and for homosexuals. They exist in the United States and don't seem to have begun in Canada yet. However, many clinics which deal with a gay clientele have developed into their overall program an awareness of the special needs of gays and lesbians.

An A. A. group for the gay community currently meets twice a week at the GTB office.

drug problem, the major mind-altering drug — alcohol — costs society dearly. Annual alcohol-related social costs in Canada are \$2-billion; reduced labor productivity, \$1.2-billion; law enforcement, \$652-million; and social welfare, \$1.4-million.

In the United States, the National Institute of Alcohol Abuse and Alcoholism reports that about 11 per cent of all deaths are alcohol-related, and hazardous drinking accounts for a 10 per cent loss of potential years of life.

Cirrhosis of the liver has been commonly regarded as a yardstick of alcohol-abuse, but there are signs brain-damage might occur even earlier. Dr. Harvey A. Skinner, senior scientist at the ARF in Toronto points to a study of a group of alcoholic men younger than 35 years of age that showed 59 per cent were intellectually impaired. Computer-assisted tomography revealed brain atrophy in 49 per cent. Only 19 per cent had cirrhosis of the liver.

"Women seem to be more sensitive to alcohol," said Dr. Marion MacIntosh at the University of Toronto. She runs a clinic at the

Toronto General Hospital, and has many alcohol-abusive patients. This alcohol gender difference seems to exist even after adjustments for body fat, weight, hormones and other variables. Alcoholic dementia is more common in women than men, too, she said.

Getting the alcoholic to seek treatment is a major problem, and coercion, force, nagging, hiding booze, threatening and cajoling simply do not work. Alcoholics Anonymous sources say these will have the reverse effect. Making alcoholics feel guilty — they have enough guilt already — or vulnerable will make them escape still further into alcohol. Most therapies insist on voluntary patient admission; otherwise, the treatment does not work.

Families of alcoholics can intervene to make the patient aware of treatment programs, but never when the abuser is drunk. AA says the best time is when the alcoholic is coming off a binge and is sick. It should be done in an atmosphere of helping, never threatening or judgmental.

