The Update

VANCOUVER ISLAND AIDS SOCIETY

JULY 1990 VOLUME 3, NUMBER 7

The Candlelight Memorial

AVI held our Candlelight Memorial on Sunday, May 27, 1990. We gathered to honor not only those who have gone before us and will never be forgotten, but also to support those living with AIDS.

Through songs, poems and moving comments the ceremony was both an act of remembrance as well as an expression of frustration and hope. Thank you all.

The organizing committee was a wonderful group of people. Thank you for your talent and energy. A special thanks must go to **James Cavalluzzo, Don Mattewson, Robin Thompson** and **Michael Yoder** for their generous contribution to the vigil.

Christie O'Connell
Membership Director

A.V.I. Bonus

On behalf of the Board, Staff and Volunteers of AIDS Vancouver Island, I would like to express our extreme gratitude to the **"Victoria Foundation"** for their generous donation of $5,000.00.

This money will purchase a much needed display system for our education program and also for printed pamphlets for community distribution.

Attention all Condom Users!!

AIDS Vancouver Island is pleased to announce that it is now selling **"ALJO"** and **"SILKE"** condoms at **$5.00 per package of 12!**

These are the latest in "sheik" menswear that are ultra-thin, ultra-strong and have no taste or smell.

Take advantage of this bargain and support A.V.I.

One test drive will prove that "these" rubbers will be sliding on through the 90's! Come into the office, suite 106, to purchase and try out your favorite model!

Pearson's Postulate:
"It requires a very unusual mind to make an analysis of the obvious."

Society News

September 3, 1987 was an auspicious day for AIDS Vancouver Island. Little did Nairn Hollott know that when she first walked through the doors of A.V.I., she would develop an illustrious career as Volunteer Education Co-ordinator.

It comes as no surprise that, Nairn was nominated as "Outstanding Volunteer of the Year" and received the Shawn Costello Memorial Award, at the Annual General Meeting (Monday, June 25, 1990).

Congratulations Nairn, and thank you for the hundreds of hours you have contributed to arrest the spread of H.I.V. Thank you also from all of us who have worked closely with you, for your support and camaraderie.

N.B. Nairn will be on holidays for the first two weeks of July. The first in Three and one half years!

A.V.I.'s A.G.M. News

AIDS Vancouver Island held its' Annual General Meeting last Monday, June 25, 1990.

Our new members elected to the board are **Christine Morissette, Kaaren Robinson, Arn Schilder, Ron Gent** and **Verna Popejoy.** The members leaving our board are **Dr. Rae Graham, Christie O'Connell** and **Lynn Cummings.**

The board wishes to express its' heartfelt gratitude to outgoing board members for their hard work and dedication and a warm welcome to its' new members.

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READ THE FINE PRINT

The Volunteer Update is ... Island All ... nt. Sub... word- pro... day of each mo... file in the mes...

A.V.I.'s Bizzare Bazaar

Our summer bizarre will be held **Saturday, July 21, 1990 at 640 Moss Street from 10:00am to 4:00pm.** Get your billfolds out and call your mother! You don't want to miss this fund raising event, ...not to mention the treasures to add to your collections!

Bizarre Bazaar Donations

What's a bazaar without things to sell?

We need your surplus crap...oops...er...I should say your sellable surplus stuff. ...You say you don't have surplus stuff. ...We don't believe it. Everybody has stuff.

...You know the stuff we mean.

Those beauties that have been sitting in boxes, trunks and "under other stuff" in the attic or basement for an eon or two. The ones you hate to look at but can't bear giving up because Granny would roll over if she knew.

...Here's some advice to all of the "die hard Pack Rats" out there. Just decide to do it! Donate it to A.V.I.'s bazaar and let someone who can appreciate Granny's taste own your dust collector.

Be Brave! Good sellable items like furniture, kitchenware, books, jewellry, nik-naks (but no 8-tracks), etcetera, are needed.

Call Bruce Bernard at 380-3962 to arrange the pick-up of large items, or Suzanne Sutton at 595-8695. Small items can be dropped off at A.V.I.'s office, suite 106 - 1175 Cook Street.

...It "really" feels good to houseclean like this.

A.V.I.'s Bizarre Bazaar ...Volunteer Alert!!

Are you a born salesperson? Do you love to haggle? Does the idea of making a sale make your day? Well, the A.V.I. Bizarre Bazaar needs you!

Volunteers are needed to staff the salescounters and refreshment stand on **July 21** from **10:00am to 4:00pm.** If you can work all or part of the day, give Suzanne a call at 595-8695.

