

Halifax walks for AIDS

BY ANDREW SIMPSON

Last Sunday, several hundred people departed, in a lively procession, from the Halifax Commons for a ten kilometre jaunt through downtown Halifax. They were participating in Halifax's sixth annual AIDS Walk, part of AIDS Awareness Week 1996.

Early estimates indicate that in excess of \$25,000 was raised through the event, with money continuing to come in.

The event was organized through the AIDS Coalition of Nova Scotia to raise money for AIDS education, prevention and support services in Nova Scotia.

In over 40 communities across Canada people participate in similar walks, but it has yet to gain the widespread recognition and participation associated with events like the Terry Fox Run.

Here in Halifax, the walk ran head-to-head with several other community events including a Multiple Sclerosis walk and the Word on the Street Book Fair. This likely lured some participants away.

Also contributing to a decline in turnout was the weather. Grey skies turned to showers by mid-afternoon, decreasing turnout and spoiling the post-walk barbecue and entertainment.

Local dignitaries on hand before the walk included Nova Scotia Premier John Savage and Halifax MP Mary Clancy. Dalhousie Student Union president Brad MacKay and vice president Kat Hannah also attended the event.

Savage spoke briefly about the provincial government's new drug treatment plan for persons with AIDS. The plan will make Protease Inhibitors, presently the most effective type of drug for treating AIDS, more readily available.

Clancy urged members of the crowd to work with their "friends in parliament to eradicate this horror [AIDS]...and to ensure that the future is as bright as we must make it."



Following Savage and Clancy's speeches, Wilson Hodder — president of the AIDS Coalition of Nova Scotia — told the crowd that AIDS awareness and treatment is about saving lives and not about politics. "People are dying," Hodder shouted.

"The provincial government's new plan is only the first step...and the Federal Government's National AIDS Strategy may exist, but it is almost dead."

Following the speeches an aerobics instructor raised spirits and heart rates with an upbeat warm-up. The crowd was then led, by police escort, down Quinpool Road towards Oxford Street.

The crowd, despite the poor weather and Quinpool Road's wind-tunnel effect, was in good spirits and a wide variety of people (church groups to transvestites) gave the day an eclectic feel.

Money raised this year, despite the smaller crowd, is on par with totals from last year. Hodder said this a sign that weather and not indifference kept people away.

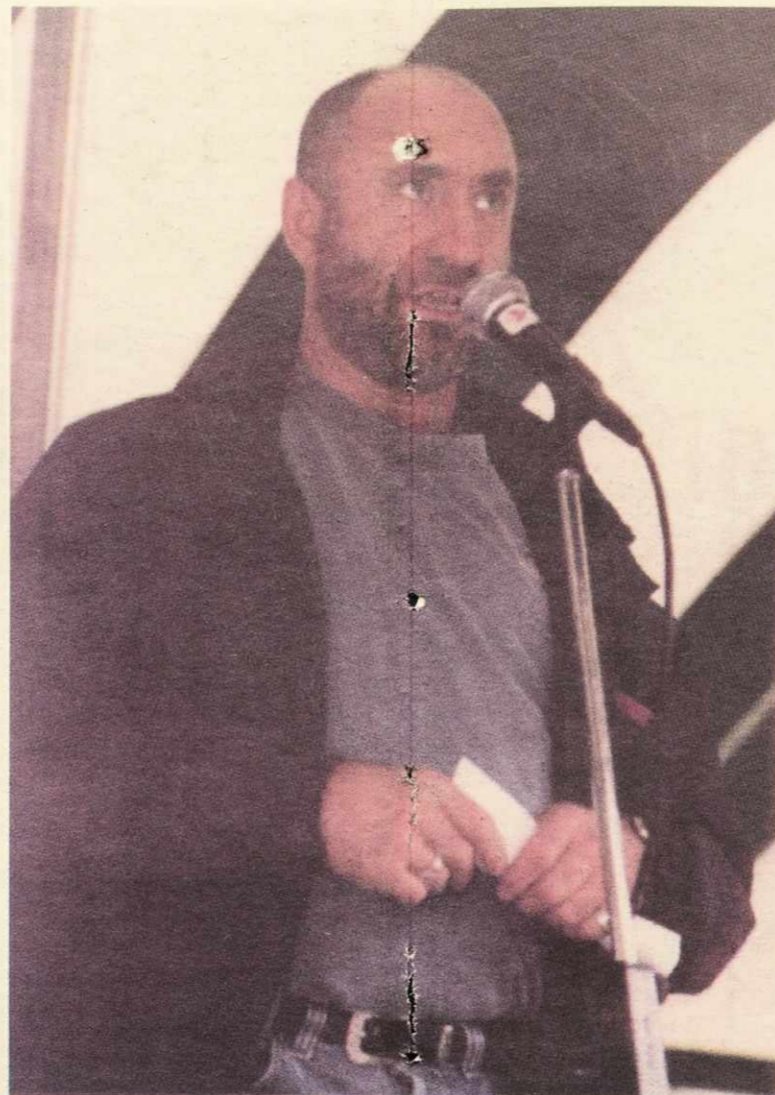
"Of course we would have liked a greater turnout, but considering the weather we are very pleased with the numbers...and money is still coming in from people who did not attend the event," said Hodder.

