

After the Gala, A Big Thank-you.

Wow, what can we say. This year's Gala was a tremendous success and exceeded even our expectations in having more art, more items for auction and more attendees than ever before—with tickets selling out within the first two weeks of sale.

We raised over \$35,000 for the AIDS Committee of Guelph and The Masai Centre for Local, Regional and Global Health, and we are extremely proud to say that all of the funds raised during the evening will go to towards providing Support Services and Education through the AIDS Committee and Clinic model throughout the region. Assisting in Guelph and Wellington but Kitchener-Cambridge-Waterloo and Grey-Bruce. Money raised will also help in providing desperately needed clinical services in Lesotho, Africa as part of the Masai Global Campaign.



We are looking forward to next year, having booked double the amount of space to accommodate more people and to be able to showcase all of the art and other auction items. We have also had an extraordinary increase in requests from various members of our community who wish to assist in the planning of next year, and we look forward to bringing something even more spectacular in 2008.

For those who support us, not only through their contributions to the Gala, but throughout the year you have helped by saving lives and enhancing the quality of life for people with HIV/AIDS both in Canada and in Africa. You are truly making a difference in the world.



Gala Attendees anxiously awaiting the start of Live Auction led by Robert Milburn & Associates.



Smiling happy faces in front of just a few of the pieces donated the Guelph Glass Guild.

ACG Staff

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- Irene Masinde
Peer Support Worker.....ext. 150
- B.J. Caldwell
HIV/AIDS Educator.....ext. 135
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This month we are pleased to bring you feature articles by Independent HIV/AIDS writer Bethina Abrahams.

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ANNUAL GENERAL MEETING
Wed. Sept. 26th, 2007
6:30—Reception
7:00—Meeting
St. Andrews Presbyterian Church
161 Norfolk Street
 For information please contact
 Interim Acting Director, Tom Hammond
 at 763.2255 ext. 129.

AIDS and Canadian Aboriginals

The Impact of AIDS on Aboriginal Communities in Canada

A boriginal people are disproportionately effected by AIDS in Canada. Aboriginal people in Canada represent 3.3% of the population and yet aboriginal people accounted for 10% of all the AIDS cases reported to the Canadian Centre for Infectious Disease Prevention and Control in 1999. As Health Canada reports, this trend showed a decline in 2000 and 2001. However the first half of 2002 showed a marked increase with aboriginal people representing 14.1% of all AIDS cases.

So why are aboriginal people so disproportionately represented in the number of AIDS cases in Canada? Perhaps for the same reasons that they are more likely to suffer from higher crime, poorer education, a lower standard of living, a higher rate of drug use, higher rates of chronic medical conditions and infectious diseases, and higher unemployment rates. A history of oppression, injustice, abuse in residential schools, widespread discrimination, a lack of access to resources, a loss of land and culture...

A worsening AIDS crisis within the Aboriginal communities will only contribute to the further deterioration of social, educational, and living conditions leading to a vicious cycle. Because the underlying factors are so varied, a multi-pronged approach is necessary. This way of thinking is apparent in many organizations which focus on HIV/AIDS in the aboriginal communities. For example, the Red Road HIV/AIDS network in B.C lists organizations that focus solely on aboriginal employment counseling services, women's shelters,

housing, drug and alcohol counseling, and justice and advocacy, as member organizations.

HIV/AIDS solutions should focus on prevention and specifically education. The Canadian aboriginal population is both culturally diverse and young. The 2001 Canadian census found that the median age for Aboriginal people was 24.7 compared with 37.7 years for the non-Aboriginal population. This means that education, if it is culturally relevant, can play an important role in AIDS prevention.

