

Paranoia the real killer

AIDS: is the attitude the problem?

by Ann Grever

Everybody knows what AIDS is, and most people are confident they won't get it as long as they're not in one of the high risk categories.

But dread of the disease has caused parents to withdraw their children from schools, relatives to shun their stricken kin, and doctors and nurses to refuse to care for AIDS patients.

The student doctors and nurses at the U of A probably will have to treat AIDS patients. Are these students scared that their future roles will bring them into contact with AIDS?

"There are nurses (in the field) that are scared," said Sue Sandziuk, the president of the Nursing Undergraduate Society, "and who will refuse to care for a person with AIDS."

The bottom line is that regardless if a person has AIDS they are still a person and deserving of the respect the rest of us get.

"I think I'm not scared of it so much because I have a better understanding of it now. I accept the roots of transmission. I am not in one of the 'definable' groups that are typically diagnosed as having it... I feel I understand AIDS."

Dr. Louis Hugo Francescutti, the president of the Medical Students' Association believes

that "doctors after being constantly exposed to the disease will treat it like any other disease... Very few healthy workers have gotten AIDS."

The study and research of this new disease in both the faculties of medicine and nursing reflect the different concerns of the two disciplines.

AIDS is addressed in the Faculty of Nursing in the community health courses, said Sandziuk. Education of the public and health professionals is a top priority.

"Nurses are being informed on how to protect themselves," said Sandziuk, "how to protect others and how to educate people, regardless of whether they have AIDS or not."

Dr. McPhail, Dean of Nursing, also stresses the need for education. "Only with knowledge can the fear of AIDS be fought. We see that the students are properly informed... and then the students can use the information in community contacts."

In medicine, on the other hand, student doctors are taught about AIDS by the infection control department, said Francescutti. Education of the public is an indirect concern.

"Physicians have been bad in going out (publicly)" said Francescutti. "It's a lot easier and meaningful one on one... for example when relatives or friends (of an AIDS patient) wonder if they can get AIDS."

Both Francescutti and Sandziuk agree that the fear of AIDS is in part due to the lack of knowledge about the disease.

"The initial indoctrination was that it was limited to the homosexual community... current proportions are pointing to a pretty horrible future," said Francescutti.

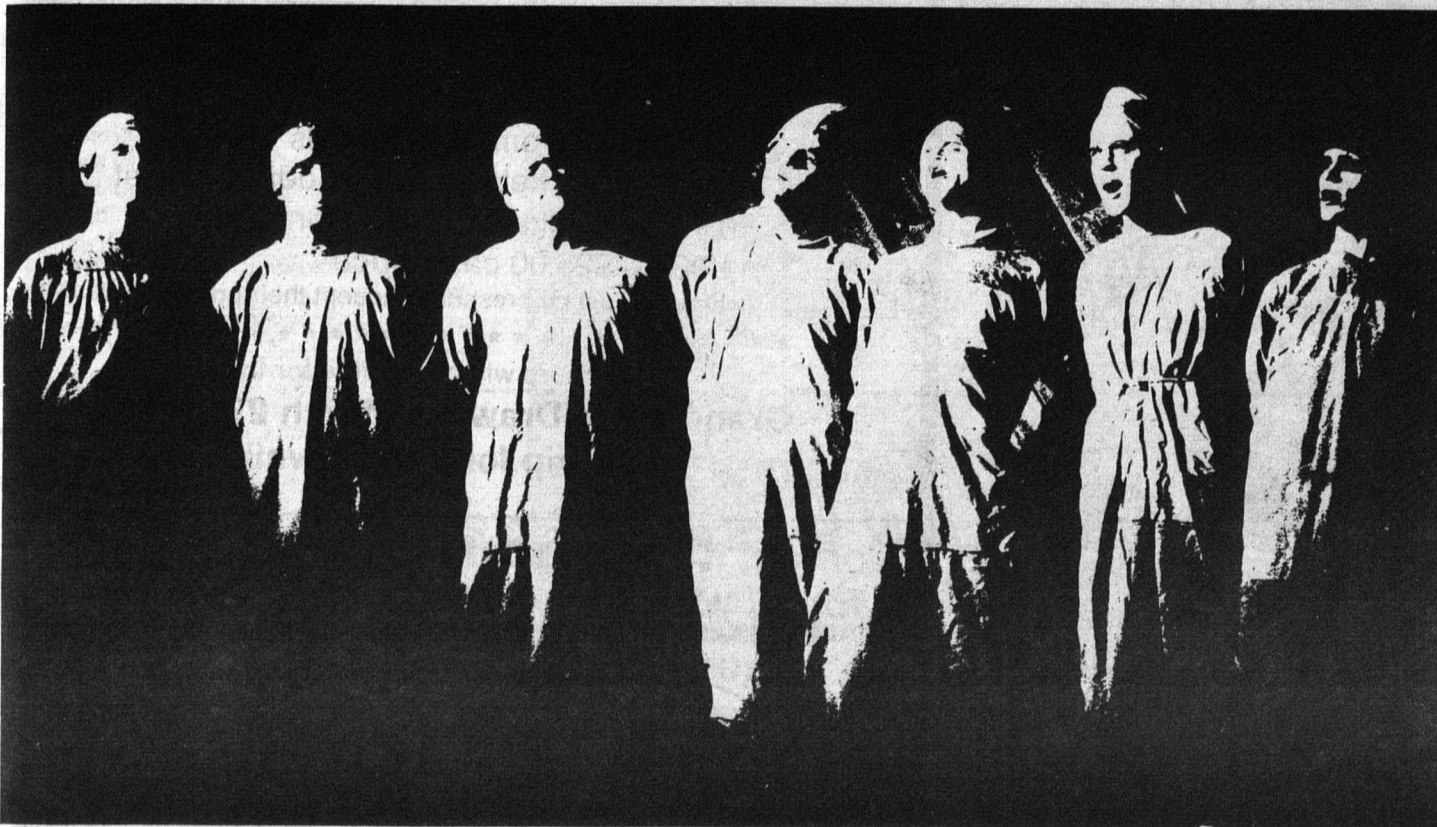
"I think it's serious because it affects the immune system and because people who have AIDS are dying," said Sandziuk. "I think that's scary to everybody... We don't have the knowledge to control it yet, so to a degree the public hysteria is justified."

