



## Inside:

- + 15 HEALTHFUL FOODS TO PACK IN YOUR PANTRY (RECIPES INCLUDED!)
- + THE HIV/AIDS MEDICINE WHEEL
- + 5 PHAS, 5 DIFFERENT SIDE EFFECTS
- + THE WIDE WORLD OF REHABILITATION
- + SYPHILIS STRIKES BACK

# LIVE A LITTLE

THESE 5 LONG-TERM SURVIVORS HAVE HAD HIV FOR A TOTAL OF 88 YEARS

FIND OUT HOW THEY DO IT...

# the Positive Side

HOLISTIC HEALTH INFORMATION & VIEWS



Canadian AIDS Treatment  
Information Exchange  
Réseau canadien  
d'info-traitements sida

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## SYPHILIS IS BACK 17

In "I Will Survive" (can't you just hear the music?), Ron Rosenes tries to figure out why he's still here 20 years after his HIV diagnosis: "It may be part genetic and it may be part luck, but sometimes I think it's just pure pluck."



RONNILYN PUSTIL

Many people who can afford and tolerate HIV drugs attribute their longevity to highly active antiretroviral therapy (HAART). But although meds may be part of what helps you stay alive, as we hear from Rosenes and four other long-term survivors in this issue, there are many more ingredients for survival—such as eating well, taking good care of yourself, doing your homework, finding support, healing your heart, minding your mind, and dealing with addictions, to name a few. Oh, and a dash of love, of course.

What are the ingredients *you* pour into living your wild and precious life? It's something you may want to think about. With *The Positive Side*, we hope to give you some food for thought. In this issue, Lark Lands dishes out her grocery list of 15 food groups for some quick and easy ways to boost nutrition (two recipes included!). Albert McLeod's article on the HIV/AIDS Medicine Wheel describes a unique, holistic approach to looking at life with HIV. And in "Better Living through Rehab," Peter Williams serves up an array of choices to help improve your overall health and quality of life.

Perhaps there are some ingredients you'd rather keep out of your pantry (and panties)—such as cigarettes and syphilis—because the problems they cause you can most likely do without. And then there are side effects, which make living with HIV all the more challenging. In Chatty CATIE, five people with HIV candidly share their side effect struggles—with fatigue, anemia, nausea, diarrhea and facial wasting—and dole out advice on how to deal.

On the opposite page you'll find our very first letters to the editor. We're so thrilled that in some way *The Positive Side* has reached out and touched you. We hope to hear from more of you soon.

Ronnilyn

PS. Here comes the sun!

*the Positive Side*

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## FEELING GROOVY

Apart from the fact that Judy Weiser's writing is so well crafted, focused, clear and accessible, I found her article very helpful ("How Does It Feel?" fall/winter 2003). It reminded me of all that I've done for myself through these many years with HIV to LIVE as healthily as possible. I felt validated in having greatly influenced HIV's effect on me. It also reminded me of the importance of "staying the course"—an encouragement I need as I occasionally find myself wandering off track. This article very positively affected my day...which, of course, leads to the next!

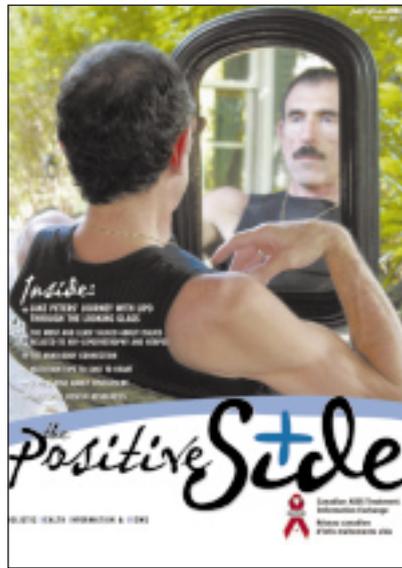
**David N.**  
Vancouver

## LIPSO LINES

A big thank you to Wayne Stump for putting into words what I've been feeling lately ("In Your Face," fall/winter 2003). I was struck by Stump's candour and the way he expressed himself. I, too, have the "lipo-look" and I'm considered no longer "passable" in the community.

Since my facial appearance has changed I've become more sensitized to how acutely aware I am of how Toronto's positive community subdivides itself: those on meds vs. those not on meds, those working vs. those on disability, those with lipo vs. those without....and so on. The downside has certainly been a loss of self, a loss of control (my HIV status being "outed" by lipo) and a devalued caché or gay currency (if you can call it that) in this image-conscious gay community.

The one silver lining I've observed in my own experience is that since I've become more withdrawn due to my lipo I've had to learn to spend more time with myself and explore the non-physical (or spiritual) side of me. Having lipo has also given me the ability to be more empathetic to the plight of others. Alas, the loss of intimacy at times far outweighs any physical loss—a fact of life that's hard to get used to.



I see our American contemporaries scrambling for quick-fix solutions (Bio-Alcamid, silicone, artecoll injections) and I often wonder if a cosmetic solution could somehow lessen the impact of "branding" that lipo has on one's psyche/identity.

**Rob C.**  
Toronto

As I read Wayne Stump's article, I felt like I was reading my own story. I've been on the same meds for more than five years and lipo has also left its footprints on my face. However, I'm grateful for the health that I continue to have. I've lost many friends, and I've found that the best way for me to honour their lives was to pick up their torches and carry on the work so many of them had started.

As a peer counsellor at Living Positive in Edmonton, I talk to people about living with HIV—how it's not fun and it's a lot of work but certainly NOT the end of the world. A few years ago, I put together a project called The Living Quilt—a huge generic quilt with people's names on ribbons. Each ribbon is pinned to the quilt with a button that has the number of years they've been living with HIV (currently ranging from 1 to 23). It's a powerful, tangible image showing people that they're not alone and that they still have a future.

Thank you for also reminding me that I'm not alone.

**Gil C.**  
Edmonton

## THE NAME GAME

I like your magazine and the wealth of information it offers to HIV positive people and those who have been diagnosed with AIDS, and to the professionals who work in this field. I'd like to offer a suggestion concerning the use of the acronym PHAs. Your magazine is directed at people who are HIV positive but not necessarily diagnosed with AIDS, so why not call them "Positive People"? It's more politically correct, more empowering and less stigmatizing than "PHAs."

Keep up the good work. We all look forward to the next issue and find the magazine to be so useful and empowering to our positive clients.

**Ken Salter**

Coordinator, Prison Outreach Support  
Services and Education Program  
The AIDS Society of Kamloops, BC

**PS responds:** Thank you for your positive feedback. The magazine is intended for all people living with HIV—whether they're asymptomatic, symptomatic or diagnosed with AIDS. We've adopted the acronym PHA (which stands for People with HIV/AIDS) because it's inclusive, concise and commonly used. The last thing we'd want is for readers to feel stigmatized by our use of this acronym.

Please drop us a line with your comments about The Positive Side. We can't promise to run your letter, but if we do, we'll be in touch, so be sure to provide your contact information. Send letters to The Positive Side at:

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Toronto, Ontario, M5V 3B1

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Reader's CORNER

**Side effects suck.** Sometimes they're so bad that people stop taking their HIV drugs. Skipping doses of your meds can spell drug resistance and treatment failure, sending your health into a downward spiral. If your meds are making you sick, tell your doctor right away. There are many ways to handle side effects. If you can't find a solution, your doc may be able to switch you to a more tolerable drug. Also, ask other people with HIV/AIDS how they cope. That's what we did. The following five name their worst side effect and describe how they dealt.



**Kath Webster, 40**  
Volunteer treatment information counsellor and educator, BCPWA. Diagnosed with HIV: 1995. Viral load: undetectable. CD4 count: 400. Vancouver, BC

In January 2003, I started experiencing extreme fatigue, shortness of breath, a racing heartbeat and intermittent fevers. It really affected how much I could do in a day, and overall I felt very unwell. My blood work showed I had very low hemoglobin and severe anemia.

Shortly after that, I was diagnosed with hyperthyroidism (Graves disease), which isn't related to HIV. One of the symptoms is slight anemia, so we thought Graves might be the cause. However, after treating my thyroid, the anemia persisted. I wasn't producing any red blood cells and became dependant on blood transfusions—every two or three weeks. Last year I had more than 12 transfusions.

We didn't think it was a side effect of my HIV drugs because none of the meds I was taking were known to cause anemia. I saw several specialists and we ruled out all the opportunistic infections. I had two bone marrow biopsies and two CAT-scans. I got my nutrition levels tested, and they were all

normal. All this time my CD4 count was stable with an undetectable viral load.

Living with the unknown was very stressful and scary. I was asking myself: "Is this the beginning of the end?" All the doctors were scratching their heads. I was doing my own research, too, but we kept hitting a brick wall. A few doctors said, "If it's any of the drugs, it's the ddI [Videx]." So last August we switched the ddI to tenofovir [Viread]. After about six weeks, I started feeling better and didn't need any more blood transfusions. It's weird because I'd been on ddI for five years, and then suddenly this rare side effect occurred.

**Advice:** Strange things can and do happen with these meds. Not all the long-term side effects are known. My experience showed me the importance of having blood work done regularly and reporting every change in my health to my doctor. When you do have a side effect, hang in there. There's often a way to manage it.

**James Madison, 46**  
Social worker (on disability). Diagnosed with HIV: 1995. Viral load: undetectable. CD4 count: 390. Dartmouth, Nova Scotia

In 1997, I got very sick and went on protease inhibitors. I started to feel better and my counts slowly improved, but I began to look worse. After about six months, I developed lipodystrophy. At first, my arms and legs started to thin out and I got large veins. I could cover that up with clothes.

My body fat was collecting on my stomach and under my chin, so I tried to eliminate all of it. I ended up not eating well and overdoing it with exercise. I began to get very tired.

By about eight months, the lipo started to affect my face. At first, my face looked chiseled, but before long it looked emaciated. All the health professionals I asked about it would shrug and say, "You have to accept it. There's nothing you can do." I didn't want to complain about it. I felt I should just be grateful for being alive.

I started going out less and less. I was supposed to go on trips to see my family, who are all across Canada, but I didn't go. When I did go out, I sought out places that were dark, like bars or movie theatres. I avoided having my picture taken.

After about three years, I started researching solutions online. I read about an injection called Perlane that's used for people with really deep wrinkles. My family doctor referred me to a cosmetic surgeon who was really great because he let me call the shots. During the procedure, I held a mirror and said: "A little bit more here and more here." Within a half-hour my sunken cheeks were all filled out. It was a couple thousand dollars, but I'd saved up my money and had some contributions from family members who knew this was important to me.

The Perlane injection wasn't permanent, so I had to get a touchup after six months. Then, 18 months ago, I went in for Artecoll injections, similar to Perlane but permanent. It looks amazing and natural. You'd never know I had facial wasting. It's given me more confidence to get out there and live.

**Advice:** One of the worst things about my experience with lipodystrophy was the brick walls I came against when I tried to find a solution. You have to keep trying. It's not that health care professionals are wrong all the time, but sometimes you have to find your own resources.

**Marlo Cottrell, 29**  
Artist and furniture upholsterer. Diagnosed with HIV: 1995. Viral load: 86,000. CD4 count: 500. Lethbridge, Alberta



About six years ago, two weeks into taking meds for the first time (AZT, 3TC and Crixivan) I became so nauseous. I was living off Ensure because I couldn't keep anything down. When I'd throw up, all I could taste was chemicals and it always happened shortly after taking the Crixivan, so I knew it was the medication. It was horrible. I was basically stuck at home because I was so sick and I had to take a leave from my job.

My doctor said that after four weeks of being on the meds the nausea would subside. So I stayed on the regimen but kept getting sick. I tried everything—eating crackers, taking Gravol tablets, even marijuana—but nothing helped.

After about three months I was hospitalized for an infection. My doctor administered IV Gravol, which did nothing to combat the nausea. He then prescribed Stemetil, typically used for chemotherapy patients. Although I was still extremely nauseous, I wasn't vomiting as much. This was a blessing, as I could keep down solid food and my meds.

Of course, you have to take your meds faithfully. But I ended up developing resistance to them because I couldn't keep them down. At one point, I said to myself: "I'm taking these drugs to save my life, but what about quality of life?" So, I stopped taking them all. I felt so guilty that I didn't tell my doctor or see her for eight months.

Then I moved from a small town to Vancouver and started seeing a specialist. I told her about the side effect and how many pills I was taking each day. She switched me to a different cocktail that was more conducive to my lifestyle (Videx, Viramune and 3TC)—just nine pills a day compared to 20 pills daily. I tolerated my new regimen really well. But after six months I got neuropathy in my feet. I went to my doctor right away and went off the meds. I learned from my first experience not to wait and do nothing. Now, I'm not taking any meds. I think I should wait until I really need them.