In addition, resources need to be made more readily accessible to Aboriginal communities. Many Aboriginal people live in geographically isolated areas where access to support services is scarce. As well there is an exceptionally high rate of poverty of Aboriginal people in urban areas. The 1996 Canadian census found that urban-dwelling Aboriginals were more than twice as likely to be living in poverty as compared to their non-Aboriginal counterparts. Poverty, again, impacts all areas of an individual's life, making them more vulnerable to HIV/AIDS.

by Bethina Abrahams

We're on the web!

www.acg.guelph.org

Support Services Event Listings

Please contact Irene at 763-2255 ext. 150 for more information



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Circumcision

A New Preventative Approach

New research points to circumcision as a preventative tool against HIV.

In 2006, the National Institute of Health cut short studies undertaken in Uganda and Kenya after compelling results indicated that circumcision in men contributed to a decreased risk of acquiring HIV. In the Ugandan study, the group of circumcised men had a 48% decreased chance of acquiring HIV as compared to the control group. Likewise, the Kenyan study had equally astounding results with a 53% difference between the two groups. Because of these results, both studies were stopped on ethical grounds, in order to give the control group the option of undergoing circumcision. Men were randomly assigned to either group and information was collected on their health status, sexual behaviour, and views on circumcision. Both groups were also given counselling on HIV prevention and safe sex.

The proposed biological theory that lies behind these results points to the nature of the foreskin. The inner surface of the foreskin has a large number of mucosal and Langerhan cells which are more susceptible to invasion than the cells on the outer surface of the foreskin. During intercourse, the foreskin may incur microscopic tears which allow HIV to enter. In contrast, a circumcised individual develops keratinized epithelial tissue on the shaft and glands of the penis, which is protective.

The results of the NIH studies have had a swift and profound impact on attitudes towards HIV prevention. Experts in South Africa are calling for circumcision to be offered to all males and the United Nations health agencies have become proponents of circumcision.

However, circumcision comes with its own caveats. The wound from circumcision must be given adequate time to heal before engaging in intercourse otherwise the wound, itself, can act as a conduit for the entry of HIV. Also, as with any surgical procedures, there is a risk of infection and the associated risks of a botched job at the hands of one who is unskilled in circumcision.

As well, it would be a grievous error to neglect other avenues of prevention in favour of circumcision. Circumcision may be able to reduce the risk of acquiring HIV, but it is not a foolproof means to keeping oneself 100% safe. Education on safe sexual behaviours and improved access to resources must continue. The worst case scenario is that the results of these studies are miscommunicated to give the impression that circumcision can provide adequate protection against HIV in the absence of behavioural modifications. As with many other tools, circumcision can be one of many weapons in the arsenal against AIDS, but alone, it is insufficient.

ACG—20 years of providing services for People Living with HIV/AIDS, their families and those at risk.

• 1987–2007



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(In Arbor Medical Centre) Between Gordon & Victoria



AIDS in the Middle East

A Model or an Oversight?

Bethina Abrahams, May 9, 2007

What lies behind the Middle East and North Africa's low number of HIV/AIDS cases? In 2003, the Middle East and North Africa had only 480,000 or 1% of the world's HIV infections. Compared to Sub-Saharan Africa and South and Southeast Asia, which are in the midst of raging pandemics that have infected over 31 million people combined, the Middle East and North Africa have been relatively untouched.

There are a number of possible explanations underlying the Middle East and North Africa's low numbers. Firstly, the numbers themselves may be more illusion than hard fact. With the lack of reliable and systematic reporting mechanisms in these countries, the numbers are more the result of a rough guess than an exact science. According to UNAIDS, the actual number of cases in the region could lie anywhere between 200,000 and 1.4 million.

However, if one were to accept that the numbers veer towards the low side relative to the rest of the world, a number of factors could explain the levels of HIV/AIDS in the Middle East and North Africa. Many articles have cited the Islamic and Jewish influences which prohibit drug use and sexual relations outside of marriage for the low numbers. However, what has become obvious from Sub-Saharan Africa and other areas combating AIDS is that the overwhelming social inequalities, poverty, gender violence, and economic disparities, which are more the result of politics, play a much larger role than the mores of a community. One need only look to Ethiopia, a country hard hit by AIDS and with a high Muslim population, to illustrate this point.