Notice! Women's Support Group

Please note! For the summer the Women's Support Group will meet every third Thursday in our office at 7:30pm. The dates will be: **July 19, August 9 and August 30, 1990.**

The regular weekly meetings will resume in September.

Women needing support between meetings can contact David Swan, Sandy Stewart or Claudia Mimick at 384-2366.

Volunteer Training

We are again preparing for another session of volunteer training scheduled for the end of July. Anyone interested in dedicating volunteer time to A.V.I. or refreshing their training, please contact David Swan at 384-2366.

Calgary Conference

"Disrupting Complacency, The Challenge for the 90's," a conference for AIDS educators and workers, teachers, social workers and health care providers will be held at the **Calgary Convention Centre, Monday, October 29 - Tuesday, October 30, 1990.**

The conference workshop topics are:

-Research and Programming implications

-Strategies for Teaching about Safer Sex: Young Adults

-Exploring Sexuality

-Making Sex Safe for Women

-Mobilizing the Community

-Making the Media Work for You

-Successful Street Outreach Programs

-The Cleansing Feast

-Hey Men: Facilitating Safer Sexual Behaviour with Heterosexual Men

-Evaluating AIDS Interventions

For more information on the workshops, registration and accommodations, see Nairn in Suite 106.

Terminology 101

Through the course of our new awareness of AIDS, changing times and misconceptions have led to a need to rectify some bad habits in our oral and written use of terms referring to AIDS. To "aid" this "AIDS" perplexity, please study the following. ...There will be tests following today's lesson...

TERM TO AVOID: **"Aids"**

CORRECT USAGE: **"AIDS"**

WHY? First, because the word already means many things. Second, because it is an acronym for ACquired Immune Deficiency Syndrome and using capitals helps to remind readers.

TERM TO AVOID: **"Carrying AIDS, AIDS carrier or AIDS positive"**

CORRECT USAGE: **"HIV antibody positive or people with HIV"**

WHY? This confuses the two distinct phases of being infected with HIV and having AIDS. People can "have" AIDS but can't "carry" it.

TERM TO AVOID: **"AIDS test"**

CORRECT USAGE: **"HIV antibody test"**

WHY? The most commonly used test detects antibodies to HIV. There is also an "antigen" test, which detects the presence of the virus itself. This is not widely used. There cannot be a test for AIDS, as this depends on a diagnosis according to clinical symptoms.

TERM TO AVOID: **"AIDS virus"**

CORRECT USAGE: **"HIV (Human Immunodeficiency Virus)"**

WHY? Often used as a shorthand term, by WHO (World Health Organization) among others, this can easily cause confusion between HIV and AIDS unless used with caution.

TERM TO AVOID: **"Catching AIDS (ie become infected with HIV) or Catch AIDS (ie develop AIDS)"**

CORRECT USAGE: **"Contract HIV, become HIV positive or develop AIDS have a diagnosis of AIDS"**

WHY? It isn't possible to catch AIDS. It is possible to catch HIV, but even this is misleading as it suggests transmission is similar to colds or flu.

TERM TO AVOID: **"AIDS Sufferer"**

CORRECT USAGE: **"Person with AIDS"**

WHY? Having AIDS does not mean being ill all the time. Someone with AIDS can continue to work and live a normal life for some time after diagnosis. Suffering is therefore not appropriate.

TERM TO AVOID: **"AIDS Victim"**

CORRECT USAGE: **"Person with AIDS or Person who has AIDS"**

WHY? Suggest helplessness, which is no longer appropriate.

TERM TO AVOID: "Innocent Victim"

WHY? Suggests anyone else with AIDS is guilty.

TERM TO AVOID: **"High risk groups"**

WHY? It is now clear that there is risk behaviour, not high risk groups. The fact of being classified as a member of any particular group does not put anyone at greater risk, but what he or she does, regardless of groups, may do.

TERM TO AVOID: **"Full blown AIDS"**

CORRECT USAGE: **"AIDS"**

WHY? When the correct distinction between HIV and AIDS is always made, there is no need to use the term "full blown AIDS."

USE WITH CARE!

TERM OF CAREFUL USE: **"Promiscuous"**

WHY? It implies a moral overtone which may be inappropriate; also very imprecise.

TERM OF CAREFUL USE: **"Prostitute"**

WHY? Not everyone who has many partners is a "prostitute." Not everyone who takes money or goods on exchange for sex has many partners.