**Advice:** Don't compromise your quality of life. I needlessly suffered on a drug that didn't work for me because I didn't feel I could be honest with my doctor about the problems I was having. I thought I was going to disappoint her by letting her know I wasn't tolerating it. Looking back, all I did was prevent myself from getting the best treatment possible. My first doctor wasn't a specialist and I think it's important to see someone knowledgeable about HIV.

It's so important to be compliant with your meds. When I finally found a combo that worked for me, after awhile I started becoming complacent, thinking it wouldn't hurt to miss a dose here and there. For this reason my treatment failed and I became resistant to 3TC.

**Marco Marinelli, 39**  
Volunteer, CPAVIH. Diagnosed with HIV: 1988. Viral load: 3,000. CD4 count: 250. Montreal, Quebec

I don't remember a time when I didn't have diarrhea. It's the worst side effect I've experienced. The meds, especially triple therapy, have made the runs a common occurrence in my life, but I've learned to manage it.

When I'm on a really strict diet—no coffee or beer, and very lean meats—I have no problems. Not long ago I visited my mom, who's really into health food, tofu, herbal tea and all. She eats meals regularly and doesn't drink alcohol, and after two weeks at her house, I had a beautiful stool. It even floated!

But this kind of lifestyle takes the fun out of life for me, and I'd rather not deprive myself. I'm not going to miss out on anything. If I'm going to indulge, I take Imodium and deal with the consequences. I can afford to do this because I have a healthy weight and lots of energy. If I were so sick that I lost weight and felt tired all the time, I'd be more disciplined.

**Advice:** You must adapt to whatever life throws your way. I always have spare underwear wherever I go. My friends sometimes tease me about it. Be positive and surround yourself with like-minded people. I go out and have a blast. Disease feeds off depression. Think positive, no matter the side effects, because there's always a solution.

**Edna Lafayette, 46**  
Masters student. Diagnosed with HIV: 1992. Viral load: undetectable. CD4 count: 500. Guelph, Ontario

HIV isn't something I think about a lot. Fatigue is. It started gradually about four years ago, and I don't know if it's the meds or the disease.

I get very frustrated because sometimes it's hard for me to make plans. I want to be up at 6:30 every morning and go all day, but this morning I didn't crawl out of bed until 9 o'clock. Because a lot of my friends don't know about my HIV status, I worry it makes me look a little unreliable. I wonder if they think, "She's always tired, what's her problem?"

I cross-country ski and do drumming and African dance, all very intense activities. Quite often I push myself. Last night, I went to my drumming class and could barely function.

But I'm trying to be more nurturing and flexible with myself. Sometimes I'll stay home and read or take a bath. Once a week I try to get a long (12- or 14-hour) sleep, usually on the weekend. That seems to rev me up enough for the start of the next week. I'm also getting into gentler activities, like yoga and stretching. I find it very relaxing and satisfying, and I feel like I'm still doing something for my body.

**Advice:** Be realistic about what you can accomplish and stay within those limits. Be kind to yourself. We live in a world where everything is so fast paced. There's not a lot of affirmation for being easy on yourself. I have to get that kind of affirmation from myself.

Interviews by Diane Peters

# KISS in the Kitchen

## 15 food groups to pack in your pantry

by Lark Lands

BY NOW YOU'VE PROBABLY HEARD THAT GOOD NUTRITION IS VITALLY IMPORTANT because HIV leads to multiple nutrient deficiencies which are a cause, in turn, of immune dysfunction and many symptoms. You may also know about the high level of oxidative stress and inflammation that HIV causes, making a high intake of antioxidants and anti-inflammatories necessary. So, of course, you spend hours every day creating delicious meals, cooked from scratch, right? Maybe in a perfect world...but we know you don't always have the time or energy. Instead, finding ways to quickly and easily produce nutrient-rich meals and snacks is an important key for boosting nutrition in our busy lives.

Here are 15 ways to use the KISS (Keep It Simple, Sweetie) principle in your kitchen. Listed are foods you can keep on-hand—because they're frozen, canned, jarred, dried or otherwise not going to spoil very quickly—so they're at the ready when you're trying to boost your nutrition without lots of time and effort. You can produce an entire meal from the following ingredients, or add one or more to any meal or snack to skyrocket nutrient content. This way you can create the simplest of meals and treats: simply prepared, simply nutrient-loaded and simply yummy.



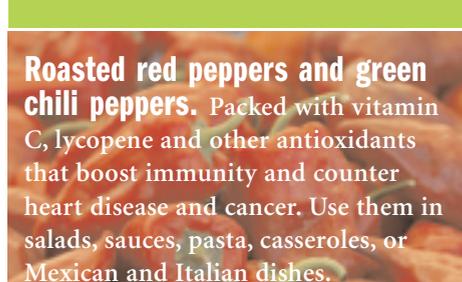
**Apples, blueberries, cherries, blackberries, raspberries, strawberries, mangoes, peaches and other frozen or fresh fruit.**

A rainbow mixture of fruits provides a broad spectrum of potent antioxidants, anti-cancer flavonoids, natural anti-inflammatories and soluble fibre. How do I love fruit? Let me count the ways: in a smoothie, on top of cereal, as a snack or dessert.... How about a *fruit cocktail* for a change? For a simple, juicy way to pack in several servings, try the KISS Fruit Shake (*see recipe, page 7*).

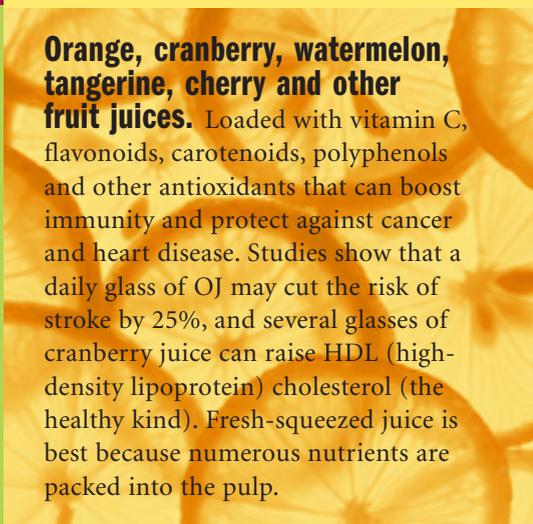


**Garlic (fresh or powdered) and yellow, green or red onions.**

Any way you slice, chop, mince, bake, roast, crush or powder it—garlic and onions, natural antifungals and antibacterials, are rich in antioxidants and protect against cancer and heart disease. Add to salads, soups, stews, casseroles, pasta, rice, omelettes or stir-fries.

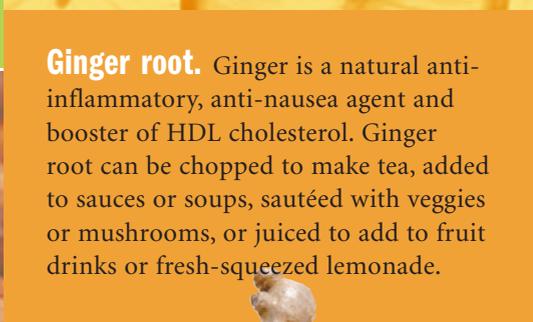


**Roasted red peppers and green chili peppers.** Packed with vitamin C, lycopene and other antioxidants that boost immunity and counter heart disease and cancer. Use them in salads, sauces, pasta, casseroles, or Mexican and Italian dishes.



**Orange, cranberry, watermelon, tangerine, cherry and other fruit juices.**

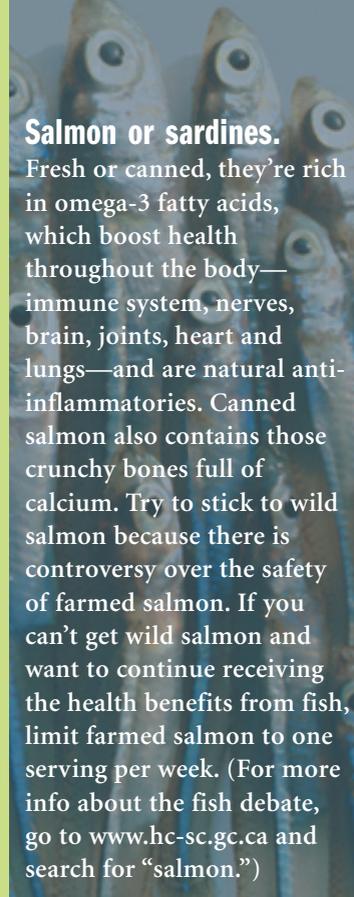
Loaded with vitamin C, flavonoids, carotenoids, polyphenols and other antioxidants that can boost immunity and protect against cancer and heart disease. Studies show that a daily glass of OJ may cut the risk of stroke by 25%, and several glasses of cranberry juice can raise HDL (high-density lipoprotein) cholesterol (the healthy kind). Fresh-squeezed juice is best because numerous nutrients are packed into the pulp.



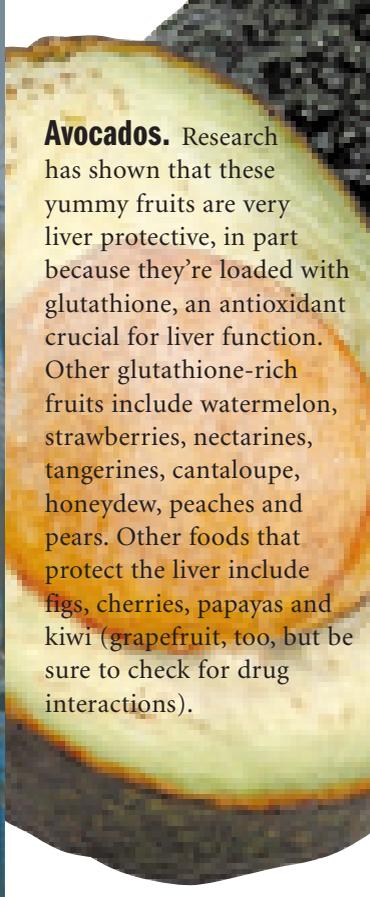
**Ginger root.** Ginger is a natural anti-inflammatory, anti-nausea agent and booster of HDL cholesterol. Ginger root can be chopped to make tea, added to sauces or soups, sautéed with veggies or mushrooms, or juiced to add to fruit drinks or fresh-squeezed lemonade.



**Spinach, greens, carrots, broccoli, corn, squash, yams and other frozen or fresh veggies.** Green, orange and yellow vegetables are rich in carotenoids, including beta-carotene and lutein, and other important antioxidants; dark greens are also loaded with chlorophyll, a cancer-protective pigment. Keep these and other frozen veggies on-hand for a quick side dish to any meal or to add to soups, casseroles, pasta, rice, omelettes or stir-fries.



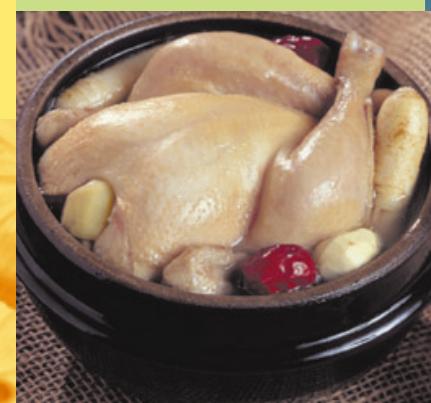
**Salmon or sardines.** Fresh or canned, they're rich in omega-3 fatty acids, which boost health throughout the body—immune system, nerves, brain, joints, heart and lungs—and are natural anti-inflammatories. Canned salmon also contains those crunchy bones full of calcium. Try to stick to wild salmon because there is controversy over the safety of farmed salmon. If you can't get wild salmon and want to continue receiving the health benefits from fish, limit farmed salmon to one serving per week. (For more info about the fish debate, go to [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca) and search for "salmon.")