Looking at the Middle East and North Africa, one can see that the situations there are very different than in Sub-Saharan Africa. Firstly, despite popular stereotypes thrown about, women in the Middle East and North Africa experience a higher level of gender equality than in many other parts of the world. Revealing statistics point to women's high literacy rates and to their high rate of completion of post-secondary education. One caveat is that the Middle East and North Africa are not homogenous. Women and families do face challenges and like other parts of the world, these challenges can often be separated along an urban and rural distinction. So the level of gender equality will vary across such a diverse region.

Secondly, sub-Saharan Africa has been particularly hard

hit by colonialism, oppression, and racism. One factor that has played a part in the spread of AIDS in South Africa was the breakdown of the family structure due to apartheid. With couples separated for months of a time due to the working conditions imposed by apartheid and the limitation on mobility, AIDS spread quickly. Although there are clearly political problems in the Middle East, it has not resulted, thus far, in the systematic breakdown of communities and families. However, the insecurity in the Palestinian situation could translate into an increase in HIV/AIDS in that area.

Lastly, the emphasis on circumcision in males could hinder transmission of HIV. Studies done by the National Institute of Health have shown that circumcision can significantly reduce the transmission rates of HIV. In the Middle East and North Africa, circumcision is part of both the Islamic and Jewish religions.

The reasons behind the Middle East and North Africa's low HIV/AIDS numbers are just as complex as the reasons behind the AIDS pandemic in Africa and other parts of the world. If one were to accept the low statistics, factors would not be as simplistic as the prohibitions placed by the religions of the area. However, religion, with its focus on social justice and equality, could ease the AIDS crisis.



Volunteer, Philip James staffs the ACG Booth at this years Guelph & District Multicultural Festival held June 16 and 17 at Riverside Park.



A Special thank-you to The Red Ribbon Gala Committee and Volunteers who helped make this evening such a wonderful success.

Red Ribbon Gala 07



Our heart-felt appreciation to the sponsors and donors who made the Red Ribbon Gala a big success this year. This gala art auction, held May 5th at the Italian Canadian Club, raised over \$40,000 for three critical initiatives: Support and Education Services

provided by the AIDS Committee of Guelph & Wellington County, The Masai Centre Regional HIV Clinic in Guelph, and the Masai for Africa Campaign. Your support of this event helped to save lives.