TERM OF CAREFUL USE: **"AIDS patient"**

WHY? Only appropriate when someone is ill. Care is needed to distinguish this from HIV infection, when "patient" is not appropriate.

TERM OF CAREFUL USE: **"Catastrophe or Disaster"**

WHY? There are still very few parts of the world where this is an accurate description.

TERM OF CAREFUL USE: **"Plague"**

WHY? Plague suggests a contagious disease, which AIDS is not. Epidemic is a better description.

GMHC Boycotts San Francisco Conference

Gay Men's Health Crisis of New York City voted to join the boycott of the 6th International Conference on AIDS in San Francisco. The growing list of world organizations and governments that are not attending is, in large part, due to the work of members of our organization (Vancouver PWA Society) phoning and travelling around the world urging the growth of the boycott. We commend and support all people who choose to not attend this conference.

-David Lewis (Vancouver PWA Society)

Reprint from the June 1990 (Issue #37) Vancouver PWA Society newsletter.

"Quarantine of the Mind"

Open Space Gallery will be hosting **"Quarantine of the Mind,"** a series of vignettes and characterizations in slides, paintings, video, audio and personal performance by **David McLean.** The one and one half hour performances explore gay life in the era of AIDS.

In his words, David McLean confronts the serious nature of coping with fears and concerns about AIDS in a manner that succeeds in evoking a positive and often humorous viewpoint, as his characters seek self-affirmation and symbols

of hope in a complex and changing community.

These performances will mark the first leg of his national tour made possible through a Canada Council Grant award.

This unique presentation, running **July 18 - 22, 1990,** will be shown at **Open Space, 510 Fort Street** each evening at **8:00pm.** Tickets are $8 at the door (O.A.P.s, students and members - $6).

See you there!

Should you take the HIV antibody test?

The following is a reprint from the June 1990 issue of "ANGLES," (the monthly gay and lesbian community newspaper of Vancouver) through the permission of its' author David Lewis.

Since they've never tested, most people who are HIV antibody positive do not know it. Until recently, it seemed that, weighing all things together, it was best not to submit to the HIV antibody test. If you tested positive, until recently, there was little that could be done to slow the onset of full-blown AIDS (if that is, indeed, the eventual outcome of being HIV positive).

Prior to last year if you knew you were HIV +, about all you could do was fret, worry and wonder what was going to happen to you. You could be in compromising situations about disclosing your HIV + status because the negative repercussions in areas of insurance, international travel and employment could put you in jeopardy if you admitted to being positive. You may have had a great deal to lose by telling people you were positive but very little that could be done to help you medically.

In 1985, when the HIV antibody tests were first being marketed, the prevailing wisdom was that only five percent of people who tested positive would go on to develop AIDS. People testing positive were counselled that they probably did not have too much to worry about if they exercised, ate well, meditated or improved their stress reduction and inner peace and avoided extra contact with the virus, by, not shooting drugs with unclean needles or engaging in unsafe sex.

It was believed back then that you could be HIV+ all your life and be healthy and never get sick. About every six months since July 1985, researchers kept revising their statistics and we heard that twenty per cent of HIV + people would go on to develop AIDS. Within a few more months, they were saying forty percent would convert to AIDS. Then is was sixty percent. Now we are told that in all probability, all people who are HIV + will travel down a continuum of decreasing health that will lead to AIDS and death.

The factor that will change these dire predictions for HIV + people appears to be early intervention with treatments currently available and the desperate hope that new, effective treatments and a cure to HIV infection will be found before the virus destroys the immune system and opportunistic infections invade to wreak havoc.

If you test positive for HIV antibodies, you become eligible for membership in the Vancouver Persons with AIDS Society, a self-help empowerment and advocacy organization for all people with HIV infection and AIDS. Through PWA you can have blood tests done regularly that will track how your body is reacting to the virus in your system. You can gain access to information about all known treatments and symptomatic suppressors.

You may still face the very real possibility of discrimination because of your HIV status. It is still illegal for people who are HIV + to travel as visitors to many countries in the world. Canada is no exception in this regard and does not allow HIV + citizens from other countries to visit here.

Employers still seem to dismiss people they discover to be HIV +. They disguise the dismissal as the employee as "incompetent" of "not management material" or they use some other "legal" smoke screen to terminate HIV + employees. (It is technically illegal to fire an employee who is HIV + simply because of HIV + status and they must trump up other ways to do it.)

Being HIV + brings a responsibility to share the information with sex partners you have now and have had in the past. You need to self-disclose and practise safe sex so as not to pass the virus on to future partners. (Or increase you "virus load" from exposures to others infected. There is a theory that increased exposure to the virus leads to more rapid deterioration of your immune system.)

