



Straight shooting

At the risk of sounding like a promo for the *Plain Truth*, I think it is fair to say that our world today is fractured and divided. And that conflicts occur within and between those divisions.

At this point, the promoters of the *Plain Truth* would tell you that Jesus and the Bible are the solution to these conflicts. Then they'd offer to send you a truckload of enlightening literature on the subject absolutely free of charge, and with no obligation.

I can't make that promise and those offers. I don't think it's that simple.

Jesus and the Bible, as far as I can tell, have created more conflicts than they've resolved. I don't own a truck. Even if I did, I couldn't send you anything free. And I think we're fooling ourselves if we don't see that we have all sorts of obligations everywhere.

This magazine (when I say "this magazine," I mean this magazine and not *This Magazine*) is committed to the struggle of gay and lesbian liberation. But it is also committed to the multitude of other struggles that are intertwined with lesbian and gay liberation.

One of those issues that has been quite a source of contention recently at *Rites* is class.

And class is not an issue that is easily understood or easily dealt with. It is not an issue that I feel completely comfortable with.

I do not come from a working-class background, at least not in my immediate heritage. My immediate forebears belong to that much-praised and little-appreciated, nearly extinct, constantly threatened and thoroughly tax-sheltered classification—the independent entrepreneur.

If I am one of the skeletons in my personal closet that I try to keep from politically correct friends for as long as I can. Alas, it usually comes out sooner or later. I still work for the family business part-time. (I have to survive somehow and the remuneration I get for writing this column isn't enough to pay the rent. In fact, it isn't enough to buy a decent-sized stick of gum.)

In any event, my forebears' sins are for *me* to feel guilty about. In my own short lifetime, I have belonged to the working class. I've belonged to the very, very, poorest of the working class. I've belonged to the unworking class. I've been privileged to be a student. And I've had the pleasure of being a woman working in a "non-traditional" occupation (in my case, carpentry and aircraft manufacture).

So, I feel competent enough in my understanding of working-class issues to talk about some of them from time to time. That's what I hope to do in this column.

I don't feel competent enough or comfortable enough with most of the academic ways scholars have developed to analyze class.

So I don't have anything to say about formal methods of class analysis, Marxist or otherwise. Except maybe that I don't think they're always valid, and I don't think they ever go far enough, and I don't think they address the problems of women and of most other real people.

I hope to write about things that are of interest to workers, particularly working-class women, and even more particularly women working in non-traditional jobs.

I encourage anyone who has any ideas for this column or who can suggest any topics or happenings for me to discuss to write to me, in care of *Rites*.

All of that said, I would like to briefly comment on an event in August's news that may have been overlooked by some of us.

Last month, a woman employed as a stationary engineer at Stelco in Hamilton won a case she filed with the Human Rights Commission. She charged Stelco with gender discrimination because the wash-room facility she used on the job was much farther from the work site than the one used by her male counterparts.

The Commission ruled that Stelco had to build a washroom closer to her work site to accommodate her.

After the decision, Stelco officials complained that it was going to cost them 20,000 dollars to install the washroom. They said that if they had to pay 20,000 dollars per employee for washroom facilities, they'd soon be out of business.

My suggestion is that they hire another 999 women engineers. It would make the washroom "cost-efficient" and that, after all, is what companies like Stelco care most about.

Charlene Nero

AIDS in 1977, safer AZT now

The most important outcome of the recent The IV International Conference on Aids, in Stockholm, Sweden, was the realization that AIDS is now a treatable and manageable illness, just like diabetes or epilepsy. Using a combination of antiviral and immune-boosting drugs, many people with AIDS are prolonging their lives. Like another disease, cancer, the earlier treatment is started the better the chances of survival. Several substances discussed at the conference are available in selected health food stores in Canada, among them are Al-721 and Carrysin (from the aloe vera plant) both of which act as anti-virals and immune boosters.

Others are available on prescription: scientists have found that using the anti-herpes drug Acyclovir with AZT allows people to use less AZT and suffer less side effects as well. The drug naltrexone, used in Canada to treat heroin addicts, has been shown to improve the immune system of people infected with HIV. Two issues of *Rites* ago we inserted a brochure titled "Treatment AIDS" which was produced by the Toronto activist-organization, AIDS Action Now! (AANI). That brochure listed many of the drugs discussed at the Stockholm conference, their uses and effects. Part of Treatment AIDS was reprinted in the last issue of *Rites*. The entire brochure is available free on request. The next AANI brochure is called "Testing AIDS" and will explain the various tests that are used to discern the condition of the immune system. By getting regular check-ups and learning the uses of the various tests, it is hoped that people with the help of their doctor can know when their immune system begins to decline and begin taking counter measures such as anti-viral drugs and/or immune boosters before it is too late. *Rites* hopes to reprint that brochure in its AIDS column.