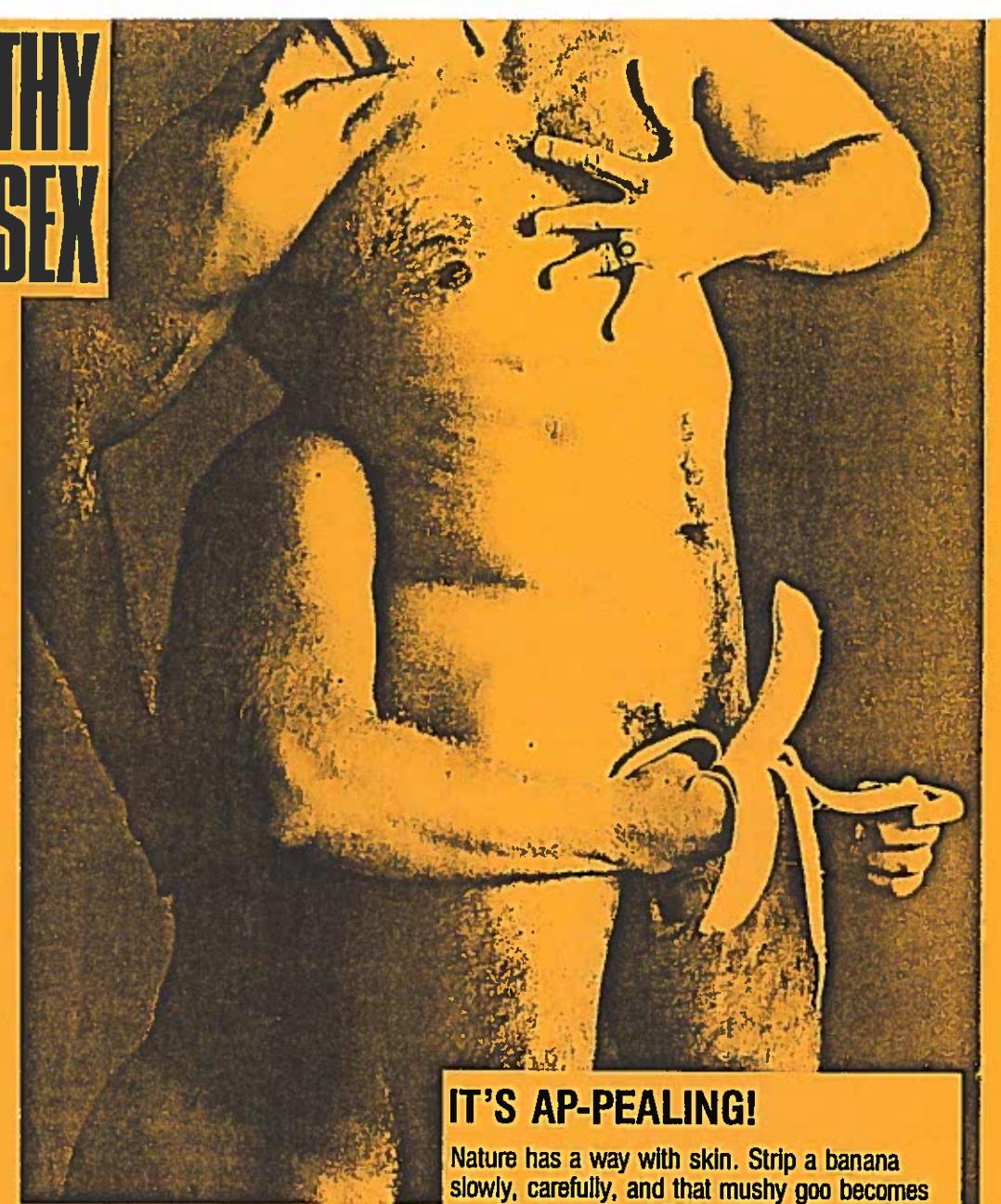
Alcoholics should be made re-

(cont'd pg.11)



Pride Institute: America's first inpatient treatment facility for Gay men and Lesbians

HEALTHY SEX



IT'S AP-PEALING!

Nature has a way with skin. Strip a banana slowly, carefully, and that mushy goo becomes more and more tantalizing. Peel clothing away from your sex partner (watching shirt, pants and underwear—if he wears them—fall seductively to the floor) and get turned on as each new inch of shimmering flesh is revealed. Take your time. There's no hurry. Prolong the anticipation, the pleasure. Strip the clothing from each other. Deliberately. Erotically. Get to know every inch of each other's fabulous flesh. It's fun and it's healthy. And that makes it ap-peeling!

CREDITS: Gay Men's Health Crisis — New York
C-SAM — Montreal

THUNDER GAY: SAFE & HEALTHY 7.

HEALTHY SEX

TAKE A BITE.

We all know what 'Eat Me' means. And we're getting to know that it's bad for our sexual digestion (unless we use a condom). Cocksucking without a rubber is risky mainly because of the danger of swallowing cum. There is also the danger of swallowing precum. What's an oral person to do if he hates the taste of latex? First and always, wash yourself and your partner.

Then suck on a nipple, a finger, the big toe. Suck on the shaft of the cock without putting the head of it into your mouth. Put his balls in your mouth and lick them hairless. Whatever part of your partner's body (except his asshole) that you decide to nosh on, eat, bite or lick with gusto. But always without the condiment of body fluids.



BETTER A SAFE THAN SORRY. UNSAFE SEX CAN KILL.

If you are sexually active you run the risk of contracting a sexually transmitted disease (STD). **At one point, you may not know if you have an STD.** This includes AIDS (acquired immunodeficiency syndrome).

Condoms, when used correctly, provide protection against STDs such as chlamydia, gonorrhea, genital warts, syphilis, herpes... as well as AIDS.

Inexpensive, easy to carry around, without side effects — use condoms to protect yourself and your partner.

THE RISK OF GETTING STD.
The **more** you have, the **greater** the risk of getting STD.

Even if you limit your partners, each **new** will increase your risk. Questioning your partners about their previous sexual activity may not protect you. Safer sex can.

You can get STD when there is exchange of infected sperm, vaginal fluid or blood. **STDs** can cause infertility from gonorrhea or chlamydia and **STDs**.

STD **can** be **passed**. Don't assume that either you or your partner are healthy because there are no symptoms or signs of infection. If you are sexually active see your doctor regularly and get yourself tested for STD.