He said that he is very encouraged by John Savage's announcement, but he hopes that government will also speed up the process through which new drugs are tested and approved for use.

"New drugs are always being developed and the government is very slow, as governments tend to be, testing and approving them for use. We have to try a variety of drugs on each patient and they know the cost of that is high," said Hodder.

Aids Awareness Week events continue until Saturday. Events include a vigil, lesbian sex bingo, sexual health graffiti and the AIDS quilt panel display.

Those interested in future events can inquire by contacting the AIDS Coalition of Nova Scotia at 425-4882.



Wilson Hodder, President of the AIDS Coalition of Nova Scotia addresses the crowd. "People are dying."



AIDS care lacking in Atlantic provinces

BY DAVID COCHRANE

ST. JOHN'S, Nfld. (CUP) — For someone like Greg Brace it must feel as though Newfoundland is in a stupor.

Greg came to Newfoundland from British Columbia with his partner Rick two years ago. At that time Rick was seriously ill with AIDS-related complications, and wanted to be near his family.

Since then, Greg has had to deal with the frustration of seeking treatment in a province which lacks the resources to effectively care for people with AIDS.

Greg says doctors show a complete lack of compassion when dealing with people with AIDS. This became painfully obvious when Rick was brought to the hospital.

"We asked that Rick not be sedated until his family could see him," Greg said. "But they went ahead and did it anyway. We never even got to say goodbye." Rick died of kidney failure brought about by AIDS in March of this year.

Greg said this kind of treatment is unheard of elsewhere, where the patient's partner is often allowed to sleep on a cot at their bed side when admitted to hospital.

He also thinks that the move to Newfoundland shortened Rick's life by at least a year because of the low quality of AIDS care in Newfoundland.

"I've never seen anything like

At a recent AIDS protest in Nova Scotia, activist Janet Connors held up a ringing alarm clock and said it was time for Atlantic Canada to wake up to the problems of people with HIV and AIDS.

this," Greg said. "I've been in hospitals in Vancouver, I've been in hospitals in Toronto and, this is ridiculous."

Greg's nightmare goes on. HIV-positive for 12 years, he now requires advanced treatment for himself.

"I do not believe that I have been getting good care. To be quite honest I don't feel as if I've been getting any treatment at all."

Currently Newfoundland has one infectious disease clinic with only one specialist and a full-time nursing coordinator. There are 157 HIV-positive patients in the province — a number that represents only those individuals who voluntarily seek care.

The problem is acknowledged

by Newfoundland's infectious disease specialist, Dr. Ian Bowmer.

In a 1995 proposal for an HIV program, Dr. Bowmer wrote that "We presently participate in two general medicine afternoon clinics a week, which is not adequate. One of the main concerns and complaints of our patient population is the waiting time to see their specialist (can be up to a four-hour wait), and the crowded conditions of the whole Outpatient Dept."

"Not only is their concern related to confidentiality, but the exposure to large groups of people, especially if they have colds and flues, is detrimental to the well being of our patients."

The problem is not exclusive to Newfoundland.

In the other Atlantic provinces, AIDS treatment facilities are better, but still far behind those in big cities such as Toronto or Vancouver.

"Compared to other large urban centres we probably have a little less of everything, whether it is home care or treatment," said

Robert Allan, executive director of the Nova Scotia AIDS coalition.

"The basic thing is that there is less money in the health system. The system is overbuilt with a lot of regional hospitals that the government is trying to maintain," he said.

In the Atlantic provinces, most of these hospitals were built in a time of greater health funding from Ottawa. Lack of funds has made expansion of HIV/AIDS treatment a near impossibility.

Aside from the lack of facilities, the availability of new drugs is a major problem on the east coast. The current trend in HIV/AIDS treatment is combination therapy, in which the patient is given a

mixture of two drugs, one of which is usually AZT.

But Greg Brace is intolerant to AZT. The drug gives him severe headaches and makes him violently ill.

He wants to try a treatment involving D4T, a relatively new drug that has been available in British Columbia for well over a year. D4T, however, is not available in Newfoundland because it is tied up in the slow-moving bureaucracy of the province's medical ethics board.

Even if the drug was available it wouldn't be covered by Medicare in Newfoundland or Nova Scotia. One year of D4T treatments averages between \$4,000 and \$6,000

— money most AIDS patients like Greg Brace simply don't have.

As a result it has been almost two years since Greg has received anti-viral treatment for his HIV. He hasn't bothered to go back to the clinic for over a year. In-



stead, Brace has only visited his regular doctor, who has given him medicine to guard against diseases like pneumonia.

"I feel like, 'What's the point?' It won't do me any good anyway," Greg said.

"I feel extremely frustrated. What they don't seem to realize is that they are dealing with people who are dying."