In 1985 I would have told people pondering the question of testing for HIV antibodies that, if they came back positive, there was nothing that really could be done. The risks of potential discrimination and alienation were greater than anything positive that might be done for a person testing positive.

In 1990 there is now a great deal of positive intervention for the HIV + individual. The negatives are still there but one is not as totally powerless as one was in 1985. Treatments and interventions are available and a great number of personal support networks are in place.

Less than 4,000 people have tested positive for HIV antibodies in British Columbia. Yet I have heard "guesstimates" from epidemiologists that as many as 50,000 people in BC are antibody positive and most do not know it.

Complacency and "it can't happen to me" keep people from having the blood test.

Oddly, the strangest argument I have heard from people as to why they don't wish to be tested goes something like this: "I couldn't live with myself if I came back positive. I'm terrified at having to confront possible death if I'm positive."

This form of denial is peculiar if one is positive, one is positive. If one does not know one is positive, it does not change the fact that one is positive (if one is). To be positive and not know it could make it infinitely more difficult to deal with converting to AIDS. It could just "come out of the blue" without any advance warning or intervention by you to slow it's course. So by not confronting HIV + status and not testing (for fear one might be positive), you may be harming yourself more than helping.

To get more information about testing HIV in BC, contact the AIDS Vancouver Island helpline at 384-4554. Testing can be done confidentially. If you are already positive and want support or to talk about your life, call the same helpline number and we'll do our best to help you out as much as we possibly can.

David Lewis is a registered clinical counselling psychologist who is on the board of the Vancouver Persons with AIDS Society. He has been on the front lines of the AIDS crisis since it began in 1981. He first tested positive in 1984 during the clinical trials for the blood tests that began to be marketed in 1985.

Sexual Behaviour among Heterosexual College Students

The Kinsey Institute Research Staff

Younger people are as likely as adults to engage in sexual behaviours that may put them at risk of contracting HIV infection. The Kinsey Institute developed a brief questionnaire to define these behaviours, particularly among heterosexual college students.

The most important findings form this survey reveal that students engage in significant levels of unprotected sex, including anal intercourse; have multiple sexual partners; and have sex with partners about whose sexual history they may know little. These results were compiled from responses of 809 self-selected college students attending a large Midwestern university in the spring of 1988. The respondents were similar to the general student population of their university in terms of age, region of residence, marital status, and year in school. The typical respondent was 22 years old, white, Protestant, politically moderate, and from the Midwest. These demographics suggest that the sample provides a relatively conservative estimate of the proportion of young adults in the United States who engage in sexual activities that place them at increased risk for sexually transmitted diseases (STDs), including HIV infection.

Sexual Behaviour

The data reported in this article pertain to those respondents who labelled themselves "heterosexual" (737, or more than 90 percent of the total sample) and who had engaged in vaginal or anal intercourse (609, or more than 80 percent of the 737 heterosexual respondents, had engaged in one or both of the behaviours). More than one-half were involved in sexually exclusive relationships, more than one-third were not in relationships, and the remainder were in sexually non-exclusive relationships. On average, respondents had been sexually active for four to six years.

More than one-fifth of the females and one-quarter of the males reported engaging in heterosexual anal intercourse at least once. This prevalence is within the range reported in the few other studies that have asked about anal intercourse, the majority of which have surveyed individuals older than college age. A review of the literature suggests that 39 percent of adult women have engaged in anal intercourse at least once.

It is also important to note that 3 percent of the self-labelled heterosexual men in the college survey reported engaging in anal intercourse with other men. Such evidence of behavioral bisexuality in nominally heterosexual men underscores the importance of obtaining information about an individual's sexual activities with both men and women regardless of the sexual orientation label the person uses to describe him or herself. It also emphasizes the role that "hidden" bisexual behaviour may play in increasing the risk of HIV transmission across ostensibly distinct sexual orientation boundaries.

Fewer than two-thirds of respondents had used a condom with the last year. The last time they engaged in vaginal of anal intercourse, lass than one-third had used a condom, and nearly one-quarter had used either no contraception or relatively ineffective methods such as rhythm or withdrawal, both of which offer no protection against STD transmission. More than one-fifth of respondents had contracted an STD including anogenital warts, herpes, pubic lice, gonorrhoea, chlamydia, or syphilis.

