

Making the truth known

by Greg Halinda

An Edmonton AIDS patient died on the March 1 weekend. This was the fourth such death in Edmonton, lowering to two the number of surviving AIDS patients in the city, according to provincial communicable disease control.

This news may not be startling to many people. Everyone knows there is no cure for AIDS, and that AIDS is usually expected to kill its patient.

So what is happening in northern Alberta to check the spread of AIDS? Is the medical establishment mobilizing its petrie dishes and test tubes in a biological research war on the disease? Is the provincial government pouring Heritage Fund dollars into such research? Are they coordinating efforts to stop the provincial AIDS epidemic in its embryonic stages?

The answer to all of the above is no. "The Alberta government is doing nothing in any respect," says Michael Phair, chairperson of the AIDS Network of Edmonton. However, Phair says that he is not disturbed by the lack of medical research in Alberta. "It doesn't bother me a great deal," he says.

Only 27 AIDS cases have been reported to date in Alberta, an insufficient number of cases on which to base a medical research drive. Phair says that "education is the best way to prevent AIDS right now."

The AIDS Network is committed to prevention through education. The Network provides information to both the public and persons in risk of contracting AIDS. For example, the AIDS Network hosts information workshops at city gay bars and wherever else interested groups tend to gather. The Network also provides counsel to AIDS patients and those in fear of becoming patients.

Anonymity is a key word when discussing AIDS testing and treatment. "AIDS is not easily reportable, mainly out of fear," says Phair. The stigma attached to patients possesses dreadful powers of manipulation. Results of these powers are evident every time people react irrationally to an AIDS patient in their environment.

Example: parents boycott an elementary school that a young AIDS patient attends. The parents demand that the child stay away from the school, so that their children don't catch AIDS.

Example: a California group named PANIC (Prevent AIDS NOW Initiative Committee) proposes the quarantine of all AIDS patients in California.

Example: Edmonton landlords refuse to rent office space to AIDS Network of Edmonton. Michael Phair runs the Network out of his home, but has been seeking office space since December.

Such reactions can only help drive reports of the disease underground, leading to unreported AIDS cases and an inaccurate indication of the spread of the disease. It is fathomable that, in some cases, "a physician, out of consideration, won't diagnose AIDS until the victim is dead," Phair says.

How can the public be most effectively educated about AIDS?

A University of Alberta epidemiologist hopes to answer this question. Dr. Colin Soskolne, of the faculty of medicine at U of A, is planning a research effort to find the best way to educate people about AIDS. Soskolne wants to know how effective education can be in controlling the spread of the AIDS virus. At the University of Toronto he previously studied why some men are more susceptible to AIDS than others.

The study will involve 10,000 homosexual and bisexual Alberta men. After six months, this number will be whittled down to 2,200. This when the educational phase begins.

"The 2,200 men will go through a randomized controlled education intervention trial," Soskolne says. "This means that 1,100 randomly-chosen subjects will be educated in one way, and the other 1,100 in another. After a time, the groups will be compared to see if one has a greater occurrence of AIDS than the other."

The "education" involved here is not simply the handing out of a few pamphlets on avoiding AIDS. An important component of the test group's education will be the affective one. This involves the setting of role models. The role models will stimulate the group to practice its acquired information on how to avoid AIDS.

Considering the public attitude toward

The Alberta government is doing nothing in any respect

homosexuality, the affective education will be a challenge. An intolerant public can push the problems of homosexuality (like AIDS) underground. "Today, people are socialized to be heterosexual. If a kid grows up as a homosexual, the inputs from society are in discord with his feelings and needs," says Soskolne. "He will become alienated and engage in frenetic homosexual activities."

Soskolne admits that the public is realizing that homosexuals are a real part of human sexuality. Since AIDS came to light, people are beginning to pronounce it (the word

'homosexual') right," says Soskolne.