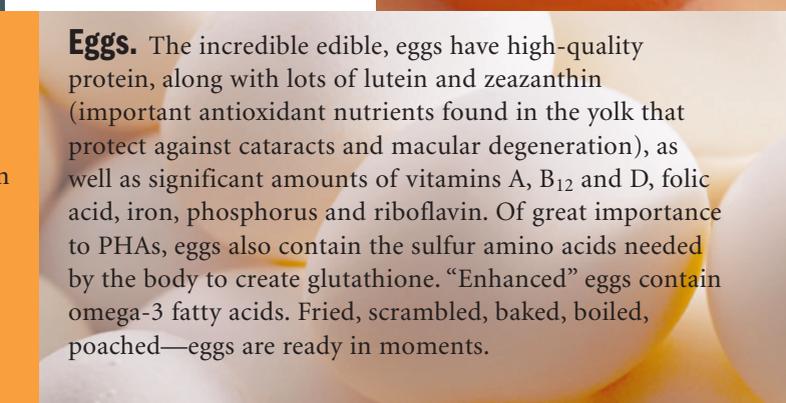
**Avocados.** Research has shown that these yummy fruits are very liver protective, in part because they're loaded with glutathione, an antioxidant crucial for liver function. Other glutathione-rich fruits include watermelon, strawberries, nectarines, tangerines, cantaloupe, honeydew, peaches and pears. Other foods that protect the liver include figs, cherries, papayas and kiwi (grapefruit, too, but be sure to check for drug interactions).



**Tomatoes, tomatoes, tomatoes.** Fresh or canned, they're loaded with lycopene and other very important antioxidants. They've been shown to reduce the risk of heart disease and cancer (especially of the prostate, colon, stomach, intestines and bladder) and to help protect lungs (from air pollution), eyes (from macular degeneration), skin (from sun damage) and the brain (from memory loss). The lycopene is most available from tomatoes cooked with olive oil, so add both to soups, sauces, casseroles and stews, or use pre-prepared pasta sauces that contain them both.



**Chicken broth and canned chicken.** The beginning of great soups—the quickest and easiest of meals. Pick a broth, throw in some veggies and canned chicken meat (or leftover chicken), and you're on the way to a flavourful, protein-rich, nutrient-loaded meal (*see recipe, page 8*).



**Eggs.** The incredible edible, eggs have high-quality protein, along with lots of lutein and zeaxanthin (important antioxidant nutrients found in the yolk that protect against cataracts and macular degeneration), as well as significant amounts of vitamins A, B<sub>12</sub> and D, folic acid, iron, phosphorus and riboflavin. Of great importance to PHAs, eggs also contain the sulfur amino acids needed by the body to create glutathione. "Enhanced" eggs contain omega-3 fatty acids. Fried, scrambled, baked, boiled, poached—eggs are ready in moments.

## Lark's KISS Fruit Shake

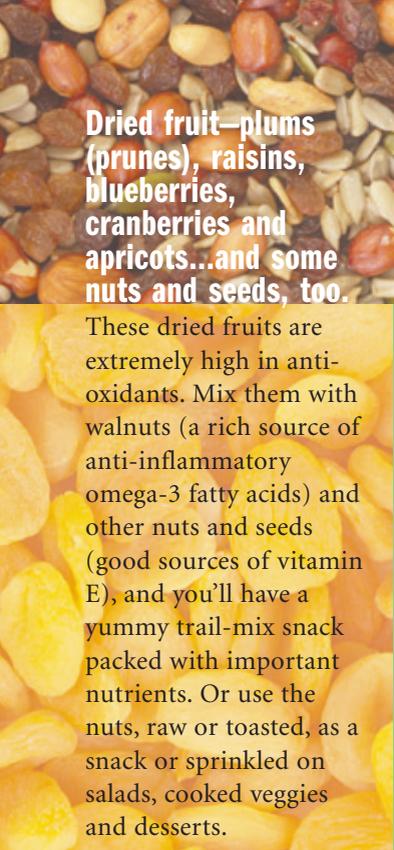
PUT ONE SLICED, RIPE, MEDIUM-TO-LARGE BANANA IN BLENDER. Add frozen or fresh fruit to about the 3/4 mark. Since colour is where the nutrients are, use a **rainbow mixture of fruits**. (You can buy a frozen fruit smoothie mix that will give you the mangoes, papaya, pineapple and some strawberries. I use partly that and then add some other fruit.)

Fill the blender to a bit above the level of the fruit with **juice** (tangerine or orange tastes great, fresh-squeezed if possible). I also add a couple tablespoons each of **mango purée**, **cranberry juice concentrate** and/or **pomegranate juice concentrate**. The latter are an easy way to super-boost the antioxidant, anti-inflammatory and cancer protective nutrient levels of the shake. If you need extra calories, add **coconut milk**. If you need more

protein, add a **protein powder**. For a really great anti-inflammatory addition, add **ginger juice**. (Peel ginger root, cut into medium-size pieces and juice it.) A few tablespoons are a spicily tasty addition to help counter inflammation throughout your body.

Blend the mixture until smooth (don't overstress the blender; you may have to pulse it at first if most fruit is frozen). After it's well blended, add a few heaping tablespoons of good **plain yogurt** (best is one of the unhomogenized organic varieties) and then blend a bit more. A yummy way to start your day or a sweet mid-day snack.



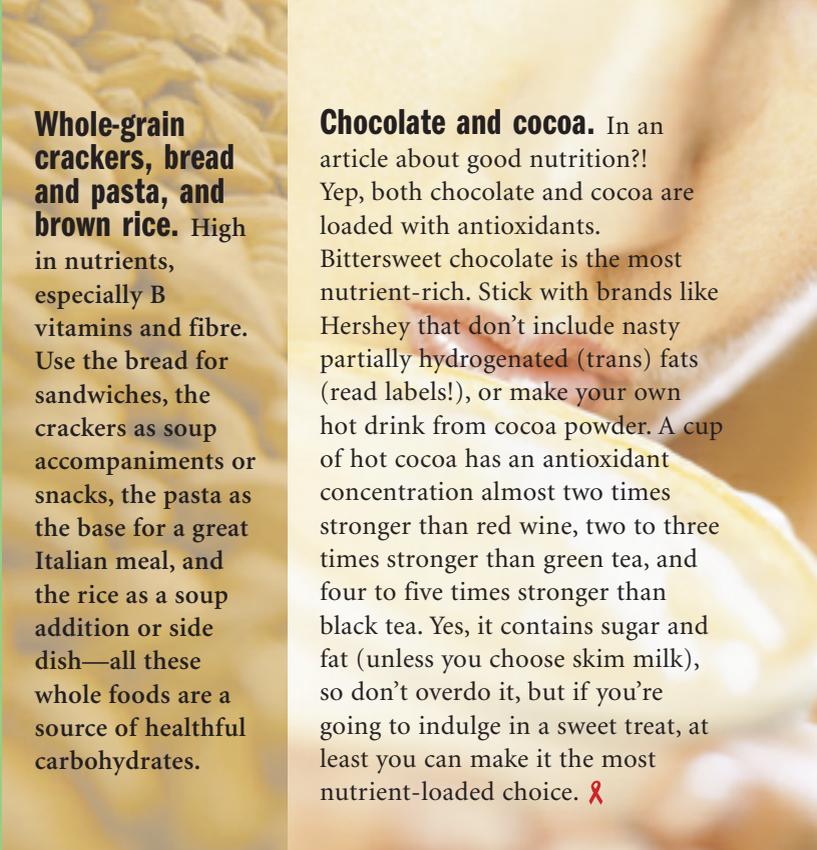


**Dried fruit—plums (prunes), raisins, blueberries, cranberries and apricots...and some nuts and seeds, too.**

These dried fruits are extremely high in antioxidants. Mix them with walnuts (a rich source of anti-inflammatory omega-3 fatty acids) and other nuts and seeds (good sources of vitamin E), and you'll have a yummy trail-mix snack packed with important nutrients. Or use the nuts, raw or toasted, as a snack or sprinkled on salads, cooked veggies and desserts.



**Tea.** Black or green, both are high in antioxidants and alkylamines, chemicals that boost immune cells to fight infections and cancers. The longer you brew it, the higher the antioxidant content. Also protects against heart disease. The caffeine in tea is released much more slowly than coffee's, but if it bothers you, do decaf.



**Whole-grain crackers, bread and pasta, and brown rice.** High in nutrients, especially B vitamins and fibre. Use the bread for sandwiches, the crackers as soup accompaniments or snacks, the pasta as the base for a great Italian meal, and the rice as a soup addition or side dish—all these whole foods are a source of healthful carbohydrates.

**Chocolate and cocoa.** In an article about good nutrition?! Yep, both chocolate and cocoa are loaded with antioxidants. Bittersweet chocolate is the most nutrient-rich. Stick with brands like Hershey that don't include nasty partially hydrogenated (trans) fats (read labels!), or make your own hot drink from cocoa powder. A cup of hot cocoa has an antioxidant concentration almost two times stronger than red wine, two to three times stronger than green tea, and four to five times stronger than black tea. Yes, it contains sugar and fat (unless you choose skim milk), so don't overdo it, but if you're going to indulge in a sweet treat, at least you can make it the most nutrient-loaded choice. 

## Lark's **KISS** Chicken Veggie Soup

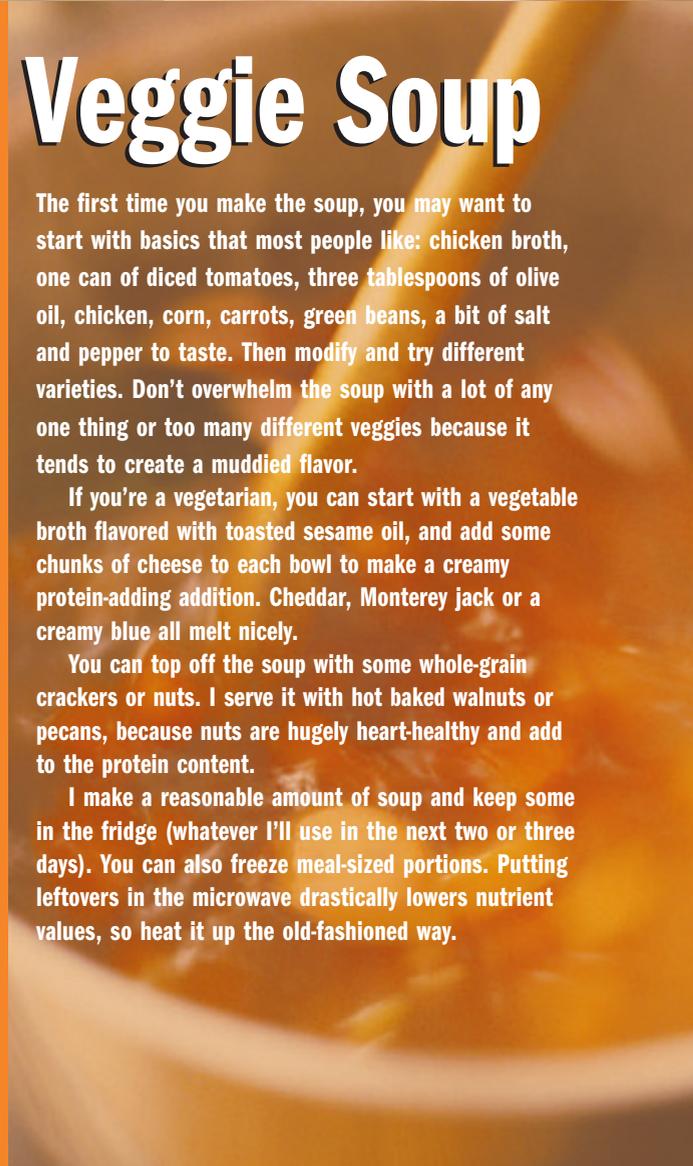
START WITH SOME **CHICKEN BROTH**, preferably Imagine Organic Free Range Chicken Broth—delicious and far better than any others; (available in many supermarkets in quart-size cardboard cartons, [www.imaginefoods.com](http://www.imaginefoods.com)).

Bring broth to a boil. Add a **mixture of vegetables in every colour** (the more colour the better). If they don't cause you excessive gas problems, add some **beans** (lentils or pintos or whatever you like, pre-cooked or canned), for a great nutrient-, fibre- and protein-rich addition. (Taking the vegetable enzyme Beano with such soups usually eliminates the gas problem.) Don't overdo it with the beans because they make the soup very rich and filling, and the real goal is to eat the veggies.

Fresh veggies have the highest nutrient content. But if you don't have time to dice and slice, frozen ones make the soup production much faster and easier. From the time you throw most frozen veggies in the broth, the soup's usually ready in 10-12 minutes.

Add some leftover **chicken** or a can of chicken meat, broken up into small pieces. To up the nutrient value, add a few tablespoons of virgin **olive oil** (organic first cold-pressed extra virgin oils are best). Season with **salt and pepper**.