Types and Numbers of Sexual Contacts

On average, college women reported having approximately six opposite-sex partners over their lifetimes,

including tree one night stands; college men reported close to 11 opposite-sex partners over their lifetimes, including five one-night stands. The type of relationship in which an individual was involved at the time of the study--sexually exclusive, sexually non-exclusive, or not currently in a relationship--was significantly related to a number of important risk factors. For example, respondents, especially men, in non-exclusive relationships had significantly more sexual partners (an average of 20.5 for men and 4.2 for women) than those in sexually exclusive relationships. They were also more likely to have engaged in unprotected intercourse during the last year and at the time they last had sex. Compared to other men, men in non-exclusive relationships had almost twice as many partners, most of whom were one-night stands.

Individuals involved in exclusive sexual relationships, not those in non-exclusive relationships, reported the highest frequency of intercourse. Educators may find that these findings compelling in arguments for the benefits associated with committed, sexually exclusive relationships. A committed sexual relationship may not only lower risk of HIV infection--by reducing overall number of partners, by increasing the opportunity to know more about a partner's sexual and drug use history, and by encouraging the assumption of greater responsibility for each other's health--but, on average, also appears to be associated with more, rather than less, sexual activity.

Another HIV-related risk factor examined in the study pertains to mobility and sexual activity. Since 1980, approximately one-quarter of this college sample reported engaging in vaginal or anal intercourse with a resident of a least one of the 10 cities identified by the Centres for Disease Control (CDC) as having the highest number of reported AIDS cases. Moreover, approximately one-third of those having done so participated with a new, first-time partner. These results suggest that more research is needed on travel and sexual behaviour in various socioeconomic groups, such as business executives who probably travel more than college students, since mobility is a factor in the spread of HIV from higher to lower prevalence areas in the United States.

Conclusion

The results of this study demonstrate that heterosexual college students, even in the Midwest, have had unprotected vaginal and anal intercourse with several partners. Given what is known about the conditions under which HIV may be most easily spread, there is cause to be concerned about heterosexual college students who engage in high-risk sexual activities.

Reprint from AIDS Regina "The Newsletter" (May 1990, Volume 5.4)

Mark Twain's Postulate:
"A man who carries a cat by the tail learns something he can learn in no other way."

AIDS Watch

This column is for the sole purpose of extended reading material only. AVI does not endorse its content. The material is based on current research and findings taken from various publications on a month to month basis.

Genetic Warfare

Scientists have succeeded in disarming the AIDS virus by plotting a "genetic ambush." John J. Rossi, MD, and fellow researchers at the Bechman Research Institute of the City of Hope in Duarte, California, have developed a synthetic ribozyme that, at least in laboratory tests, prevents the AIDS virus from reproducing.

The researchers developed an artificial gene that secretes the ribozyme. They then implanted the genes into human cells in vitro. The ribozymes wait inside the cells to pounce on the attacking AIDS virus and act as a "molecular scissors" to slice the ribonucleic acid (RNA) of the virus, preventing its replication.

The ribozyme may be designed to fight any part of the viral RNA while leaving other parts untouched. An added bonus of this ribozyme is that it could be directed against other viruses, such as those responsible for colds or flu.
From MEN'S FITNESS magazine/July 1990

AIDS Treatment News

The following is a reprint from the June 1990 issue (#37) of the Vancouver PWA Society newsletter.
The following articles were selected and condensed by Chuck P., who assumes sole responsibility for their accuracy.

Oral Interferon - Alpha 99 AIDS Patients Claimed to be Symptom-free

"99 of 101 AIDS patients are free of symptoms after eight weeks of treatment with an oral alpha interferon formulation," a Kenyan medical researcher told a meeting in Japan. CDC AIDS WEEKLY first reported details of this trial in the February 26, 1990 issue (page 18).

Davy K. Koech, director of the Kenyan Medical Research Institute in Nairobi, also said that 11 of the patients became seronegative for the HIV antibodies after treatment.

According to Biotechnology Newswatch, Koech said that of the 99 patients who responded to treatment, 66

suffered from fatique, 71 had low appetite and weight loss, 49 had diarrhea, 49 had fever, 23 had lymphadenopathy, 47 had oral sores or ulcers, 47 had "other infections," and 25 had skin rash. After eight weeks of treatment, all of these symptoms were reported to be completely resolved; most symptoms resolved after only four weeks. None of the patients were taking AZT or any other AIDS treatment.

"I don't believe my own data, but in four weeks this treatment can eliminate most of the symptoms associated with AIDS," Biotechnology Newswatch quotes Koech as saying at the meeting.