For many people with HIV/AIDS, larger and wealthier provinces like British Columbia offer the best hope for receiving adequate care. In response to a proposal by a group of doctors in the early 1990s, a Centre for Excellence in HIV/AIDS Research was established at St. Paul's Hospital

in Vancouver.

The Centre provides a centralized province-wide drug treatment program that provides patients with drugs free of charge, provided they meet certain treatment requirements.

Advocates believe that the expense of such a centre is justified. "We believe that in the long run these drugs will prove to be cost effective because it will keep people out of hospitals and more productive," said the centre's Dr. Martin Schecter.

B.C. has had 3,000 people in its AIDS treatment program since the beginning of 1993, of which 1,700 are still receiving treatment. The bulk of the care is provided

by 20 to 30 doctors, but an additional 400 treat at least one person on a regular basis.

The province has led the way in providing treatment for its patients, showing a willingness to act on results from short-term surrogate tests, rather than wait for the more definitive and long-term clinical tests.

Dr. Schecter is unequivocal.

"The question is: 'Do you wait until the definitive evidence comes from clinical studies or do you take that leap of faith?' We took that leap of faith."

"AIDS therapy is a moving target and we want to aim in front of the target and not behind it," he said.

Greg Brace says this philosophy offers people with HIV/AIDS their best hope. On September 1 he left Newfoundland for Vancouver, ending his two year long odyssey of pain and frustration.

He has lost 51 per cent of his breathing capacity and will have to survive on a \$600 welfare cheque for three months until he is eligible for assistance from the B.C. government. But Greg says that the compassion and treatment he will receive will far outweigh the difficulties he will have to overcome.

"I have to go," he said. "It is the best chance I have to get the treatment I need."

PHOTOS BY DAN RAFLA

AIDS: Old News?

BY ADEL ISKANDAR

Come on, go ahead, turn the page over...it's only AIDS we're talking about.

The viral variants HIV-1 and HIV-2, their infective and incubation phases, their means of transmission, their development within the human host, the criteria for AIDS diagnosis, its autoimmune effects, its various screening tests, its prevention, the latest developments in AIDS vaccination and treatment research — you know it all. Don't you?

Well, the only way we can assess our knowledge of AIDS is by analyzing some of the latest statistics.

Health Canada's gruesome numbers show that as of April 1996, 13,000 cumulative cases of AIDS have been reported. Taking under-reporting into consideration, this number rises to a staggering 19,000, of which 9,000 have already died.

Approximately 50,000 people are estimated to carry HIV (the virus that causes AIDS) in Canada, and the number is rising by 3,000 annually. Furthermore, the average age of infection with HIV has fallen from 32 years in 1982 to 23 years in 1990.

You think that's sad? Take this. Of seven nations studied, Canada ranked last in terms of money spent on research.

For the economists among us, each case of HIV prevented will save our health care system \$100,000. That's the price of treating a person with HIV over their lifetime.

Apparently, our knowledge of AIDS is not as satisfactory as we may believe. What has gone wrong, then? Why do we no longer react to the horrid truth of this disease the way we used to since its classification in 1982? Have we become desensitized to it all? In a decade, AIDS may well be on everyone's doorstep: an uncle, cousin, next-door neighbour, or classmate.

However, on a more optimistic note, millions of dollars are raised each year towards the battle against AIDS, and progress is being made on a daily basis.

Yet, the war against AIDS is like no other in human history. No USS Roosevelts, bazookas, chariots, or catapults. Instead, the war lies on two fronts: prevention and treatment.

The primary aspect of the preventive measures is the development of an HIV vaccine. There are two obstacles to the success of HIV vaccines. Not only is the virus' genetic material constantly mutating, but there are no suitable animal models of the virus. Despite the hindering effect of these obstacles, there are at least half a dozen

vaccines presently on trial. Progress has also been made in educating the public of the virus' means of transmission and the necessary protective measures against it.

With a World Health Organization (WHO) estimate of 12.5 million persons infected with the HIV virus worldwide (1993), finding a cure and managing the disease are issues of crucial importance. Once again, outstanding advancements have been accomplished in the management of AIDS patients. Drugs aimed at retarding the rate of viral growth in the body, such as the much-publicized zidovudine (formerly known as AZT), are already being tested for effectiveness. Drugs have also been introduced to treat and prevent the opportunistic infections that take advantage of the immune system depression caused by the HIV virus. Other medications are prescribed to patients to partially relieve the clinical symptoms of the disease.

We have to take action now. Promoting awareness and reminding people of their duty towards their fellow humans, especially in the university realm, is our goal. Academic institutions like our own are where you find the power-houses of AIDS research. They are also where hope is created. Hope still exists. Just as the WHO signed a death certificate for smallpox in 1979, similar will be the fate of AIDS.

The walk may be over, but the week (AIDS Awareness Week) is not, and once it is, the battle isn't. Don't forget AIDS. Show your support. Call the AIDS Coalition of Nova Scotia at