CONDOMS
Choose **condoms** they are the strongest.

For the best protection against STDs use a latex condom with a **spermicide** foam, jelly or cream **containing a spermicide**.

Check the expiration date on the box as condoms generally start to weaken after two years.

Keep condoms out of the sun and away from other sources of heat.

Temperature extremes (e.g. car glove compartments) and friction (e.g. your back pocket) may damage condoms. Condoms keep well in a purse or shirt/jacket pocket.

Buy **condoms** and **condoms**. Lubricants increase sensation and help prevent condom breaks. Do not use oil-based lubricants (mineral oil, vegetable oil, vaseline), they damage the latex and may cause breakage. Use **water-based** lubricants (K-Y, Lubafax, etc.) instead. **Condoms** with nonoxynol-9 make good lubricants, too (Delfen, Emko, etc.). If you experience skin irritation, due to a spermicide, try switching brands.

CONDOMS
Don't hesitate to open a condom package on your own before using one during a sexual encounter. Check to see what a condom looks and feels like and how it unrolls.

Putting on the condom can be a **part** of love-making. Relax, be imaginative and make it fun. Once the penis is erect, **condom**.

Condoms can **be used**... experiment and see what feels best. Squeeze the air out of the tip of the condom, leaving about half an inch of space to allow room for the sperm.

Place the condom on the penis and unroll it right down to the base.

Put the condom on **condom**. Keep it on throughout your love-making. To avoid infection caused by spills or losing the condom inside the vagina, the man should hold on to the base of the condom when the penis is withdrawn.

Never use a condom twice.

Wrap and dispose of used condoms carefully.

You and your partner may feel embarrassed and awkward using a condom the first time. Don't give up... **condom**.

PROTECT YOURSELF USE A CONDOM

SAFER SEX

- **condom** use a **condom**
- For extra protection use a spermicide with **condom**
- **condom** your number of sexual partners.
- **condom** sexual involvement until you are **condom**
- Have yourself tested regularly for STD if you are at risk.
- Consult your doctor immediately for testing in the case of symptoms.

- **condom** if you get an STD and encourage them to see a doctor for testing. Otherwise, without knowing it, they may reinfect you, spread the disease to others or develop complications themselves.

For more information on Safer Sex and STD, contact your:

- Local Community Service Centre **condom**
- **condom**
- Department of Community Health **condom**



Les Départements de santé
communautaire du Québec

DSC-C-250M 3/87

HEALTHY SEX

ON ME, NOT IN ME!

The Healthy Sex Rule is: when it comes to cum, come outside not inside. Don't let cum (or other body fluids like spit, piss or blood) enter your body or your partner's body anally or orally. Be careful too that cum (or any other body fluid) does not come into contact with the eyes or any cuts or abrasions on the skin. Otherwise, Whip it up and let it fly!

10. THUNDER GAY: SAFE & HEALTHY



sponsible for their drunken behavior too, an AA source said. If they smashed something or vomited while drunk, let them fix it and clean up the mess, the next day if possible, while the memory is fresh. Too often, family and friends cover for problem drinkers, and remove them from the consequences of drinking.

Dr. McIntosh lectures physicians on how to more effectively recognize and intervene in alcohol-abuse situations, because many families turn in desperation to their physician for help, but few doctors give any.

Many practitioners fail to confront patients with their alcoholism, even when family members call up, or the alcoholic mentions his or her drinking during consultation. Indications of alcoholism, such as requests for sleeping pills or sick notes, certain skin blemishes, gastric problems or depression, are frequently ignored, she said. Doctors are in a good position to intervene, she said, because they can frequently diffuse the anger and denial alcoholic patients exhibit. Once the alcohol-abuser is aware the doctor knows about his problem, it makes it more difficult to deny alcohol intake, and easier for the doctor to suggest treatment programs.

Some rehabilitation centres, such as the Donwoods Institute in Toronto, hold counselling sessions for families of alcoholics to help them open doors for the victims to get treatment.

The emphasis is on helping the family cope.

11.