A clinical report of the first 40 patients treated by Koech will be published in the June issue of the journal MOLECULAR BIOLOGY.

According to areport by Lawrence K. Altman in the New York Times (April 4, 1990; p.A10), Koech said that these 40 patients had an average weight gain of 10 pounds and huge increases in the number of CD4 cells.

Dosage

The alpha interferon used in the study is administered by means of a lozenge that is disolved in the mouth, a novel means of administration not used in previous studies of the drug. Very low doses were used in the Kenya trial (two units per kilogram body weight daily as compared to the total daily doses of one million to 35 million units currently being studied in AIDS clinical trials).

Joseph M. Hassett, an immunologist at New York's Mount Sinai Hospital, has told the New York Times that, pending hospital approval, he will conduct a six week, placebo controlled trial of the oral interferon-alpha formulation ar Mt. Sinai with 35 AIDS patients. Twenty-one patients will receive the drug and fourteen will receive placebo.

"My gut feeling is that the magnitude of the benefits will not be as great (as those reported in the Kenya study)," Hassett is quoted as saying in an interview with the Times. "If only stimulated appetite or relieved fatigue, it would be very useful."

According to Biotechnology Newswatch, Hassett said although Koech claimed that oral Interferon-alpha cleared up all symptoms of AIDS -- including PCP (Pneymocystic Carinii pneumonia) -- the Kenyan researcher was "evasive" when asked whether patients with KS (Kaposi's sarcoma) responded to treatment.

The New York Times reports that clinical trials of oral Interferon-alpha are planned by U.S. Navy doctors in the Philippines and by the World Health Organization (which has been careful not to endorse the product) in Cameroon, the Congo, and the Ivory Coast; trials involving cancer patients with non-AIDS immunodeficiency are planned at the University of Texas M.D. Anderson Cancer Centre in Houston.

by Daniel J. Denoon, C.D.C. AIDS WEEKLY, April 16, 1990.

Comments from Chuck:

Is oral Interferon-alpha a 'magic bullet,' the AIDS cure we've been seeking for so long? I recall something my daddy used to say (so what if he was younger than me): "If it sounds too good to be true, it likely isn't."

Interferon-alpha by injection has been approved in the U.S.A. as a treatment for KS for some time now. We (Vancouver PWA Society) have put together a comprehensive Injectable Interferon-alpha Information Pack, which is available at our new library (PWA Vancouver office: 1447 Hornby Street (V6Z 1W8)), or phone 683-3381 and we'll mail it to you..

Oral Interferon-alpha is not available in Canada.

Reprint from the Vancouver PWA Society Newsletter (June 1990, Issue 37)

The McCarthy Moment

Regina Newspaper hosts "Letters to the Editor AIDS Debate"

The following are two letters to the editor of the 'Leader-Post' of Regina. Fortunately a valiant soldier quelled a misinformed malignant opinion in local public information and averted record breaking local sales on "OFF" in shops.

Civil Rights rated too highly in AIDS debate

The Leader-Post of November 3, 1989 contained a letter from Deborah Norton, chairperson of AIDS Regina, telling us that HIV infection is a public health issue, not a private morality one.

I certainly agree with part of this. I would say that AIDS is a public health issue and not a civil rights issue.

A good example is the problem of insect transmission of AIDS. There is no conclusive proof that AIDS can, or cannot, be transmitted by insects, yet many disturbing facts would demand that we guard against this danger until we know more about the threat.

We certainly cannot accept categorical statements of AIDS information groups that insect transmission cannot occur.

Jean Claude Chermann, of the Pasteur Institute in Paris, using sensitive DNA hybridization probes, found the DNA of the (AIDS) virus incorporated into the chromosomes of nearly every African insect he studied.

He then tested similar insects in Paris and found none

infected. He concluded that "insects could be a reservoir" for the AIDS virus.

Dr. Shope, of the Yale Arbovirus Unit, says, "There are retroviruses in horses transmitted by flies or other insects is perfectly logical and within the realm of possibility...I don't think we can explain all the cases of AIDS."

There is an argument against insect transmission that AIDS cases have been clustered in persons between the ages of 20 and 49, which is the pattern with sexually transmitted diseases. It may be that insect transmission is less efficient than sexual transmission, and is statistically obscured by the more efficient modes of infection in some populations.

A study in the New England Journal of Medicine (April 1986) cited research in Venezuela which found that a significantly higher percentage of people with recently acquired malaria had antibodies to the AIDS virus (25 percent) when compared to the population at large (less that one percent), indicating the possibility that persons recently infected by malaria were similarly infected by the AIDS virus.