It is estimated that 10 per cent of the population is homosexual. This equates to over 2,000 homosexuals on U of A campus. Yet perhaps only ten per cent of homosexuals will admit their sexual preference. Another startling statistic: one-third to one-half of North American men will have engaged in a homosexual act before the age of 65.

To obtain the cooperation of Alberta homosexuals, Soskolne says "We must network out into the communities we intend to study. This requires full participation with leaders of these communities. Without the

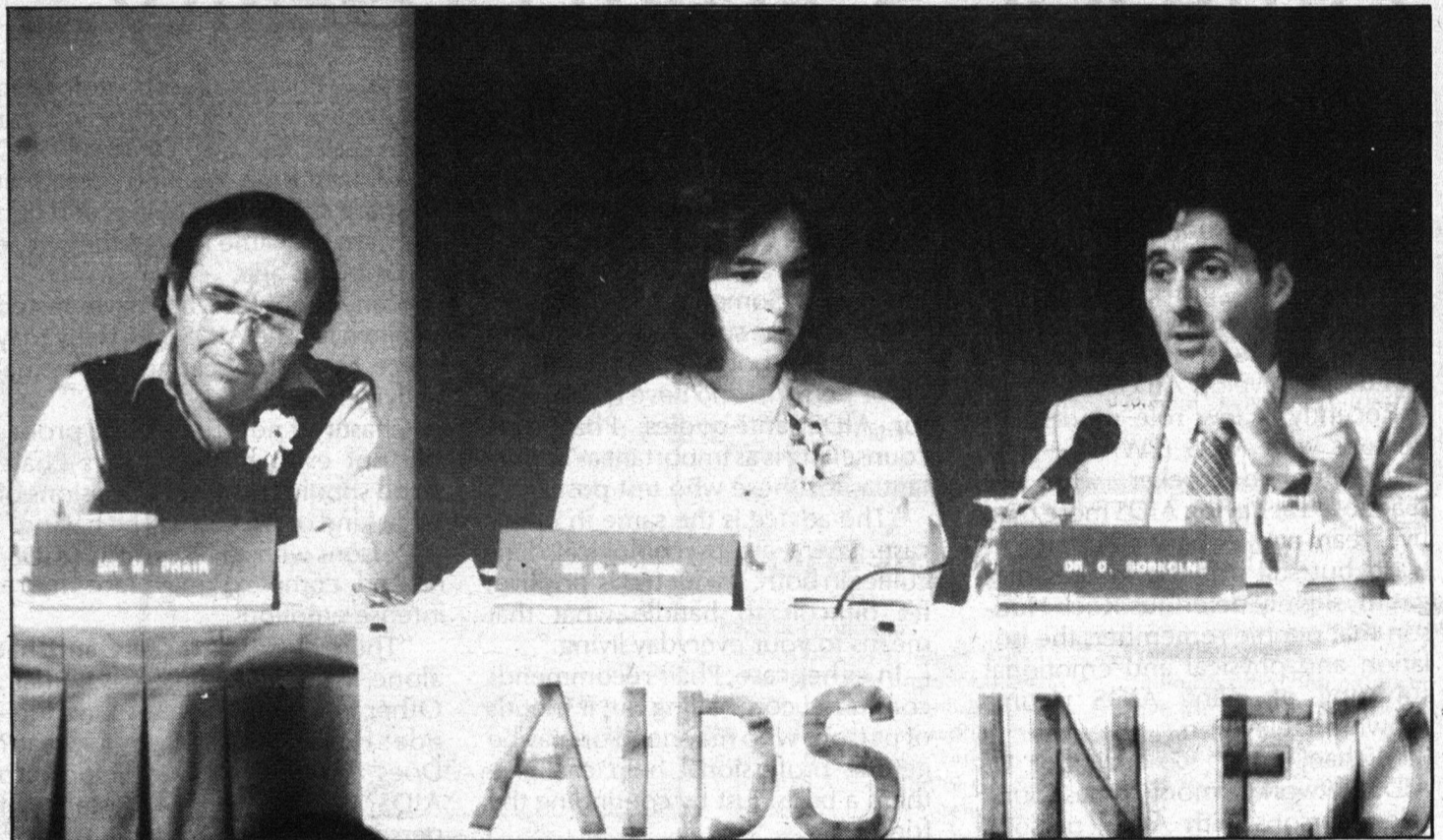
support of the people at risk, there's no hope."