"I think there needs to be more research done on it," said Sandziuk, "and I think the research needs to be done not only by doctors and scientists, but also by nurses too. Maybe it wouldn't be looking specifically at what causes AIDS down to the virus level, but how it affects people and families and how we can better facilitate educating people about it."

"Research has had to work," said Francescutti, "on whatever funding they had. But by the same token, funding started at a level comparable to any other disease process."

"AIDS is no different than any other disease process. We have to remain sensitive to the hysteria and emotion however, and not treat people's concerns lightly," said Francescutti.

"The bottom line," said Sandziuk, "is that regardless if a person has AIDS, you have to look beyond that and say 'the person has AIDS, the person doesn't have it by choice and regardless of that, they are still a person and deserving of the respect the rest of us gets.'"



The above medical students are having fun at a Med Show, but how are they going to react to their future AIDS patients?

The facts about the illness

by Greg Halinda

Ron is a male homosexual, 32 years old, and drives a taxi to support himself. Ron openly admits his sexual preference, and is a respected member of Edmonton's gay community. Recently Ron suffered a crushing emotional blow: a dear friend died as a result of AIDS.

Though Ron is healthy and practices safe sex, a fear constantly nags him—the fear of one day developing AIDS. He has heard so many AIDS myths and seen so many stories of public panic over AIDS, he doesn't know who to believe, who is safe, or where he can turn for advice.

Ron is a fictional representation of the "worried well"—that group of persons including both gays and heterosexuals, who are confused about and scared of AIDS.

Fortunately, informed sources exist to counsel anyone afraid of AIDS and to dispel the myths.

Both Health and Welfare Canada and the AIDS Network of Edmonton have published pamphlets outlining what information we have about AIDS. Both organizations welcome inquiries from the public.

Some of the symptoms of AIDS are:

- extreme persistent fatigue
- fever
- night sweats
- severe unexplained weight loss
- persistent diarrhea
- harsh dry cough
- thick grey-white coating on tongue or throat
- swelling of glands in neck, armpits, or groin

Note that most people with these symptoms still do not have AIDS. See your doctor if the symptoms get worse or last more than two weeks.

To prevent the spread of AIDS:

- do not share needles and syringes if you use intravenous drugs

- do not have sexual relationships with persons having or suspected of having AIDS
- decrease the number of different sexual partners and use condoms if you are a male homosexual
- do not donate blood if you belong to a group affected by AIDS

For more information you may contact:

● AIDS Network of Edmonton, c/o the Gay Alliance Toward Equality (GATE), Box 1852, Edmonton, T5J 2P2. Phone: 424-8361, 426-1516, 424-8601.

● National Advisory Committee on AIDS, c/o Laboratory Centre for Disease Control, Health and Welfare Canada, Ottawa, Ontario, K1A 0L2. Phone: (613) 990-8964.

AIDS: historical overview

by Greg Halinda

AIDS—a disease we have all heard about, talked about, joked about, and even feared—is here to stay. What's more, there is an AIDS epidemic going on right now—a real epidemic—in Canada.

As of Feb. 3, 1986, there were 479 reported cases in Canada. Nearly five new cases of AIDS are reported every week. In the U.S., the spread is proportionately larger, with a total of 17,361 cases as of Feb. 10. This number is expected to double in about one year.

In Alberta, Calgary has reported 21 cases, Edmonton six cases, and one case has been reported outside of the two major cities.

It appears AIDS originated in Africa, where the African green monkey harbours a virus very similar to the AIDS virus. Passing the virus on to humans could simply have been a matter of someone eating such a monkey or being scratched or bitten by one.

AIDS-induced diseases like Kaposi's sarcoma (a rare form of skin cancer) began to occur in greater severity and number in Africa in the early 1970s. One pathologist thinks this signaled the mutation of the AIDS virus into a more ruthless form.

How the AIDS virus spread to North America is not known. Some experts think it was via Haiti, visited during the mid 1970s by

many citizens of Zaire. Many homosexuals from New York also frequented Haiti during their vacations and may have brought the disease back with them.

Since the actual AIDS virus was only identified in 1983 in Paris, one can only speculate as to its origins and propagation. As for its biological characteristics, some concrete facts are coming to light as the medical community races to develop a cure for the disease.

For example, the virus is very fragile outside of the human body, easily destroyed by heat, soap, chlorine, etc. Once inside the host body, the virus is apparently unstoppable. The AIDS virus uses the body's own immune system, in the T-4 lymphocyte white blood cells, to reproduce itself. It then kills

the host T-4 cells, leaving the body defenceless to opportunistic diseases.

To chemically eradicate AIDS, scientists must both destroy the virus in the body, and replenish the body's immune system. To date, several drugs have been tested which tend to slow the growth of the virus. These drugs carry names like HPA-23, ribavirin, suramin, and trisodium phosphonoformate.

None of these drugs have yet cured AIDS. They are all toxic and produce side effects like liver and kidney damage.

To improve immune function in patients, drugs like interleukin-2 and isoprinosine are being tested, with varying success rates.

Realistically, an AIDS vaccine won't be available for perhaps another five years.