CLASSIC SIGNS

Very heavy drinking; often nine or more drinks* a day
Morning drinking
Blackouts, memory lapses when drinking
Loss of control, craving for more when drinking
Compulsive drinking style, thoughts about drinking
Severe alcohol withdrawal (such as delirium tremens)
Repeated attempts to cut down on drinking have failed
Gross cognitive deficits (such as "alcohol amnesia")
Job loss, family problems and legal convictions

EARLIER INDICATORS

Heavy drinking; often four or more drinks* a day
Increased tolerance to alcohol
Drinking quickly, gulping the first drinks
Eating lightly or skipping meals when drinking
Concern or worry about drinking by self, family
Intellectual impairment
Accidents in which alcohol intake is involved
Tardiness or absence from work because of drinking
Most friends are heavy drinkers
Most leisure activities involve drinking
Frequent use of alcohol to relieve stress, depression
Attempts to reduce drinking have had limited success

*One drink = 13.6 g of absolute alcohol (ethanol) or about 340 ml of Canadian beer, 43 ml of liquor, 142 ml of wine or 85 ml of sherry, port or vermouth.

ADDICTION RESEARCH FOUNDATION

Are You An Alcoholic

To answer this question, ask yourself the following questions and answer them as honestly as you can.

	Yes	No
1 Do you lose time from work due to drinking?	☐	☐
2 Is drinking making your home life unhappy?	☐	☐
3 Do you drink because you are shy with other people?	☐	☐
4 Is drinking affecting your reputation?	☐	☐
5 Have you ever felt remorse after drinking?	☐	☐
6 Have you gotten into financial difficulties as a result of drinking?	☐	☐
7 Do you turn to lower companions and an inferior environment when drinking?	☐	☐
8 Does your drinking make you careless of your family's welfare?	☐	☐
9 Has your ambition decreased since drinking?	☐	☐
10 Do you crave a drink at a definite time daily?	☐	☐
11 Do you want a drink the next morning?	☐	☐
12 Does drinking cause you to have difficulty in sleeping?	☐	☐
13 Has your efficiency decreased since drinking?	☐	☐
14 Is drinking jeopardizing your job or business?	☐	☐
15 Do you drink to escape from worries or trouble?	☐	☐
16 Do you drink alone?	☐	☐
17 Have you ever had a complete loss of memory as a result of drinking?	☐	☐
18 Has your physician ever treated you for drinking?	☐	☐
19 Do you drink to build up your self-confidence?	☐	☐
20 Have you ever been to a hospital or institution on account of drinking?	☐	☐

If you have answered YES to any one of the questions, there is a definite warning that you may be alcoholic.

If you have answered YES to any two, the chances are that you are an alcoholic.

If you have answered YES to three or more, you are definitely an alcoholic.

On the road to FAERIE Consciousness



Chris Collins

ODYSSEY



Winter 87

THUNDER



Ken, Darrel, George, Micheal, Kirk, Doug
and a couple of hundred
other men & women are
PROUD to be
celebrating 3 years!



7 years!

DER
Gay

Send me

Guys
Tot
Thunder
Bay

Quick! Sign me up as a member of GTB. I don't
want to miss a single issue
of THUNDER GAY Magazine or lose any other membership advantages. Enclosed
is \$ 9.00 for my 1983 Membership.

Name

Address

Phone No.

4 Living, Wednesday, March 4, 1983
Letters to the Editor
tv gay group explains
on



- ANGUS



rd has reached us that Angus ld, formerly of Thunder Bay cently in Stratford, Ontario. ad been living in Stratford past few years.

us's death occurred under circumstances and an investi- is underway.

ly remember Angus during his i Thunder Bay and his contribu- our community. Angus was a und artist and had been a con- to THUNDER GAY. He was also n the short lived Youth wing us well as volunteering his l energy to many GTB socials its.

us was a remarkable fellow: , healthy and energetic and d about developing himself en and honest gay man. His a surprise and a loss for

7th Anniversary

and to raise money for future growth. The first social was held at the Ukrainian Labor temple on July 26, and it was both a social and a financial success.

As a result of this, plans went ahead and the office at 214 Red River Road was rented in September. This office is still being used now. In October of the first year, the phoneline was established and the daily ad started in the local paper. This phoneline has been a vital element in the continuing existence of GTB.

This newsmagazine was first published as an organ of GTB in May of 1980, and it grew to the point where it was known and appreciated across the continent. Although there has been an extended period of absence, the recent issues of THUNDER GAY have helped to refocus the energies of the group.