Lark Lands, a medical journalist and longtime AIDS treatment educator and advocate, was a pioneer in bringing attention to the need for a total integrated approach to HIV disease. She has written a number of articles and Practical Guides for CATIE, is a frequent speaker at AIDS conferences, and does her seminar *Living Well...Not Just Longer* throughout North America. For her fact sheets and treatment info summaries, go to [www.larklands.net](http://www.larklands.net).



The first time you make the soup, you may want to start with basics that most people like: **chicken broth, one can of diced tomatoes, three tablespoons of olive oil, chicken, corn, carrots, green beans, a bit of salt and pepper to taste. Then modify and try different varieties. Don't overwhelm the soup with a lot of any one thing or too many different veggies because it tends to create a muddied flavor.**

If you're a vegetarian, you can start with a vegetable broth flavored with toasted sesame oil, and add some chunks of cheese to each bowl to make a creamy protein-adding addition. Cheddar, Monterey jack or a creamy blue all melt nicely.

You can top off the soup with some whole-grain crackers or nuts. I serve it with hot baked walnuts or pecans, because nuts are hugely heart-healthy and add to the protein content.

I make a reasonable amount of soup and keep some in the fridge (whatever I'll use in the next two or three days). You can also freeze meal-sized portions. Putting leftovers in the microwave drastically lowers nutrient values, so heat it up the old-fashioned way.

# I WILL *Survive*



**Ron Rosenes, 20 years with HIV, on what keeps him alive and kicking**

**WHAT MAKES A PERSON A LONG-TERM SURVIVOR?** Is it living with HIV for 10, 15, 20 years? Is it outliving one's partner and most contemporaries who were diagnosed in the dark and difficult '80s? Been there, done that.

I found out I had HIV in the mid-'80s, a couple years after my partner Kimble was diagnosed, though I know in my heart we were both infected during our '70s disco days. I limped along for about five years with no CD4 cells, not even one I could name. My CD8 count, however, was awesome and may in fact have kept me going. But Kimble, like so many people back then, was unable to hang on. In 1991, my partner of 15 years died of a CMV-related infection.

I started taking AZT [Retrovir] when it appeared in 1987 and added ddI [Videx] and other nukes as they became available. Still, I was wasting. I was on what would now be considered sub-optimal therapy until late 1996, when I added a protease inhibitor. I'd already made some major changes to my lifestyle—stopped smoking, started to exercise and began exploring complementary and alternative therapies, particularly nutritional supplementation and traditional Chinese medicine. I also got involved in HIV community activism. I don't doubt that these changes, along with my meds, are part of the reason I'm still here today.

Even so, how I ended up almost 20 years later feeling as well as I do and with stable counts—playing the roles of both witness and survivor—is still mostly a mystery to me. It may be part genetic and it may be part luck, but sometimes I think it's just pure pluck.

## From the trenches, here are my Top 5 Tips for Stayin' Alive:

**IT'S NOT WHAT YOU KNOW, IT'S WHAT YOU KNOW TO ASK.** The science around HIV has come a long way in the past 20 years, but because of its rapid evolution it can be overwhelming. Even I find myself drowning in it, and I've been following it for ages. To keep your head above water: Find a doctor you can work with and don't be afraid to ask questions. If you decide to start highly active antiretroviral therapy (HAART), the most basic questions to ask are: What are the side effects? How potent or effective is the regimen, and how do I make it last? How does it fit my lifestyle? **1**

**BE OUT IN FRONT BUT NOT FIRST.** In 1995 I was in a drug trial and all I got was the placebo. Not even a lousy T-shirt! I really could have used that protease inhibitor, so it was no fun being a guinea pig. While I'm thankful that we now have about 20 antiretrovirals available, I recommend, if possible, taking drugs that have been around awhile because there's more long-term safety data. Once you find a regimen you can tolerate, stick to it to the best of your ability. **2**

**LOVE EVERYTHING YOU PUT IN YOUR MOUTH.** And I mean *everything*—food, vitamins, herbs, hormones, antiretrovirals and, yes, significant others! There's no point in taking anything you don't believe is essentially good for you. If you think drugs are toxic, they probably will be. Instead, visualize those nukes clobbering the virus and bathing each and every CD4 cell in rays of golden light. If you're not eating properly, consider supplements, but remember that "natural" doesn't mean harmless. Learn about interactions between natural health products and meds. As for recreational drugs, better living through chemistry does not apply if you intend to be here for the long run. My motto has become: "Moderation in all things, including excess." **3**

# Keep on Truckin'

Four survivors on their long, strange trips with HIV

Interviews by Diane Peters

## 4 MAINTAIN ALL FLUID LEVELS.

Treat your body at least as well as you treat your car (or bike or pet). Put a decent grade of fuel in it. Drink plenty of water. Though it's no substitute for water, my preferred beverage after a vigorous yoga class is Coca Cola in the red can. Only the real deal for me—no aspartame crosses the threshold of *this* temple. That being said, sugar ain't so sweet: With diabetes so common in the general population and insulin resistance increasing among HAART users, cutting down on refined carbohydrates makes sense. Like your mother said, eat your fruits and veggies.

## 5 FEED YOUR BODY AND YOUR MIND.

We are more than our virus. Many Eastern cultures view us as the sum total of our energy. The energy of our minds or the neurotransmitters in our brains make our mouths water when we visualize warm strawberry-rhubarb pie. Remember as a kid how you'd make your warts disappear just by wishing them away? Learn to meditate. Move your body by walking, lifting weights, doing yoga or whatever moves you. Get enough rest and do whatever you can to reduce the stress and angst of actually confronting those golden years. Find a way to unblock and unleash your energy. Channel it into work that nourishes your soul. Make love to others, but most of all, make love to yourself. 

Ron Rosenes, former chair of the AIDS Committee of Toronto, is presently stayin' alive on several boards: the Canadian Treatment Action Council (CTAC), the Toronto 2006 International AIDS Conference, the Sherbourne Health Centre, and AIDS ACTION NOW! He's an enthusiastic devotee of ashtanga yoga.



### Françoise Grothé, 59

RETIRED TEACHER AND SOCIAL WORKER. DIAGNOSIS: 1990 (LIKELY INFECTED AROUND 1985). VIRAL LOAD: UNDETECTABLE. CD4 COUNT: 700. MONTREAL, QUEBEC

I lived for 10 years in the Caribbean, where I got infected. For a month after my diagnosis, I waited to die. I paid for my funeral, even got a little urn to be buried in. When that didn't happen, I said, "To hell with it. I'm living and that's it."

For about 14 years I didn't take any HIV drugs. Each day I walked 3 kilometres, swam in the ocean,

slept eight to 10 hours, and ate fresh fish and coconuts—a perfect life as far as my health was concerned.

I came back to Montreal every year to see my daughter and my doctor. In 1998 my doctor said, "Your CD4 count is 20, you have to come back." So I said goodbye to my friends in the Caribbean, many of whom had AIDS. I had to look at them, knowing damn well they were going to die and I possibly wasn't.

When I came back to Canada, my doctor signed my disability papers. Under prognosis was the word *death*. That's when it hit me.

Soon after, I started antiretrovirals and got really sick. When you're not feeling sick and you start meds, you ask yourself, "Why the hell am I doing this?" I was taking ddI [Videx] and ended up almost getting pancreatitis. When they finally took me off the meds, I was throwing up 24 hours a day. Eight months later, they put me on something else, which lasted four months. I ended up in the hospital with acute anemia. Then they put me what I'm taking now—3TC [Epivir], nevirapine [Viramune] and abacavir [Ziagen]. It's almost been two years and it's going really well. I have lipodystrophy and cramps in my feet and all kinds of little things, but it's nothing big. Last year I had a bout with osteoporosis—there was a period of about six months where you'd just look at me and I'd break a bone—but that's better now.

I'm lucky that I can do the things I love, like going to the library and the movies. I live with my daughter and her half sister. My daughter is bubbly and crazier than I am, but she's also a big worrier,

which has forced me to not feel sorry for myself. If it's 5 p.m. and I've had a lousy day, I don't want to depress the girls when they get home. When you try to be in a good humour for someone else, you realize you *are* in a good humour. My daughter was diagnosed last year with a rare form of rheumatoid arthritis. The big joke between us now is: "You're supposed to take care of me and I'm taking care of you." I've become the caregiver again.

I do a lot of volunteer AIDS work. If I have this possibility of living, I have to do something with it. We lost a lot of activists last year in Canada. Many of them were giving lectures two to three days before they died. That motivates me. It hurts your feelings to see them die and, like it or not, you know you've got the same thing and your turn is going to come.

One thing that keeps me going is a very controlled and well-channeled anger. I'm still angry, and I'm going to be angry until I die. I'm angry against this illness—not that I have it, but that it exists and it's so stupid and there's no reason for it.

In 2005, it's going to be 20 years that I've had this disease. I'd say at least 50 percent, if not more, of the reason for my survival is attitude. I've always been in love with life. 

## SURVIVAL TIPS

**Eat well, sleep well and learn—when it comes to HIV, you are your own doctor. You have to be able to analyze how you feel. Also, forget about it. Put it aside in a little box somewhere and keep on living your life as best you can. Life has given you this, it's a blow, but climb over it and move on to something else.**

### Devan Nambiar, 43

TREATMENT INFORMATION SERVICE REPRESENTATIVE, CATIE. DIAGNOSIS: 1988. VIRAL LOAD: BELOW 50. CD4 COUNT: 140. TORONTO, ONTARIO

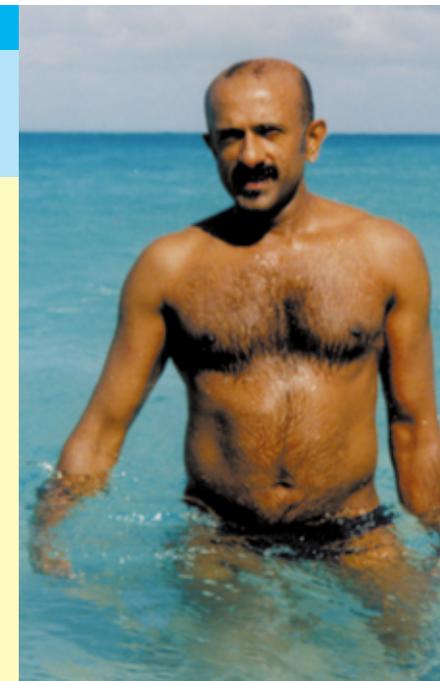
I don't consider myself a victim. I didn't know that the guy I was dating was positive. I was volunteering with the AIDS Committee of Toronto, I had all the knowledge...but I chose not to act on it. At the time, we didn't know a lot about transmission. We thought if we did it a certain way, it would be fine. I didn't have sex for two years after testing positive, I was so traumatized. I thought maybe it would go away if I'm celibate.

I traveled to India, where my parents come from, and started to look at who I was. I picked up books on spiritualism, Hinduism and Indian traditional medicine. I ended my trip in Malaysia, where my family lives. It was a very introspective, personal journey.

When I returned to Toronto in June 1989, I went for a second HIV test just to make sure. It came back positive. I continued to learn more about the immune system and mind-body modalities. My focus was on nutrition, vitamin therapy, yoga, meditation and exercise. My goal was to work out, eat right, sleep right.

In 1991, I got into an amazing relationship with an HIV positive man. The next year we went to Asia. When we returned he got really sick. I had no experience with somebody who's dying, especially someone I was attached to. There's nothing you can do except be there. You're completely, utterly powerless. It's the worst lesson you can learn in life. He passed away in January 1993.

In 1995 I started my work in AIDS, though part of me wasn't resolved about my boyfriend's death and my own mortality. I was eating and sleeping right, but I wasn't thinking very positive. In 1996, I had 50 CD4 cells and I became really ill with PCP. It was the most excruciating and humbling experience. I had to sit up while sleeping because I couldn't breathe and there was the most horrible smell



coming from my breath, from my lungs. I called my doctor, who told me to get to ER right away. The hospital staff said: “What were you waiting for? If you came one day later, you’d be dead.” I joked: “Damn, I should have waited.”

Two months later my doctor asked if I was ready to start meds. I went on indinavir [Crixivan], 3TC [Epivir] and AZT [Retrovir]. The combination gave me hyper-pigmentation on my skin. After nine months, I went on a three-month drug holiday—my first of many. I may have been the first person to ever take a drug holiday! It was a big no-no at the time.

After that, I went on efavirenz [Sustiva], ddI [Videx] and d4T [Zerit] and ended up with peripheral neuropathy. My nerve endings were killing me: I couldn’t walk or bike to work anymore. So I did some research and decided to drop the “d” drugs. I kept the Sustiva and went back to AZT and 3TC. I boosted my B<sub>12</sub> injections, and did acupuncture and foot massage, and my feet got better. I stayed on that regimen until 2001, when I took a prolonged treatment break.