We ought to take a serious look at insects, if only to rule them out for AIDS, and we would, if we were thinking of public health rather than civil rights.

Recently, a cook was awarded a settlement by a human rights commission after being fired from his job because he was infected with AIDS. Here again, civil rights have prevailed over public health.

When the immune system is compromised with AIDS, you have an increased risk of many diseases.

The bottom line is that we are all placed in increasing jeopardy of hepatitis, tuberculosis, giardiasis and others, all for the sake of not discriminating against HIV virus carriers.

It is folly to put such a reservoir of disease in the position of a cook. Let us put public health above civil rights.

-M.G. McCarthey

Civil Rights important for AIDS patients

I am writing in response to the letter by M.G. McCarthy in the January 23, 1990 edition of The Leader-Post ("Civil Rights rated too highly in the AIDS debate"). Such foolish and ignorant statements should not go unchallenged.

The authorities in AIDS agree that insect transmission does not occur. The "AIDS information groups" so contemptuously dismissed by McCarthy include Everett Koop, the former U.S. surgeon general; James Curran, head of the AIDS Task Force of the Centres for Disease Control in Atlanta, Georgia; Alastair Clayton, director of the federal AIDS centres in Ottawa; and Jonathan Mann of the World Health Organization.

The information on the studies of Jean Claude Chermann is quoted from an article in the September 1987 issue of "The Atlantic Monthly" called "AIDS and Insects." Chermann's work is widely reported in the lay press, but did not find its way into the reputable peer-reviewed medical literature.

McCarthy does not complete the quote: "The French made no great claims for their findings, although the study concluded with what many considered to be an overstatement of their significance." Other careful research has failed to demonstrate that insect transmission of the HIV virus either does or can occur.

The quote is also taken directly from "The Atlantic Monthly" and is edited. The excluded sentence entirely changes the message: "I don't think people should believe it until it is proven, and if it is not proven we should not believe it."

The epidemiological evidence against insect transmission of HIV is overwhelming, and despite reports in the lay press, there is no biological evidence to support the presence of HIV in insects. Has McCarthy considered the possibility the HIV-infected people are more susceptible to malaria, and this will explain the increased incidence of malaria in this group?

How the public-health issue of insect HIV carriers becomes a civil-rights issue is beyond me.

McCarthy does go on to advocate abrogation of individual civil rights, but with no justification. To suggest that "we are placed in jeopardy of Hepatitis, TB, Giardiasis and others" from an HIV-infected cook is utter nonsense. Restrictions apply to all foodhandlers with enteric infections, regardless of their HIV status. Discrimination is unnecessary, as well as illegal.

All public-health authorities -- municipal, provincial, federal and international -- agree that HIV cannot be transmitted by the ordinary practices of food handlers and other service professionals in the workplace. It is fortunate that those who bear the responsibility for formulating public-health policy do so with due regard for scientific fact.

McCarthy's professed concern for public health appears to be thinly disguised homophobia.

-Hilary Wass, MD, FRCP(C)
Wass is a clinical haematologist at the Plains Health Centre/Regina.
Reprint from AIDS Regina "The newsletter"
(May 1990, Volume 5.4)

Kipling Errata:
"If you keep your head while all about you are losing theirs, you don't understand the problem."

Library News

The library has some new material for your reading and viewing interests.

We now have **"AIDS and the Holocaust."** A little on the heavy side, though good reading for the inquisitive mind.

A new book by Elizabeth Kubler Ross (renowned for writings on death and dying) - **"AIDS - Life and Love."**

And in the Video section of our library **"AIDS - Education and Prevention,"** a current quarterly journal (Volume 1, #4). Numbers 1, 2 and 3 have been ordered to complete this series.

Reminder

Don't forget if YOU have read a review or heard of a special book or video/audio tape that you would like to see in the library -- tell us about it! We'll do our best to track it down.

And a special thanks to all of those individuals who "promptly" responded to our outcry to have overdue material returned to us.

...Keep up the good work!

Want Ads

The library of A.V.I. is in urgent need of bookcases. If you have one that seems more a dust collector than a book collector, please donate it to our library.

Donations needed for the **Bizarre Bazaar, July 21, 1990.** Call **Suzanne** at **595-8695.**

Employment

AIDS Committee of Toronto

The following jobs are available:

-AIDS Support Counsellor

-"Talking Sex" project Co-ordinator

-Gay Men's Education Co-ordinator

-Resource Centre Co-ordinator

-Administrative Assistant

For more information on these positions, see the bulletin board in suite 106.