Soskolne will appeal to people to come into the program through a massive media drive. Of course, the identity of participants will be kept strictly confidential. People must feel comfortable to come forth.

As for groups like AIDS Network of Edmonton, Soskolne sees them as responsible people dealing with a situation, which is very helpful from the epidemiological viewpoint.

One might think that educating persons still in high school about safe sexual practices would effect the best prevention of AIDS. Soskolne agrees, but he will concentrate on the post-teen homosexual and bisexual groups for the study. He says this is where the greatest yield of the study will occur.

Soskolne says the bottom line in educating homosexuals against AIDS is "to replace existing sexual repertoires with safe sexual repertoires. The days of sex without condoms should be a thing of the past, for persons of all sexual orientations."



Michael Phair (far left) and Colin Soskolne (far right) discuss AIDS at the AIDS workshop held last Tuesday evening at the Convention Centre

Photo: Timothy Hellum

Dentists first to detect AIDS

by John Gushue
Science and Technology Writer
Canadian University Press

OTTAWA (CUP) — Dentists may be able to diagnose acquired immune deficiency syndrome early in its incubancy through simple observations, according to a prominent oral pathologist.

Although symptoms such as weight loss and fatigue arise late in a patient's battle with the fatal disease, the appearance of small lesions on the sides of the tongue could indicate a pre-AIDS condition which usually leads to AIDS, said Jens Pindborg at a news conference Sept. 30.

The presence of the whitish lesion, or "hairy" leukoplakia, appears to be unique to pre-AIDS, Pindborg said. Because it is not painful, the lesion could be missed until diagnosis is made during the disease's later stages.

In Ottawa to address the annual meeting of the Canadian Dental Association, Pindborg, a Danish consultant to the World Health Organization, said dentists must be educated to treat patients with the symptom.

Hysteria among the health care profession and the general public has led to disputes everywhere, including British Columbia, where patients have refused to go to dentists who treat AIDS patients.

Bob Tivey, head of AIDS in Vancouver, said many AIDS patients must go to dentists after work hours in secrecy. "Their (the dent-

The appearance of small lesions on the sides of the tongue could indicate a pre-AIDS condition

ists) names cannot be released because at this point the public is so hysterical that if they found out they wouldn't go to these dentists," Tivey said.

Pindborg said fears of contracting the disease and transmitting it through dental offices are unfounded.

"To be affected, you have to have a massive (intake) of the virus. That is not the case with saliva or tears," Pindborg said. The virus is usually spread through semen and blood, and the disease affects mostly gay men and hemophiliacs.

As well, of all dentists and hygienists who have treated AIDS patients in San Francisco, none have contracted the disease themselves, Pindborg said.

"We can tell (dentists) what is fact and what is fallacy," he said.

John Hardie, an Ottawa specialist and member of the national AIDS advisory committee, said the dental association will attempt to educate Canadian dentists about the disease and how to treat it.

"It's our responsibility to inform our members of all advances in dental care," he said. The CDA devoted a part of its three-day conference to discussing AIDS treatment.

The lesion, first discovered and documented late last fall by John and Deborah Greenspan, two San Francisco researchers, may not appear in all patients who develop AIDS, though.

"It is difficult to say how many patients will have the lesion," Pindborg said. "We are just at the beginning of research that will take several years of follow-ups."

A dentist who discovers the lesion has a medical obligation to a patient, Pindborg said. "The dentist that is suspicious has a responsibility to refer (the patient) to the proper specialist," he said.

While there is still no cure in sight for the disease, an early diagnosis could mean life, rather than death, for AIDS patients should a cure be found. "Perhaps the earlier we can detect the disease, then the better the chance we can cure it," he said.