I’m on five meds now, the most I’ve taken. I’m feeling fine. My lifestyle is very disciplined: I go to the gym at 6 a.m. four days a week, I eat well and take many supplements. I have a boyfriend who’s negative and cool with my status. I’ve finished writing a book and I initiated a drug-recycling program in South India.

I’m no longer looking for answers in my life. I think I’ve found what I’m looking for. I know I have a place in the universe and HIV is one of the pieces in my life, not all of it. I’m finally at peace with HIV. It’s doing its thing, I’m doing my thing—we can live together. 

### **SURVIVAL TIPS:**

**Listen to your heart. Live and enjoy life. Do the research, learn what the disease is about. Combine the body and the mind. People doing just one or the other are missing a lot in terms of the full picture.**

### **James Oakes, 48**

COMMUNICATIONS AND MARKETING, LANGARA COLLEGE. DIAGNOSIS: 1984. VIRAL LOAD: 16,500. CD4 COUNT: 340. VANCOUVER, BC

I don’t really consider that I have a disease. I know I’m HIV positive, but I’ve never had symptoms or taken HIV meds, so it’s something of an abstraction for me. When I was diagnosed, I didn’t buy into the death sentence, even though the climate of the mid-’80s was a time of real terror.

Initially, I remember feeling ambivalent about life and death. But at the same time, I had a strong will to live and the thought of dying was inconceivable. I’d been doing a lot of psychotherapy. At the time of my diagnosis, I was doing bioenergetic therapy, which allows you to go really deep into all the fears and vocalize it and feel it in the body. I was confronting all the emotional issues on my plate, so when I was diagnosed I was torn between living and dying. This ambivalence wracked me for quite a while.

Therapy allowed me to go through the fear. I realized that you could literally be scared to death. People who tested positive were buying into the death sentence. Symptoms would manifest themselves, leading into a downward spiral. At a certain point, the will to live is lost.

It took me a long time to realize this; it was a very long journey. On the way home from my doctor’s office, the road bisected a cemetery, and I felt like I was riding through the valley of death. Although I was essentially an atheist, I found solace in the Catholic presence in Quebec. I found myself going into churches, which was radical for me. The image of Jesus on the cross touched me.

At the time, I was suffering from digestive problems. I thought I was dying of AIDS. Eventually I learned that it was irritable bowel syndrome, a very debilitating condition. I had to learn to separate the two illnesses.

About two years after my HIV diagnosis, things fell apart. I had a lot of professional and personal stress. My relationship came to a bad end, mostly because of my girlfriend’s fears around AIDS. I asked my psychotherapist for a letter requesting a leave from my job and flew out to the West coast, where I’m from. I took refuge with a friend who lived in a big house near Squamish. It was a safe place for me. I worked in the overgrown fields of his house and I’d take his dogs up the mountain-logging roads for hours. I felt my salvation lay in physical work, to defy death through my physical strength. I decided to quit my job and give up the life I’d built in Quebec.

I pretty much shelved my career, spending my days in the garden and going swimming. But eventually I realized: “I’m not dying, so what am I going to do?” I began taking freelance journalism assignments and moved to Vancouver. For the past decade I’ve just carried on, with the help of antidepressants.



Photograph by Scott Dixon

About seven years ago, some friends on a gay hockey team recruited me. I was 42 and initially said, “No, I’m too old.” It’s turned out to be one of the best things I’ve done. There are other positive men on the team. One longtime PHA has been a real role model to me. I look at the game as an analogy for life: A lot of times you’re knocked down on your ass, but you get up right away, you don’t have time to think. It’s very “in the moment.”

I realized at one point that I couldn’t live like a purist. I smoke pot regularly and enjoy life with gusto—good food, good wine—but I have my own kind of balance with it. There was a time when I forced myself to go to the pool and swim lengths, but now I just do things that are fun, like rollerblading. I’m thinking more about the future and how to find challenging, rewarding work. AIDS is in the background.

Death is sitting on everyone’s shoulder. I’m not different from anyone else, with or without HIV. How long am I going to live and what’s the future going to look like? I’m not worried about it. The length of life isn’t all that important—it’s what the quality of that life is like that counts. 

### **SURVIVAL TIPS:**

**Surviving is about following your intuition and living life with enthusiasm. Find your passions. It’s very important to have support in your life. Find a good counsellor or therapist with whom you can go into the darkest, scariest part of it all and confront your fears.**

### **Maggie McGinn, 47**

EXECUTIVE DIRECTOR, LIVING POSITIVE. DIAGNOSIS: 1992. VIRAL LOAD: UNDETECTABLE. CD4 COUNT: 510. EDMONTON, ALBERTA



In 1992 I was in a hospital psych program, Monday to Friday, 9 to 5, and going to AA in the evenings. For the first six weeks, we did meditation; for the next six weeks, aerobics. I didn’t want to do aerobics, and I was told I might be able to get out of it if I got a medical.

When I went for my results, the doctor handed me a piece of paper saying I was reactive to two different tests. I had no clue what it meant. But then I looked at his face and I knew. He didn’t know where to refer me, so he got another patient’s file. When he opened it, I saw “HIV positive” in big magic marker. That’s when I freaked out.

The next day in my program we did a group session with about 40 people. They could see I was just vibrating away. This girl asked, “What’s wrong with her?” I said, “I found out last night I’ve got HIV.” Nobody said a word except that girl, she gasped.

When I was diagnosed, a nurse at the hospital told me people usually had about four years to live from the time she first saw them. She meant people who’d already been hospitalized, but I thought, “I’ve got four years, I’d better live quick.”

I did all the things I thought I should do. One nurse told me about toxoplasmosis, so I got rid of my cat. It was so traumatic: I took him to the SPCA with my kids crying. After that, I got a letter from my brother Patrick. He’d found out there were only six cases of toxo in the whole of the U.S. that year. “Tee-hee, too bad you killed your cat,” he wrote. He was trying to say: Don’t listen to everything every nurse tells you.

I was in the midst of huge change. I’d been married and divorced three times. I’d buried two kids and had two girls. My oldest daughter had a mental disability. I’d never really dealt with anything, I just stayed drunk. But now I was in this psych program and going to AA meetings religiously. If it weren’t for that, I don’t know if I’d be here now.

Not long after my diagnosis, I went to a support group at Living Positive. I walked into the room and there were 12 gay men, in all different stages. I was a bit freaked out, but it ended up being good for me. One day I realized it was like a competition—who’s had HIV the longest, who’s been hospitalized the most, who’s got the lowest CD4 count, who’s got the most medication. They were wearing it like a badge of honour. I refused to let the illness be who I am. People would come in and say: “Hi, I’m HIV positive.” And I’d say: “I’m Maggie. I’m a mother, I’m a bitch, whatever. I have an illness, but that’s not who I am.”

That summer Health Canada was running a demonstration project in Edmonton and they brought me in as a volunteer. After doing peer counselling training at Living Positive, Health Canada hired me part-time. When the Canadian AIDS Society started the Canadian Women and HIV Project in 1995, they hired me, and I’ve worked in AIDS ever since.

*continued on page 19 >*

# As the Wheel TURNS

## THE HIV/AIDS MEDICINE WHEEL

by Albert McLeod

IN THE AMERICAS, ABORIGINAL PEOPLE HAVE HIGHER RATES OF POOR HEALTH THAN THE GENERAL POPULATION. There are epidemics of heart disease, diabetes, addiction, depression and other preventable illnesses due to the loss of traditional lands and the restrictive policies of successive governments. HIV infection is also rising at an alarming rate. According to Health Canada, Aboriginal People now make up 14.1% of AIDS cases in Canada, even though they comprise only 4% of the general population. The virus is increasingly reaching Aboriginal women, with injection drug use and heterosexual sex as the major modes of transmission. The AIDS epidemic is an unprecedented crisis that poses a serious threat to current and future generations.

**“As Aboriginal People, we always have a choice. We can chose to do things our way, the way of the People, or we can chose to do things in a way that’s as foreign to us as a hot dog would have been to Sitting Bull.”**

—Quinn Wade, APHA activist

This article describes one of the innovative HIV/AIDS education tools developed to reach the Aboriginal community. The “HIV/AIDS Wheel” was first introduced to the Canadian AIDS movement in 1993 by Healing Our Spirit BC First Nations AIDS Prevention Society (HOS). Leonard Johnston and Frederick Haineault, both HIV positive, co-founded HOS in 1992 as a way to educate Aboriginal People about the importance of responding to the growing epidemic. While on a healing journey at his home in Alberta, Johnston had the vision of adapting the traditional Medicine Wheel concept to the stages of HIV disease. He essentially merged the clinical, social and cultural aspects of HIV into a life-generating path, moving away from the “AIDS = death” messages of the previous decade to promote a holistic understanding of the disease. The Wheel concept can help all people with HIV/AIDS (PHAs) better understand where they’re at with the infection so they can make choices that might improve their lives.

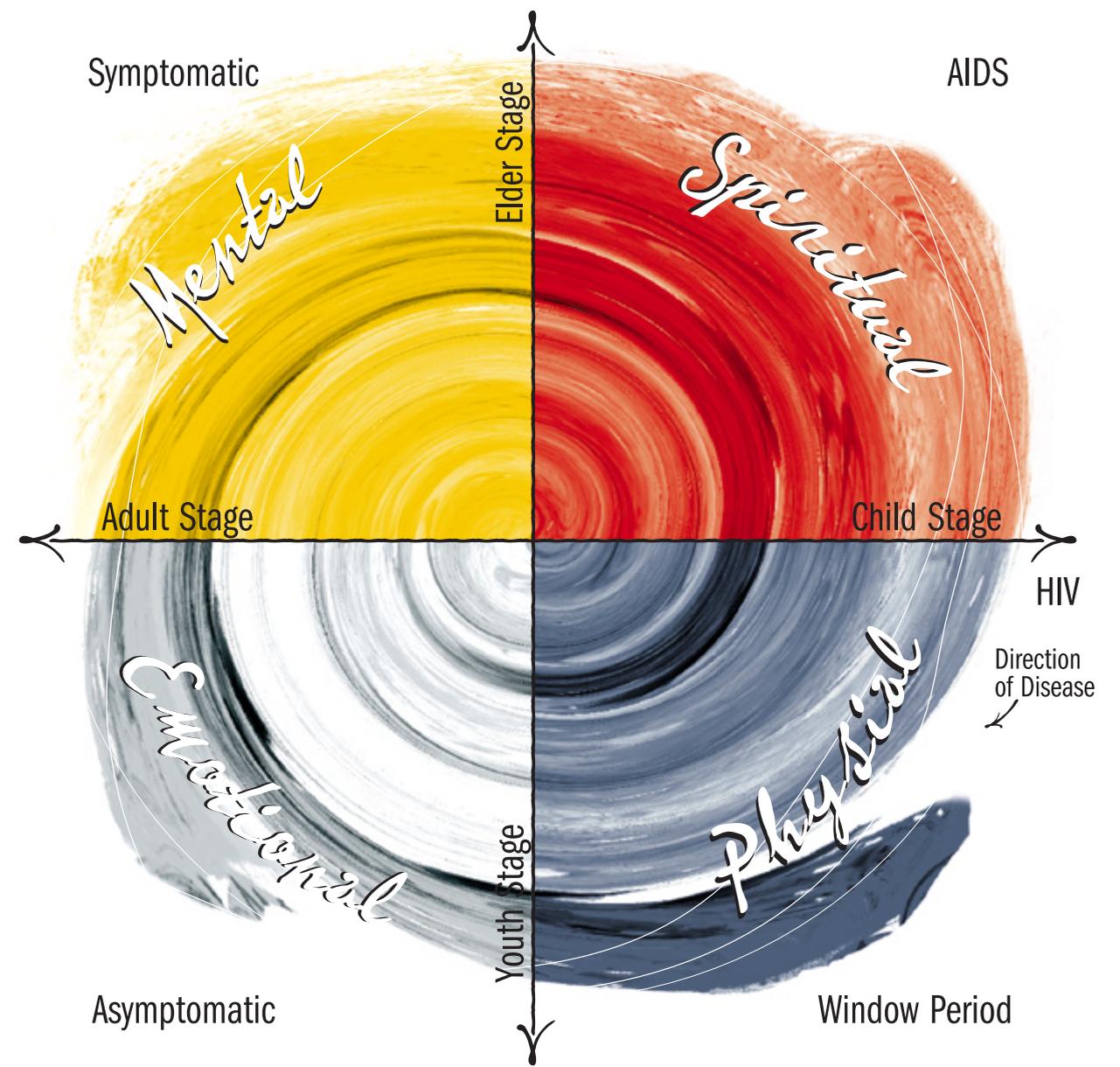
### The Medicine Wheel

The Medicine Wheel can be thought of as an “Aboriginal teaching circle.” It’s called a wheel because it revolves endlessly.