Like any organization, GTB has had its share of ups and downs. After an initial period of enthusiasm, the group settled in to times that saw many activities fall into limbo. However, there have always been the unsung heroes who have kept the socials going, have made sure the phoneline continued to operate, and in general have kept GTB alive.

In recent months, there has been a resurgence of activity aside from socials, as THUNDER GAY is appearing again, and the EDUCATION COMMITTEE has been doing more work than ever in the schools and elsewhere.

As we celebrate seven years of GAYS OF THUNDER BAY, let us thank those who have given of themselves in the past, and let us all try to find ways to help our community to survive and grow in the months and years to come.

SOME GROUPS DIFFER

C.A.S. to clarify safer sex

The Canadian AIDS Society, a national umbrella organization representing more than two dozen community based AIDS organizations all accross Canada, met in February at the National Conference Centre in Ottawa.

David Belrose and Michael Sobota attended from AIDS Committee of Thunder Bay.

During the week-end meeting, task groups were struck to begin discussing issues of concern to the national organization. These included internal communications, policy making, testing, screening and contact tracing, and safer sex.

At the CAS Directors meeting in Montreal this month, the directors identified safer sex as a priority item on the national agenda. Currently, there are various categories that attempt to educate people about sexual practices in terms of risk (low, medium or high) or in terms of degree (safe, probably safe

and unsafe). There are no uniform standards for these categories, definitions of sexual activities, or common simple language.

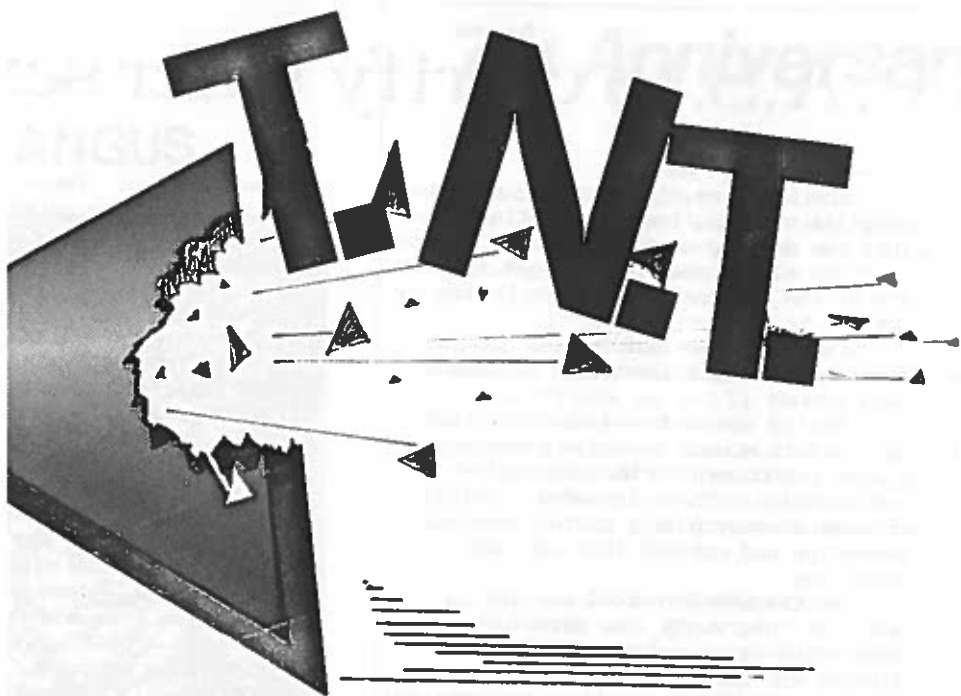
CAS is working to clarify these concerns with the goal of being able to pass on accurate and informed standards to the member organizations. THUNDER GAY will report this information as soon as it becomes available.

Elsewhere in this issue you will see some safer sex recommendations. These are for information and to encourage you to consider the wide range of sexual activities that you might explore. A general caution might be to err on the side of safety. Remember: don't let anyone lead you into something you consider unsafe. The responsibility for your health is your own.

If you have any questions about safer sex and/or specific sexual activities, feel free to contact any member of the local AIDE Committee.

FEIFFER





'TIS NOT TØRØNTØ!

MAY 9, 1987



social with our kind of music!