A.V.I. Speaks to the Island

The following are the scheduled speaking engagements by A.V.I.'s support and education department:

July 6 - Drug and Alcohol Rehabilitation Service

July 11 - The Ministry of Social Services and Housing (MSSH)/Victoria

July 11 - Meals on Wheels volunteers/Victoria

July 13 - Drug and Alcohol Rehabilitation Service

July 20 - Drug and Alcohol Rehabilitation Service

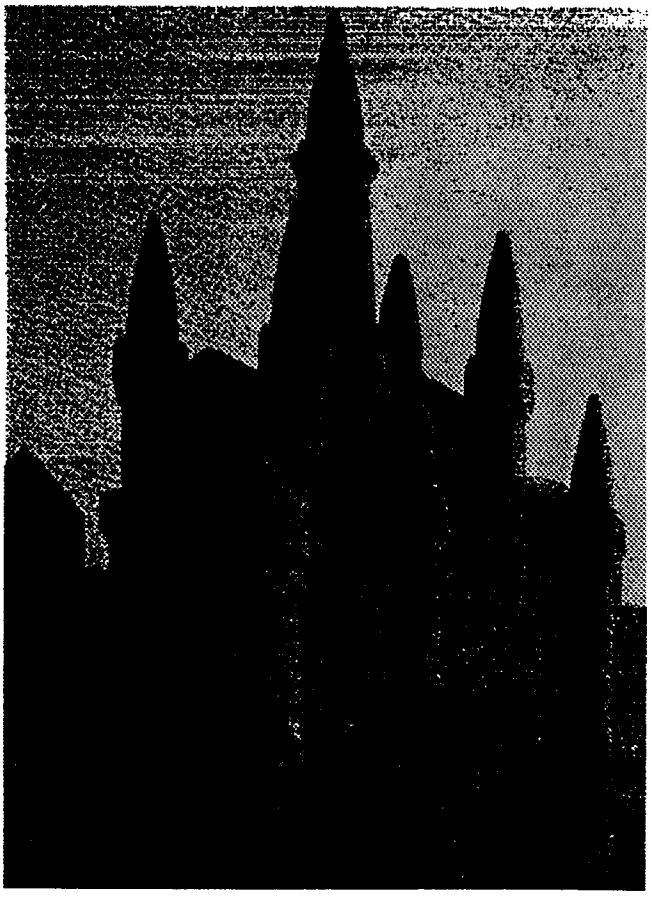
July 27 - Drug and Alcohol Rehabilitation Service

...plus the Staff and Inmates of William Head Correctional Institution and the Team Group of the Capital Families Wellness Program. Dates for these engagements were not established at press time.

News Flash!!
Fairfield Health Centre

AIDS Vancouver Island is attempting to obtain space at the Fairfield Health Centre. A discussion paper was submitted to the steering committee, outlining our immediate needs and potential needs for the future. On Thursday, June 22, 1990 a delegation from A.V.I. approached the Victoria City Council, Committee of the Whole, to ask for their support in our application.

I am pleased to announce that we were successful in this request and received a unanimous decision of support. Also, there was unanimous support for the community work of AIDS Vancouver Island.



AIDS Vancouver Island

Jul;y 1990

S	M	T	W	T	F	S
1	2 HIV & PWA Support Group 7:30pm	3 "AIDS Issues Meeting" Staff & Co-ordinators 7:30pm 203 - 343 Simcoe St.	4 Family, Friends & Lovers Support Group 7:30pm 923 Burdett	5	6 Business Meeting 3:00pm	7
8 ○	9 HIV & PWA Support Group 7:30pm	10	11 Family, Friends & Lovers Support Group 7:30 pm 923 Burdett	12	13 Business Meeting 3:00pm	14
15 ◑	16 HIV & PWA Support Group 7:30pm	17 Support Volunteer meeting 7:00pm	18 Helpline Meeting 6:30pm Family, Friends & Lovers Support Group 7:30 pm 923 Burdett	19 Women's support group 7:30 pm	20 Business Meeting 3:00pm	21 The Bizarre Bazaar 640 Moss St. 10:00am-4:00pm
22 ●	23 HIV & PWA Support Group 7:30pm	24 Board Meeting 7:30pm	25 Family, Friends & Lovers Support Group 7:30 pm 923 Burdett	26	27 Business Meeting 3:00pm	28
29 ◐	30 HIV & PWA Support Group 7:30pm (facilitated)	31				