This dimension of movement represents the universal cycles of life—the changing of the seasons, the movement of the stars, the stages of life (from conception to death). For 12,000 years, Aboriginal People refined their sciences and oral traditions, which helped them create a unique world view. Their teachings describe the relationships people had with other living worlds and the dimensions around them.

Over the past few decades, with more Aboriginal People opening doors in educational and scientific institutions, the value of this ancient knowledge is beginning to be revived and reintegrated into the Aboriginal way of doing things. For example, in 1984 the Four Worlds Development Project at the University of Lethbridge published *The Sacred Tree*. This book, which teaches about the Medicine Wheel, gathered life lessons from many Elders and Aboriginal cultures with the purpose of creating a culturally competent model to deal with alcohol addiction.

Two important Aboriginal values—*efficiency* and *portability*—are key to understanding the Medicine Wheel. The circle is the centre, the place where the four cardinal (of primary importance) directions meet—East, South, West and North. For most people, it’s important to know where they stand, where they came from, and where they’re going. The Wheel concept serves as a multidimensional personal roadmap that can be carried in one’s mind and actions. The symbols and directions are codes and pathways which are easily followed once one understands their meaning. The “medicine” inherent in the Wheel exists on many planes, and as long as the relationships between all forces are maintained in a balanced and positive way, the medicine will flow, providing vision, strength and healing. This concentrated way of holding and sharing knowledge (similar to a modern CD-ROM) is crucial because prior to European contact, Aboriginal groups



Source: Healing Our Spirit BC First Nations AIDS Prevention Society 1993

traveled great distances, making it difficult to carry more than what was considered essential. With even greater mobility today, it still continues to be important for Aboriginal People to “carry” their medicine in this practical way.

The Medicine Wheel teaches us that we’re all part of a family and community and it’s our obligation to plan for the future so the decisions we make don’t negatively affect the people seven generations from now. (For more info, see “Introduction to the Medicine Wheel Concept” at [www3.bc.sympatico.ca/kakaway/wheel0.htm](http://www3.bc.sympatico.ca/kakaway/wheel0.htm).)

### The HIV/AIDS Wheel

Developed at a time when AZT was the only available treatment option, Johnston’s HIV/AIDS Wheel follows the flow of the Medicine Wheel, incorporating the medical knowledge of HIV disease into a cycle of life stages and states of being. These elements speak to the inter-connected relationships and forces

within our environment. Johnston shared his observations of the full cycle and impact of the disease because he could see the larger picture it presented. He saw young men forced to deal with their diagnoses and impending deaths without the support of their families and communities. He felt that the discrimination and isolation they experienced could be overcome if the community knew more about the stages of the disease and what they needed.

The HIV/AIDS Wheel provides a reminder and opportunity for health care professionals, PHAs, their family members and others to recognize the emotional, spiritual and social aspects that influence and are influenced by this disease. Emotional and spiritual factors can greatly affect one’s ability to cope with the disease.

The following text explains the details of the HIV/AIDS Wheel. It was written down for the first time in 1997, when Manitoba Health printed the “HIV/AIDS Teaching Kit” resource manual. Up until then, the HIV/AIDS Wheel teachings were taught through the oral tradition.

## CHILD STAGE

**Clinical:** The “window period” begins immediately after a person is infected with HIV and can last for three to six months. During this time, it’s difficult to detect HIV with an antibody blood test because the immune system may not yet have produced enough antibodies to yield a positive test result.

**Colour:** Red represents blood, the source of life and the target of HIV.

**Direction:** East represents the place where all things begin, as in the rising of the sun each day. Here, HIV enters into the cycle of a person’s life experience.

**Phase:** The “physical” phase represents the invasion of HIV into the blood system (seroconversion) and the body’s response.

## YOUTH STAGE

**Clinical:** An HIV positive person has no symptoms of HIV infection. This stage can last up to 10 or more years.

**Colour:** Black represents darkness. Negativity, fear, shame and anger are common reactions to an HIV diagnosis.

**Direction:** South represents learning and exploration.

**Phase:** The “emotional” phase relates to how a person may feel in dealing with their diagnosis. The person may experience a rollercoaster ride of emotions as they cope with issues of confidentiality, disclosure and counselling.

## ADULT STAGE

**Clinical:** A person begins to show symptoms of HIV disease.

**Colour:** White represents light, balancing the “darker” aspects of living with HIV/AIDS. It also represents hope, knowledge and acceptance of an HIV diagnosis.

**Direction:** West represents knowledge and growth.

**Phase:** The “mental” phase is a time when a person will make important decisions about treatment, disclosure, living wills, work and other considerations.

## ELDER STAGE

**Clinical:** AIDS is a medical term that defines the end stage of HIV disease. The immune system can no longer fight infections and diseases, eventually resulting in death.

**Colour:** Yellow represents the sun, the giver of life.

**Direction:** North represents healing, acceptance and closure.

**Phase:** The “spiritual” phase is a time when a person with AIDS is confronted by the nearness of death. As the physical body weakens, the need for spirituality may grow stronger. As death approaches, this may be a time of healing with family, resolving old issues and finding closure.

A person may go through these stages in a different order or even repeatedly (such as PHAs who were on the brink of death but then got their health back when protease inhibitors came out), but it’s been my experience through having many friends who’ve lived with and died from HIV disease that they do travel on the journey of the Wheel. An important teaching to consider is that we are all on this life cycle and we’ll all eventually go along the same path. People with HIV may go sooner, but the point is: *“Life is about how you live every day—not about how long you live.”*

The HIV/AIDS Wheel was Johnston’s vision of how to explain HIV/AIDS to Aboriginal People, who were cautious of strangers coming into their communities. The value of the Wheel is that it’s brought us to the second generation, or wave, of the epidemic. As we’ve come full circle and now move from the Elder to Child stages, we see that there’s another generation at risk—orphans who lost their parents to AIDS, gay youth, and children of HIV positive parents—that faces an uncertain future in this country. Some are now teenagers, and may be homeless, in jail or on the street injecting drugs.

So, as the Wheel turns, do we find that we have the foresight and spirit to plan for seven generations into the future? It will depend on how much good medicine we’ve absorbed and how it has healed us. For me, this time it is the teachings of **advocacy**, **compassion** and **harm reduction** that sit in the Eastern Doorway, waiting to be asked in. 

Albert McLeod has worked in the Aboriginal AIDS movement since 1986. He participated in the creation of the Nine Circles Community Health Centre model. He’s also an artist who lives in Ottawa and teaches Two-Spirit youth about traditional arts and their Two-Spirit culture. For more info about the HIV/AIDS Wheel, the HIV/AIDS Teaching Turtle, and the Four Doorways Harm Reduction Training Turtle, contact him at [albert\\_mcleod@hotmail.com](mailto:albert_mcleod@hotmail.com)

**“Nine Circles Community Health Centre is still learning how to apply the HIV/AIDS Wheel to all aspects of our integrated service delivery model, but we’ve made a lot of progress. First, our programs use a holistic approach rooted in the teachings of the Wheel. Staff ask: Where does the client fall on the Wheel? How does their place in their Wheel journey influence their care? Second, the Wheel has influenced the governance of Nine Circles, as our board works within a consensus model of decision-making that incorporates the talking circle. Finally, our speakers’ bureau incorporates the Wheel teachings when presenting to outside agencies.”**

*—John Stinson,  
Transitional Executive Director, NCCHC*

# The Story of SYPHILIS

**SYPHILIS IS A SEXUALLY TRANSMITTED DISEASE (STD) CAUSED BY THE BACTERIUM *TREPONEMA PALLIDUM*. LEFT UNTREATED, SYPHILIS IS A SERIOUS CHRONIC DISEASE.**

*by Gilles Lambert, Benoît Côté and Elizabeth Lacombe*



## **HOW IS IT TRANSMITTED?**

Infection occurs when the bacteria found in syphilis lesions penetrate a mucous membrane (anus, vagina, penis head, mouth) or a cut in the skin anywhere on the body. The lesions can be very discrete or not visible at all.

### **Syphilis is spread during sexual**

**activities:** oral sex (mainly mouth-penis and also, possibly, mouth-vulva or mouth-anus), penetration (penis-vagina or penis-anus) and, rarely, frottage (rubbing against each other's naked skin).

A pregnant woman can spread syphilis to her unborn baby, which can cause severe birth defects. In rare cases, syphilis can be spread if contaminated materials are used to inject drugs.

**Syphilis is infectious** (able to be passed from one person to another) in the first year to two years after infection, unless successfully treated. At some point, it goes into a dormant, or non-infectious, state and is no longer able to be transmitted. The bacteria that cause syphilis can be transmitted even if the infected person has no apparent symptoms.



Images from the "Syphilis Is Back" campaign, sponsored by the AIDS Committee of Ottawa and Pink Triangle Services in partnership with the AIDS Committee of Toronto and Action Séro Zéro. Created and produced by Boomstone Entertainment Inc. [www.gayok.ca](http://www.gayok.ca)

## **SIGNS AND SYMPTOMS OF SYPHILIS**

Not all people with syphilis develop symptoms.

### **Syphilis evolves in 3 stages:**

**Stage 1 (or "primary" syphilis):** One or more lesions (usually painless) appear at the spot where the bacteria entered the body. At first, pimples appear and evolve into ulcers (large lesions causing the loss of the surface layer of the skin or mucous membrane). These ulcers are called syphilitic sores, or chancres. Lesions appear between 9 and 90 days after having sex with an infected partner. In most cases, the lesions are on the penis or vulva, and inside the mouth, vagina or anus. Lesions inside the vagina or anus can easily go unnoticed. These chancres last for 1 to 5 weeks and heal on their own, but the bacteria remain in the body. You are especially infectious when you have a chancre.

To help you distinguish between syphilis and other common STDs: Syphilis sores aren't usually sensitive (lesions in the mouth, anus or vagina wouldn't necessarily prevent a person from having sex because of pain) as herpes sores tend to be. Genital warts usually do not form ulcers.

**Stage 2 (or “secondary” syphilis):** Flu-like symptoms (fatigue, fever, swollen glands, muscle and joint pain) may appear anywhere from 6 weeks to 6 months after the initial infection. An outbreak of rashes may appear on the palms of hands, soles of feet or elsewhere on the body. When the rash is present, you are highly infectious. These symptoms may last from 2 to 6 weeks. As in stage 1, they may disappear on their own, but the bacteria continue to evolve inside the body.

Note: After stage 2 and before stage 3, syphilis goes “latent.” During this time, the amount of syphilis in the blood often drops, but the syphilis still remains in your system. Though you’re generally not infectious at this point, you are at risk for the organ damage that can occur in stage 3.

**Stage 3 (or “tertiary” syphilis):** If left untreated for years, syphilis can cause serious damage to the heart, brain, bones or skin. It can cause blindness and even death.

### SYPHILIS AND HIV

In some people with HIV/AIDS (PHAs), syphilis can advance to stages 2 and 3 more rapidly and can be more difficult to treat than in HIV negative people.

PHAs, especially those with lower CD4 counts, may need more intense treatment to successfully get rid of syphilis. They also need more rigorous follow-up, as the risk for treatment failure is greater among PHAs than HIV negative people.

PHAs who may have had syphilis for a longer period of time, and/or have a poor treatment response, and/or have very few CD4 cells should have a spinal tap to rule out neurosyphilis (syphilis in the central nervous system). If the test is positive, IV (intravenous) antibiotics are required to successfully get rid of syphilis.

### GETTING TESTED

**Testing for syphilis requires a blood test.** However, it can take 6 to 12 weeks after the initial infection before a positive result can be obtained. The test must therefore be repeated eventually. Sometimes a sample can be taken from the chancre itself, if present, and examined under a microscope. In some cases, a spinal tap must be performed in order to check for damage to the nervous system.

Screening is recommended for: partners with a known case of syphilis, men who have sex with men, injection drug users, sex trade workers and their clients/partners, pregnant women who may have been exposed, those with sexual contacts in or partners from endemic areas. People who have multiple sex partners should be tested every 3 to 6 months.

