



A Legacy of Visibility

GRAM CAMPBELL
21 July 1953—17 January 1990

You might say that Gram Campbell designed Toronto's major AIDS organizations. Ecologist, graphic designer, and activist, his visible legacy to our community includes the logos for the PWA Coalition, the Canadian Gay Archives, *LGSN: Lesbian and Gay Studies Newsletter*, and the 1985 Sex and the State conference in Toronto. Gram designed numerous publications of the Archives, the Deco-style archer poster for the PWA Coalition (of which he was one of the original members), the caveman poster for the first meetings of AIDS ACTION NOW!, and the tall, brightly-hued posters carried by the AIDS Committee of Toronto in the 1989 Pride Day parade.

Gram delighted in colour, cacti, and cowboys. His passion for the American Southwest was as thorough as his sweetness. At the Ontario Crafts Council on 27 January, his lover, Alan Miller, and friends mounted a retrospective of his graphic work and life, including his witty erotic frieze illustrating "36 Inches of Homo History."

Contributions may be made in Gram's name to the AIDS Committee of Toronto (ACT).

Fundamentalists assault Gay Games

In Vancouver recently, full page advertisements were placed in the city's two daily newspapers calling for "spiritual warfare" against the upcoming Celebration '90—Gay Games and cultural festival, which will be taking place there this August. Claiming the name and authority of Jesus Christ, the anonymous "Christian leaders of Greater Vancouver" vowed to stop the Games from taking place. This time, however, their self-righteous bigotry has backfired. Although both the *Vancouver Sun* and the *Province* ran editorials defending themselves in running the ads, for which they received about \$15,000, both newspapers have been inundated with letters and calls condemning the decision. The offices of Celebration '90 have also received many calls of encouragement from lesbians, gay men and straights, as well as increased donations and offers of volunteer labour.

HIV+ prisoners quarantined

In the American state of Alabama, imprisoned women and men who have tested HIV-positive are subjected to quarantine which, according to a recent ruling, does not violate their constitutional rights. Prisoners locked up in the quarantined units have no access to any treatment or testing. Women prisoners in particular have reported appalling conditions, as well as a total blackout on any information on AIDS and HIV. One woman prisoner stated, "the only way I get any AIDS information is to phone my brother-in-law." In a murderous policy, male prisoners are still denied access to condoms and information on their effective use. Despite the oppression they face, male prisoners continue to engage in a high degree of sexual activity, some of it unsafe, while authorities deny them access to life-saving materials.

In the January 9 ruling, Judge Robert E. Varner argued that the quarantine was justifiable, because of the existence of "homosexual activities," to "protect the uninfected." Activists who visited the quarantine facilities last year registered a complaint against the prison health authorities attacking them for their brutal negligence of the basic health needs of HIV positive prisoners, and for their refusal to distribute condoms. The American Civil Liberties Union has appealed Judge Varner's ruling.

Not just a "mainland" disease AIDS Organizing in Newfoundland

What follows is part one of a news feature on AIDS in Newfoundland. Part two will appear in an upcoming issue of *Rites*.

ST. JOHN'S—The mass media here used to portray AIDS as a "mainland disease." Headlines in the *Evening Telegram* (the only daily paper in St. John's), from the mid-1980s until 1987, read "Risk of AIDS in the Province Almost Zero," "AIDS is not a Problem in Newfoundland," and "Newfoundland is Low Risk For AIDS." At the end of 1987 a public health campaign issued a poster stating "AIDS in Newfoundland: It's Not Just A Mainland Disease." However the earlier media construction of AIDS as a mainland problem is unfortunately all too often the dominant notion regarding AIDS preventing receptivity to the few AIDS education initiatives that have taken place.

Despite this earlier media construction of AIDS this summer following media and local community revelations that a woman in the small town of Bay Roberts on the Avalon Peninsula had AIDS the *Evening Telegram* wrote of reports that "as many as 10 men from the community had tested positive" and others referred to Bay Roberts as the "AIDS Capital of Newfoundland." The provincial Health Minister stated that this woman had a "full-blown" case of AIDS and that all her sexual contacts had been contacted and urged to undergo HIV tests following contact tracing by public health workers. Apparently, this woman had tested HIV-positive and been forced by medical and public health authorities to reveal all of her sexual contacts before they would give her any medical treatment. Apparently three male teachers at the local high school were among those she mentioned, and their names were leaked out through the local community, setting off a major controversy. When the woman felt better and returned to hanging around the town mall a number of people with unjustified fears of "catching AIDS" simply stopped going there. Clearly AIDS is already an important social, political and medical issue in Newfoundland. This example also points to the urgent need for Newfoundland specific popular education to make very clear this is not simply a mainland concern.