AZT...AZT...AZT...AZT...AZT...

One of the most important events in the history of AIDS was the introduction of the drug AZT. It was the only beacon of hope against what had been, until then, an unstoppable horror. There is no doubt that AZT can prolong the life of people who are infected with HIV. However, there are side effects. AZT can cause anemia (a shortage

of red blood cells) sometimes so severe that people have to stop using the drug. Others may even have to get blood transfusions. According to the journal *Antimicrobial Agents and Chemotherapy* (1988;32:997-1001), scientists in the USA have found a substance—called uridine—which helps protect the bone marrow from the toxic effects of AZT (red blood cells are made in the bone marrow). Experiments with human cells show that even when high concentrations of uridine were used, the anti-HIV effect of AZT remained the same and the cells were not damaged by AZT. The exact mechanism whereby uridine rescues human cells from AZT is not known, but they suggest that giving people a combination of AZT + uridine may make AZT available to people for whom it was once too toxic.

PCP...PCP...PCP...PCP...PCP

The no. 1 killer of persons living with AIDS (PLWAs) is a type of pneumonia called PCP. Current treatments consist of the drugs pentamidine or septera/bactrim. But these drugs can be toxic and many people who are allergic to sulfurdugs usually cannot tolerate septera or bactrim. So other anti-PCP agents are urgently needed. One therapy might be a combination of the drugs clindamycin + primaquine (C+P). In a report in the journal *Antimicrobial Agents and Chemotherapy* (1988;32:807-813), scientists using rats have discovered the right combination of C+P which reduced the severity of PCP infections. Rats were used because in previous experiments drugs which helped the rats fight the PCP also turned out to work well in humans. One advantage of using clindamycin is that it has been used in humans for other infections so that information exists about its effects in the body. The same is true for primaquine which has been used to prevent malaria. The combination of C+P was so effective that the scientists suggest that it should be tested in humans either for treating PCP infections or used in smaller doses as a preventative or prophylactic.

AIDS in 1977....

In a letter in a recent issue of the *New England Journal of Medicine* (August 11, 1988 page 374) researchers in New York have dis-

covered that AIDS was present in children born to heterosexual women as early as 1977. By means of records and interviews, it was found that none of the children became infected after birth by blood transfusions, sexual abuse or IV drug use. However, most of the children had at least one parent who used IV drugs. The investigators concluded that AIDS was present in New York as far back as 1977, 4 years before the epidemic officially began.

A new AIDS test

The current tests for detecting HIV infection depend on the presence of antibodies against HIV. Unfortunately scientists have discovered that antibodies against the AIDS virus are only produced at the earliest, 6 months after infection. In some cases it can occur several years after infection. During this time if the regular tests are used (ELISA, Western blot) they will turn up negative and the person being tested may falsely think that he/she is uninfected by HIV. This can have fatal consequences for people receiving transplanted organs or blood transfusions. Anti-viral therapy could be started sooner if the infected person knew about the HIV hiding in his/her body.

One test that can detect HIV even in very tiny quantities is called PCR (polymerase chain reaction) or gene amplification. The PCR test works by using a tiny piece of the DNA of HIV. It makes a copy of the DNA so that there are now two pieces and then it makes copies of those and more copies... 1 to 2 to 4 to 16 to 32 and so on... until there are over a million pieces of the HIV DNA! By that time there are enough fragments of HIV that ordinary tests can detect it if it is in the sample. PCR can detect HIV ever when it is hiding inside of a cell. Manufactured by the Cetus corporation in California, the PCR is not cheap and costs about \$150 (Canadian) and is not yet available in Canada.

References

Multiplying genes by leaps and bounds, in *Science* 1988;240:1408-1410. Identification of HIV-infected seronegative individuals by a direct diagnostic test based on hybridization to amplified DNA, in *Lancet* 1988;ii:418-421.

—Sean Hosein

Further drug trials announced

OTTAWA—On Sept. 6th Dr. Alis-fair Clayton, director of the Federal Centre for AIDS, announced that federal officials have finally declared their intention of proceeding with drug trials on five AIDS treatments. The drugs to be tested are Ribavirin, dextran sulphate, EL10, trimetrexate, and fluconazole.

GENERAL IDEA



sulphate in the country.

Although AIDS activists have welcomed the promise of more drug trials, many have pointed out that the Canadian government continues to ignore studies of these very same drugs being done or already completed in other countries. It also refuses to release these drugs on compassionate grounds to

people living with AIDS. As well these drug trials will follow "proper" scientific and bureaucratic procedure in being double blind placebo studies which means that some of those participating in the study will be given nothing to help their AIDS-related conditions. On the problems with double-blind placebo studies, see George Smith's "Double Blind Inertia" in the last issue of *Rites*.

Gary Kinsman

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