### GETTING TREATED

**Syphilis is treated with antibiotics,** usually high-dose penicillin given by IM (inter-muscular) injection. People with advanced syphilis may require IV treatment. The duration of the treatment varies according to the stage of the disease. Penicillin usually doesn’t interfere with anti-HIV drugs and is well tolerated most of the time. Other antibiotics are available for people allergic to penicillin. Once treatment is complete, the person’s blood is monitored to ensure that it worked.



During the past five years, several outbreaks of syphilis have been reported in large urban centres in Canada, the U.S. and Europe. **In Canada, rates of contagious-stage syphilis tripled between 1996 and 2002.** Here’s a look at syphilis in urban centres across the country:

**Montreal:** 11 cases declared in 2001, 37 cases in 2002 and 103 in 2003; up to 90% of cases occurred in MSM.

**Ottawa:** 8 cases declared in 2001 and 16 cases in 2002; 75% of all cases occurred in MSM.

**Toronto:** 30 cases declared in 2001, 179 cases in 2002, 243 in 2003; the majority of cases occurred in men, 91% of whom had sex with other men.

**Vancouver:** 127 cases declared in 1999, 186 cases in 2002 and an estimated 250 cases in 2003. Those primarily affected are injection drug users and sex trade workers; during recent months, the outbreak has picked up speed among MSM.

**Winnipeg:** In early 2003, an outbreak of 15 cases of infectious primary and secondary syphilis occurred in 8 women and 7 heterosexual men aged 30 to 60. Two cases and two of the sexual partners were linked to the sex trade.

In most of these outbreaks, 40% or more of MSM with syphilis were also infected with HIV.

*(Source: Recent abstracts and communiqués from the public health authorities of the cities and countries concerned.)*

Gilles Lambert is a medical officer with the Montreal Public Health Department.

Benoît Côté, MD, is a dermatologist at Hôpital St-Luc in Montreal.

Élizabeth Lacombe is a health promotion agent with the Montreal Public Health Department.

REVIEWED BY EVAN COLLINS, MD.



People with syphilis can become infected with HIV more easily.

People with syphilis who are also HIV positive transmit the HIV virus more easily.

Treatment cures the infection and prevents further damage from occurring, but it can't repair any damage (stage 3) that's already been done.

Sexual partners must also be tested and treated. If the disease is in stage 1, sex partners from the three months before the onset of symptoms should be notified; if in stage 2, sex partners from the previous six to 12 months should be informed; in the case of stage 3 syphilis, only certain long-term partners need to be told. It's helpful to discuss with a health care professional which specific partners should be notified and how it'll be done.

It can be difficult to tell your sex partners. In most of Canada, a public health STD team is available to help you with notifying your partners.



## HOW TO BE SYPHILIS-FREE

### Syphilis can be prevented by:

- using a condom for all sexual activities (including oral sex). Condoms don't offer complete protection because a syphilis lesion may be in an area not covered by the condom (like at the base of the penis).
- reducing the number of sexual partners
- not sharing injection equipment
- having regular screening tests (including testing early in pregnancy to prevent congenital syphilis in infants)
- treating people early in the course of the infection
- ensuring that partners of infected individuals are notified, tested and treated. 



# Syphilis Sites

### HEALTH CANADA

What you need to know about STIs (Sexually Transmitted Infections)

[www.hc-sc.gc.ca/pphb-dgspsp/publicat/std-mts/sti\\_n.html](http://www.hc-sc.gc.ca/pphb-dgspsp/publicat/std-mts/sti_n.html)

### Frequently Asked Questions about Syphilis

[www.hc-sc.gc.ca/hppb/hiv\\_aids/can\\_strat/syphillis.html](http://www.hc-sc.gc.ca/hppb/hiv_aids/can_strat/syphillis.html)

Slide Gallery on Syphilis [www.hc-sc.gc.ca/pphb-dgspsp/slm-maa/slides/index.html](http://www.hc-sc.gc.ca/pphb-dgspsp/slm-maa/slides/index.html)

CLINIQUE L'ACTUEL <http://cliniquelactuel.com/home/page/std/syphilis>

SOCIETY OF OBSTETRICIANS AND GYNAECOLOGISTS OF CANADA [www.sexualityandu.ca](http://www.sexualityandu.ca)  
(click on "adults," then "sexually transmitted infections," then "what are they?")

AMERICAN SOCIAL HEALTH ASSOCIATION [www.ashastd.org/stdfaqs/syphilis.html](http://www.ashastd.org/stdfaqs/syphilis.html)

SEX EDUCATION LINKS [www.bigeye.com/sexeducation/chansyph.html](http://www.bigeye.com/sexeducation/chansyph.html)  
(images available) (see CDC and NIAID Fact Sheets)

HEALTHY PENIS 2004 [www.healthypenis2003.org/index.html](http://www.healthypenis2003.org/index.html)

Taking supplements and all that was too much like work. I've never been fat and I've never exercised in my life. In the beginning I panicked and gave up smoking, but I've since started again. People ask me: "How do you stay so well?" I don't know. I work, I run after my kids. HIV isn't the first thing I think of when I get up in the morning. I don't use it as an excuse—that, to me, is giving it power, and I refuse to do that. I work with PHAs, and HIV happens to be the common denominator, but we all have different lives.

I was never against taking meds, I just thought I'd take them when I needed them. My CD4 count was around 1,200 for years. The first drop was about a year ago, to about 300. My viral load has always been around 120,000, but it spiraled up to 500,000. This health crisis was directly a result of a very stressful and unhealthy job situation, so I look a leave. Last June I started Sustiva [efavirenz] and Combivir [3TC + AZT], and it's been great. I've had no side effects.

AIDS came to me like a slap upside the head. It said: "Maggie, you've got the rest of your life ahead of you. What do you want to do with it?" I now know the strength I have inside of me. I've been through a lot but nobody can put me back to where I was before. 

## SURVIVAL TIPS:

**I think of AIDS like this: I'm the host of a virus. So, you're the host of a party and an uninvited guest comes along. You can kick him out and he makes a big stink and the cops come and the party's over. Or you can tell him to sit down in the corner, shut up and drink his beer. And say to him: "Remember, sucker, if I die, so do you."**

# Better Living through REHAB.

## Rehabilitation can put you back in the driver's seat

by Peter Williams

WHAT DO YOU THINK OF WHEN YOU HEAR THE WORD *REHABILITATION*? For most people, the word is often associated with prison or drug and alcohol issues. Guess again. In its broadest sense, rehabilitation means optimizing a person's choices to participate in **active living** through a range of services, programs and policies. Rehabilitation can be about going back to work, getting to the gym, making your own meals or increasing your ability to manage side effects and tolerate treatments. For some people, rehabilitation may simply be the key to keeping things from getting any worse.

The goals of rehabilitation include:

- improving overall health
- improving quality of life
- assisting people to be their physical, mental and spiritual best—at work, home and play
- increasing independence and self-sufficiency
- enhancing self-esteem

Rehabilitation is most effective when it includes a **holistic approach to health care**, which means treating the person as a whole—mind, body and spirit. It acknowledges that HIV has more than a physical impact and that one's spiritual, emotional, social and mental well-being must also be considered.

Secondly, rehabilitation involves an **interdisciplinary approach**. This means drawing on a range of people, services and expertise, such as some of the people listed in the "Who's Who" (next page), and perhaps also one's family and friends. Interdisciplinary, as opposed to multidisciplinary, implies that not only are there many people working to improve your quality of life but that they're working in a coordinated fashion, communicating with each other for the best results possible.

Finally, and most importantly, rehabilitation has a **client-centred philosophy** that puts the person living with HIV/AIDS (PHA) in the driver's seat.



Unlike someone who may be long-term or permanently disabled by a car accident, many PHAs experience alternating periods of illness and wellness. This is referred to as an **episodic condition**. For many people HIV is an unpredictable roller-coaster ride. Even when a person's feeling fine and their counts are stable, the knowledge that the roller-coaster might take an unexpected dive at any moment has an impact. This is a common concern among PHAs when it comes to back-to-work or other employment issues.

Private insurance companies and Canada Pension Plan can make it very risky, if not impossible, for PHAs on disability insurance to re-enter the work force or even volunteer their time in some cases. Education and policy change are needed to create more effective and flexible insurance plans, and understanding the concept and impact of an episodic condition is essential to this. In addition, *episodic* is a

common theme for a number of other disability groups. Finding what PHAs have in common with other groups means a stronger voice when lobbying for change.

### THE WHO'S WHO OF REHAB

Some of the professionals under the rehab banner include:

**Physical Therapists** test and measure people's strength, range of motion, balance and coordination, posture, muscle performance, respiration and motor function. They provide services that help restore function, improve mobility, relieve pain and prevent or limit permanent physical disabilities.

**Occupational Therapists** help people increase their ability to perform daily tasks at home and work.

They help people improve basic motor functions and reasoning abilities and compensate for loss of function.

**Physiatrists** are physicians who specialize in physical medicine and rehabilitation.

**Speech Language Pathologists** treat a wide range of speech, language and swallowing disorders.

**Vocational and Rehabilitation Counsellors** assist people with physical, mental or emotional disabilities to plan careers, deal with societal and personal problems relating to their disabilities, and find and keep satisfying jobs.

**Recreation Therapists** assist people to achieve an independent and rewarding leisure lifestyle in order to improve health and well-being.

**Human Resource Professionals** help determine workplace policy that supports people to stay in the workplace, negotiate benefits and insurance policies, and assist with retraining programs for people who need to work differently.

There are also many natural health practitioners whose services can be of great help, including:

**Acupuncturists.** This ancient Chinese treatment involves the insertion of very thin sterile needles into the body at specific points according to the meridian charts (pathways of energy). Many people use it to control such conditions as headaches, arthritis, low back pain and allergies, as well as withdrawal symptoms when stopping drugs or cigarettes.

**Chiropractors.** Chiropractic is a method of care in which the spine, pelvis and other articulating joints are manipulated to restore mobility, ease pain and stimulate the body's own balancing of function.

**Massage Therapists** use techniques designed to promote circulation, enhance lymphatic flow and ease musculoskeletal pain. Massage can often aid in respiration, allay symptoms of abdominal cramping and nausea, and, above all, provide a relaxed sense of well-being.

**Naturopaths** see disease as an attempt by one's body to rid itself of toxins and restore balance. They use products and procedures to boost the body's natural healing powers. The patient plays an active role in staying healthy. Naturopaths use a holistic approach to healing which can include herbs, nutrition, supplementation, homeopathy and traditional Chinese medicine. ⚡

## The Dish on Disability

When talking about rehabilitation, the word *disability* naturally comes up. According to the World Health Organization, disability breaks down into to several layers:

- **impairment:** any problem in body function or structure (such as pain, weakness, decreased range of motion)
- **activity limitation:** any difficulty in carrying out a task or action (such as difficulty walking, bathing, getting dressed)
- **participation restriction:** any problem in involvement in life situations (such as difficulty maintaining employment, education, social life)

These concepts may help you understand the various levels or ways in which HIV can affect a person. They may also be useful when you're seeking a referral from a doctor or filling out forms and you need to describe how HIV affects you.

Peter Williams is an education consultant with the Canadian Working Group on HIV and Rehabilitation (CWGHR), a national, multi-sector nonprofit that promotes innovation and excellence in rehabilitation in the context of HIV disease. CWGHR engages in research and education by bringing together health care and rehabilitation professionals, PHAs, private sector and government to promote enhanced care, treatment and support for PHAs. For more info, visit CWGHR at [www.hivandrehab.ca](http://www.hivandrehab.ca) or call 416.324.4183.

# Up in Smoke

by Andrea Rudd

## The IFS, ANDS or BUTS of butting out

HAVE YOU EVER NOTICED HOW MANY HIV POSITIVE PEOPLE SMOKE? I'm always amazed when I go to events in the community and see people puffing away outside. Don't they know that smoking kills 45,000 Canadians each year—three times more than car accidents, suicides, murder and AIDS combined?!

I'm not one to judge. As an ex-smoker, I remember the habit fondly. I started around the age of 15 and smoked for 14 years, quitting in 1988, just before my HIV diagnosis. I rolled my own cigarettes. I liked the ritual of it and I thought it looked cool to smoke. So I understand well the attraction and comfort—and addictive nature—of cigarettes.

**If you're well aware that smoking has many long-term health risks**, like: heart disease, emphysema, lung and other cancers (throat, pancreatic, stomach, breast, cervical, anal), gum disease and osteoporosis—as many as one out of every two long-term smokers will die from a tobacco-related illness, according to the Canadian Cancer Society...