At present there are officially reported 72 cases of HIV infection (68 male, 4 female) in the province and 15 officially diagnosed cases of AIDS (14 men, 1 woman) of whom 10 have now died. As well, there are at least eight Newfoundlanders who have been diagnosed on the mainland who have died of AIDS-related disorders in the last two years.

Education in the Schools

The province has a mostly religious denominational school system with a strong Catholic system, which means the same prohibitions of discussion in any positive sense of condoms and safe sex that are familiar elsewhere. Any school board may opt out of educational programmes if they are seen

to conflict with religious beliefs. There are some Integrated school boards with a more "secular" character. The provincial Department of Education has published "Guidelines for the Development of School Board Policies on AIDS" to assist school boards in developing policies regarding those who develop HIV/AIDS and to inform students and parents about AIDS. It has also provided supplementary materials on AIDS to the grade 9 course "Adolescence: Relationships and Sexuality" which does not have to be used in the schools. As a result, some students are receiving some education on AIDS in high schools, while many others are receiving none. It largely depends on the school board and the teacher. Even if students are getting some AIDS education, its content and form vary dramatically across the province.

University students at Memorial University in St. John's this year fared somewhat better with the distribution of safe sex information and free condoms during orientation week in September. But this very positive initiative was highly controversial and received criticism on radio call-in shows and in the *Evening Telegram* (see "Safe Sex and Student Bodies" *Rites*, Nov. 1989). A study conducted by students in one of my classes at Memorial found that most students surveyed found the information useful and important. At the same time, most of them felt that they did not personally have to make any changes since they were "monogamous" or since AIDS only affected 'other' people. Clearly there remain major problems at universities as well, and these attitudes need to be taken up in future educational campaigns. Any progressive educational campaign will face opposition. There are powerful social forces here who would prefer it if young people knew nothing about safe sex.

No Anonymous Testing

In July of 1987, a small community in Conception Bay received word of the sudden death of one of the local school teachers. That same week the chief medical officer of the provincial department of health announced the death of a man with AIDS who was between the ages of 35 and 39 and who was from the Eastern part of the province. A coincidence? The media speculated that the school teacher and the person who died of AIDS-related disorders were the same person. As a result, there was a panic organized in the community, much rumour, and grief to family and friends of the deceased.

In small communities where most people know everyone else, such stories travel quickly. We have to ask the question what right does the provincial government have to release descriptions of people who die of AIDS-related conditions in this way? As can be seen, concerns over confidentiality were clearly not uppermost in their minds. This example also raises serious concerns over the legally mandated reporting of AIDS information in

the province, which the earlier mentioned Bay Roberts story also makes visible.

As in most other provinces, positive HIV antibody results are reportable to provincial medical authorities under the province's Communicable Diseases Act. This act requires physicians to report all cases where a patient has tested positive. It is therefore not legally possible to get anonymous HIV tests in the province. Given this situation and the prevailing social discrimination against people living with AIDS/HIV, this means many people who are interested in being tested are not for fear of the social consequences and fears of who might find out the results. The Health Sciences Centre in St. John's (the province's major hospital and the main one for HIV/AIDS) is organized on an open format clinic basis, and many fear major violations of confidentiality there. Although codes along with the doctor's signature are often used on blood samples the names can still be recovered by the government under the law.

Christian Sinave of the infectious diseases department of the Health Sciences Centre stated at an AIDS conference at Memorial University last fall that he did not report names and that "I am constantly in violation of the law and I am pleased with that." He also reported that the names of all of his HIV-tested patients are kept in his office files. The government could force him under the law to release the names. There are also numerous reports that MCP (the provincial health insurance plan) can request photo-copies of a patient's medical records to determine whether payment is justified or not and could do this in HIV/AIDS cases.

There are also a few doctors and one STD clinic in St. John's (Forest Road, Public Health Building Rm. 13, First Floor) who will do slightly more confidential testing. But even with this testing public health workers sometimes do the post-test counselling which means that the identities of those who test positive are revealed to others and the mer who is the chair of medicine at Health Sciences are the two leading (and only) AIDS specialists in the province. Sinave was involved in the Ribavirin trial, which was a double-blind placebo trial (see previous issues of *Rites*). This trial, which never enrolled very many participants in St. John's, was ended last summer. It seems that the basic drug being prescribed to PLWAs in Newfoundland is AZT. There seems to be less emphasis on treatments and prophylaxis (preventative treatment) for various "opportunistic infections," although aerosolized pentamidine is being used.

Although a few general practitioners are doing some work with PLWAs/HIV in St. John's, there are basically just the two specialists at the Health Sciences Centre who deal with the bulk of the AIDS/HIV work. There is an important need for more general practitioners to get involved in this work. Across the province the situation is much

continued on page 18