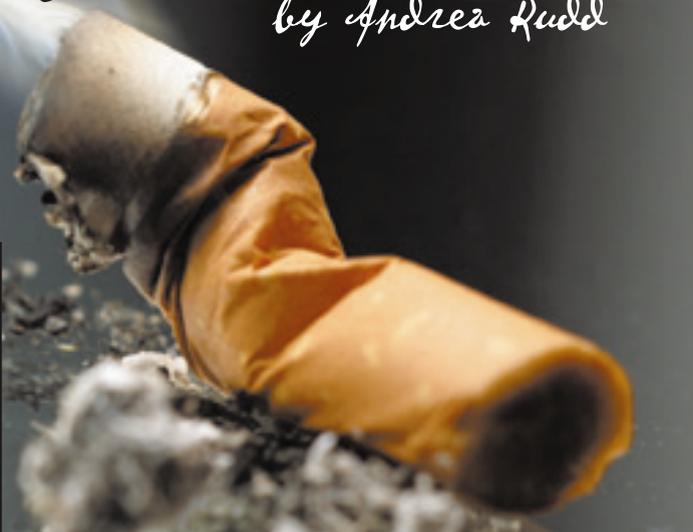
**AND you know that smoking can worsen certain problems and illnesses that people with HIV/AIDS (PHAs) are already vulnerable to**, such as lung and heart disease, gum and bone problems...

Did you know that, in addition to all that, **smoking may weaken your body's response to highly active antiretroviral therapy (HAART)**? University of Miami researchers found that HIV positive smokers' response to HAART decreased by about 40% as measured through drug levels in the body, CD4 counts and viral loads.

HIV certainly puts a lot on our plate: fear, depression, discrimination, illness, poverty, side effects...to list just a few.

**BUT** rationalizing an unhealthy habit with an excuse like "I already have HIV, smoking is the least of my concerns," just doesn't cut it. Here are some more reasons why:

**HAVE A HEART** Many of us are living longer thanks to HAART. But as we enter middle age, the risk of heart disease increases. In addition, HAART can hurt your heart, as protease inhibitors



elevate lipid (fat) levels—cholesterol and triglycerides—in the blood. Adding smoking to the mix further compounds cardiac concerns.

**BREATHE DEEPLY** The risk of developing pneumonia and tuberculosis, as well as emphysema, *Mycobacterium avium* complex (MAC) and other lung diseases is significantly higher in smokers with HIV than smokers without. One study found that lung cancer is about eight times more prevalent in PHAs than in our negative counterparts. Long-term viral suppression doesn't completely restore the immune system, and a compromised immune system is more susceptible to cancers. HIV positive smokers are developing lung cancer at a much younger age than smokers in the general population.

**STAY NOURISHED** Due to high rates of human papilloma virus (HPV) infection among PHAs, we're at increased risk for anogenital cancers. HPV is associated with most genital warts and lesions, and smoking inflates the risk that HPV will develop into cervical or anal cancer. The progression of these lesions and cancers is also associated with other co-factors, such as a weak immune system and poor nutrition. Deficiencies in vitamin C and other nutrients are linked with cancer progression. Studies have shown that smoking significantly reduces the body's store of vitamin C. It also takes a toll on the immune system by killing Langerhan cells, which fight off viral infections like HPV.

**GET IT UP** For many smokers, there's nothing like lighting up after making love. But here's something not so sexy about smoking: Men who smoke often have weaker erections. Smoking contributes to the accumulation of fatty deposits in the arteries and veins, which can reduce blood flow to the penis. Also, the build-up of nicotine in the tissue of the penis may make it difficult to keep an erection.

**BE GOOD TO YOUR BONE** Many antiretrovirals cause osteopenia (bone loss) and osteoporosis (severe bone loss), which can lead to fractures and broken bones. Smokers tend to have lower bone mass. You do the math.

**HAVING A BABY** Smoking during pregnancy increases the possibility of transmitting HIV to your baby, according to researchers in Philadelphia. Nicotine and other chemicals in cigarettes can rupture the membranes surrounding the baby, increasing its exposure to blood and other secretions. Babies born to moms who puff often have such problems as low birth weight, asthma, chronic ear infections, learning disabilities and behavioural problems.

**BLOWING SMOKE** Smokers expose everyone around them to the 4,000 chemicals packed into their butts, including 50 cancer-causing substances such as arsenic, ammonia, carbon monoxide, cyanide, lead, mercury and nicotine. Second-hand smoke from the burning end of a cigarette is highly concentrated with these toxicities.

**REACH OUT** Because smoking is such a powerful addiction, quitting isn't always easy. It requires inner strength,

### SMOKE SIGNALS

The Canadian Cancer Society has a free and confidential smokers' helpline:

**BRITISH COLUMBIA** 1.877.455.2233

**SASKATCHEWAN** 1.877.513.5333 **MANITOBA** 1.877.513.5333

**ONTARIO** 1.877.513.5333 **QUEBEC** 1.888.853.6666

**NEW BRUNSWICK** 1.877.513.5333

**NOVA SCOTIA** 1.877.513.5333

**PRINCE EDWARD ISLAND** 1.888.818.6300

### OTHER ORGANIZATIONS' HELPLINES:

**NEWFOUNDLAND AND LABRADOR** 1.800.363.5864

**ALBERTA AND THE NORTH WEST TERRITORIES** 1.888.939.3333

**QUEBEC** 1.888.768.6669

### SMOKE-FREE: THINGS TO LOOK FORWARD TO

#### AFTER A FEW DAYS

Taste and smell improve

#### AFTER A FEW WEEKS

Circulation improves

#### AFTER ONE YEAR

Risk of heart disease is cut by half

#### AFTER A FEW YEARS

Risk of heart disease is the same as someone who never smoked

#### AFTER 10 YEARS

Risk of lung cancer is cut in half

willpower, patience and support. For many people, becoming a non-smoker is a process. You may need to make several attempts before you finally kick the habit—it took me about five tries. I dealt with withdrawal symptoms by going to aerobics class every day for the first few months and taking extra B-complex vitamins to help me deal with stress. Over time, my craving lessened.

While I was eventually able to quit cold turkey, some people prefer to gradually taper off by decreasing the number of cigarettes smoked per day. When stress is high, it may not be a good time to stop cold turkey. Self-caring de-stressors such as exercise, yoga or massage can help ease withdrawal.

Cigarette addiction is 95% psychological and 5% physiological. Most nicotine is eliminated from your body in about one week. Any cravings to smoke after that aren't from nicotine withdrawal but from psychological stressors and behavioural patterns. So, it may help to keep a diary of your smoking habits (when you light up, how you feel) to track what "triggers" you to smoke. Then focus on avoiding or undoing these triggers (cut out that morning coffee or switch to tea). Another idea is to set limits to your smoking boundaries (no smoking in the house or after dinner).

Ask your health care provider for support and suggestions. Here are a few:

- Check out a smoking-cessation program, like the Canadian Cancer Society's *One Step at a Time* ([www.cancer.ca](http://www.cancer.ca)).
- Join a support group, in person or online. You're not alone. At [www.quitnet.com](http://www.quitnet.com), about 400 people are online at any given time. One night a woman posted a note asking for help as she held a cigarette in her hand, about to light up. Within a minute, a half-dozen people replied with tips on how to curb the craving.
- Put on the patch or chew nicotine gum.
- Ask your doc about the prescription pill Zyban (and about which HIV drugs it interacts with).
- Try acupuncture or acupressure (shiatsu).
- Look into hypnosis, behavioral interventions and special vitamin regimens.
- Click on [www.gosmokefree.ca](http://www.gosmokefree.ca) (Health Canada) for more info. 

### EXTRA NUTRITIONAL SUPPORT FOR SMOKERS

PHAs have special nutritional needs. Smoking further depletes your body's supply of many essential vitamins and minerals, particularly antioxidants. Extra amounts of the following nutrients can be taken to support your health. Consult a naturopathic doctor or nutritionist for specific advice.

vitamin C | vitamin E | zinc | selenium  
B<sub>12</sub> | B complex | beta carotene

Andrea Rudd works for various AIDS organizations in Ontario. She'd like to assure positive smokers who are considering butting out that the benefits are well worth the effort.

## WHAT'S NEW?

**HIV/AIDS Treatment Information in Asian Languages**  
More than 30 HIV-treatment-related topics in 5 languages: Tagalog, Vietnamese, traditional Chinese, simplified Chinese, English. [www.acas.org/treatment/](http://www.acas.org/treatment/)

For French, go to:  
[www.catie.ca/ACASfs\\_f.nsf/List+of+Sheets?OpenView](http://www.catie.ca/ACASfs_f.nsf/List+of+Sheets?OpenView)

**Asian Community AIDS Services (ACAS)**  
phone: 416.963.4300  
fax: 416.963.4371

**FYI (For Your Information)**  
The most recent newsletter ("Culture and Diversity and HIV") from Toronto's **Voices of Positive Women** is a special multilingual issue with articles in Swahili, Ghanaian, Spanish and French.

[www.vopw.org/voicesweb/newsletter.htm](http://www.vopw.org/voicesweb/newsletter.htm)  
phone: 416.324.8703  
toll-free: 1.800.263.0961  
fax: 416.324.9701

**WAVE: Women and AIDS Virtual Education**  
A program of BC's **Positive Women's Network**, WAVE offers women with HIV support and education and the opportunity to be part of an online community without having to leave their homes or risk disclosure.

[www.pwn-wave.ca/](http://www.pwn-wave.ca/)  
phone: 604.692.3009  
toll-free: 1.866.692.3001  
fax: 604.684.3126

**HIV/AIDS: The Basic Facts for Métis Communities**  
**Métis National Council**  
[www.metisnation.ca](http://www.metisnation.ca)  
phone: 613.232.3216  
toll-free: 1.800.928.6330  
fax: 613.232.4262

**Referral Lists: HIV/AIDS-Related Services**  
**AIDS Committee of Toronto (ACT)**  
HIV care doctors, complementary therapists, counsellors, psychotherapists, support groups and workshops in the Toronto area, and anonymous testing clinics across Ontario. Every ASO should compile local lists like these!

[www.actoronto.org/website/home.nsf/pages/referrallists](http://www.actoronto.org/website/home.nsf/pages/referrallists)  
phone: 416.340.AIDS (2437)  
fax: 416.340.8224

**ACRIA Update, "Drugs! Drugs! Drugs!"**  
**fall 2003/winter 2004**  
The AIDS Community Research Initiative of America's excellent overview of HIV meds (some may not be available in Canada yet), including dosage and side effects.

[www.acria.org/treatment/treatment\\_edu\\_fall03-win04update.html](http://www.acria.org/treatment/treatment_edu_fall03-win04update.html)  
phone: 212.924.3934  
fax: 212.924.3936

—compiled by Susan Massarella



**Mission:** The Canadian AIDS Treatment Information Exchange (CATIE) is committed to improving the health and quality of life of all people living with HIV/AIDS (PHAs) in Canada. CATIE serves PHAs, and the people and organizations that support them, by providing accessible, accurate, unbiased and timely treatment information. CATIE works in partnership with a network of other information providers to ensure that people have access to the information they need, in the form they desire, to make informed health care choices.

**This publication is available in English and French, on-line at [www.catie.ca](http://www.catie.ca), or by calling 1.800.263.1638.**

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**Disclaimer:** Decisions about particular medical treatments should always be made in consultation with a qualified medical practitioner knowledgeable about HIV-related illness and the treatments in question.

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# HIV Positive?

Having trouble finding local resources?

Looking for treatment information?

**CATIE is here for you. Let's talk.**

**CATIE IS CANADA'S NATIONAL PROVIDER OF TREATMENT INFORMATION FOR PEOPLE LIVING WITH HIV/AIDS, THEIR CARE PROVIDERS AND COMMUNITY ORGANIZATIONS.**

**Communicate interactively: 1.800.263.1638**

Speak anonymously with one of our knowledgeable Treatment Information Service Representatives about treatment questions or local resources in your area of Canada.

**Visit the CATIE Web site: [www.catie.ca](http://www.catie.ca)**

Read or download treatment publications and current news or find links to other Internet sites with information about HIV/AIDS.

**E-mail treatment questions to: [questions@catie.ca](mailto:questions@catie.ca)**

Ask questions of our knowledgeable Treatment Information Service Representatives when it is convenient for you.

**Become a CATIE member:**

More and more people and organizations are joining CATIE. Benefits include receiving updates on treatment information by e-mail or regular mail.

Visit [www.catie.ca](http://www.catie.ca) or phone **1.800.263.1638** to join.