Acqua	Duncan McPhee	Judi Cumming	Marion Manning	Rebekah Jamieson	Susan Nelson
Andrea Bird	East Side Mario's	Julie Cradder-	Mariposa Cruises	Richard Stonehouse	Suzi Chick Studio
Annette Twist	Edward S. Kuris	Thompson	Marks Work	Rita Hansen Sterne	Tambro Construction
Anthony Bragg	Einsteins Laminated	Kael Rebeck	Warehouse	River Run Centre	Tania Love
Artisanale Café	Art	Kama Designs	Marlene Alder	Robert Blonski	Terry Jackman
BabelFish Bistro	Elizabeth Fasken	Karen Bellamy	Marlon Joefield	Robert Weaver	Tony Urquhart
Barbara Cohen	Elora Festival and	Katrin Wolters	Marta Coutts	Robin Foster	Toronto Blue Jays
Barber Gallery	Singers	Ken Danby Studio	Mary Calarco	Robinson Flowers	Toronto Maple Leafs
Belgian Nursery	Elton Yerex	King Crab Oyster Bar	Mary Karavos	Rod Davies	Unilever
Bill Raffan	Eric Small Carpentry	King St. Trio	Meals that Heal	Rosalinde	Unser Designs
Bird's Nest	F&M Breweries	Kitchener-Waterloo	Michael Johnson	Baumgartner	Verses Restaurant
Birute Znotinas	Fairmont Royal York	Symphony	Midnight Sun	Rosanne Armenti	Via Rail
Bobby O'Briens	Fat Duck Gastro Pub	Kloedfer Gallery	Mike Cathcart	Royal Botanical	Vickie Martin
Breadalbane Inn	Friends In Our Kitchen	Knar Jewellery	Mike Sorci	Gardens	Victor M. Navarro
Cafeca	Georgian Creeds	Krista Daniel	Millennium Clothing	Sadko Hadrihasanovic	Victor McQuade
Canoeing the Grand	Gerry Weiler	Kurt Spinrad	Moira Cavanagh	Salon Escape	Vintage Hotels
Casa Loma	Glenna Rebeck	La Vielle Auberge	Moose Winooski's	Salon Esthetica	Waterloo-Wellington
Casey's Bar and Grill	Goldie Sherman	Larry Mason	Muriel E. McMahon	Salsateria	Flight Centre
Centre in the Square	Golf North	Latino's	National Ballet of	Santa Fe Marketplace	Wee Scottish Shop
Cheryl Ruddock	Graeme Sheffield	Laura Coutts	Canada	Scott Abbott	What's in the Pantry
Christine Chanter	Guelph Little Theatre	Lenore Walker	Neon Moving	Second City	Whirlpool Jet Boat
CN Tower	Hamilton Bulldogs	Leonie Reinhart	Nighthawk Tattoo	Shakespeare Arms	Tours
Connie Melnik	Harrop Restaurant	Leslie Mactaggart	On The Verge	Sheila Dantzer	Wild Birds Unlimited
Creative Edge	and Art Gallery	Leslie Miles	Ontario Place	Silvana Dao	Nature Shop
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Dino's Athletics	If...Footwear Boutique	Manhattans	Panasonic Theatre	Country	Arrow Pub
Donna Kwasnicki	Jane Stoddart	Marcey Lyn Gray	Phillip Chisholm	Staples	Wyndham Lane Shoe
Doreen Kirkland	Jennifer Mackie	Margaret Mohan	Pilar Hansen	Stone Store	Fashions
Drayton	John Geeza	Maria Bernacsek	Playtex	Susan Buchanan	YMCA-YWCA
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Orphans of AIDS:

Missing out on your childhood

By Surya Bhattacharya, *From Faze Magazine—Canada's Largest Teen Magazine*

If you're having a particularly bad day dealing with home work or are stuck at home baby-sitting your pesky brother, consider this: Today, over 11 million children under the age of 15 living in sub-Saharan Africa have been robbed of one or both parents by HIV/AIDS. Seven years from now, the number is expected to have grown to 20 million. At that point, anywhere from 15 per cent to over 25 per cent of the children in a dozen sub-Saharan African countries will be orphans – the vast majority of them will have been orphaned by HIV/AIDS. (Unicef Canada)

Febbie's Story

Fifteen-year-old Febbie is doing homework at her neighbour Barbara's home. Any similarity between her and your average North American teen ends there. Febbie has lived by herself in her family home since her parents died of HIV/AIDS, and her older brother abandoned her soon after. Barbara, who has five children of her own, also cares for her nephew (whose parents died of HIV/AIDS), and pays Febbie's school fees. Febbie's story is becoming increasingly common, as generations of children in sub-Saharan Africa whose parents have succumbed to HIV/AIDS have been orphaned. These children often find their way to orphanages, but if you're the oldest sibling, you'll find yourself trying to earn a living to support your siblings or whatever remains of your family. Children who have lost their parents are deprived of the basic rights to live and grow in a family environment, which is crucial for self-identity and self-esteem. Orphans are cared for by society, and it is the responsibility of the community to care for them. But in sub-Saharan Africa, with the growing number of deceased parents, extended families and foster households are often incapable of caring for orphans, where eight out of every 10 children have lost their parents to HIV/AIDS. If you must earn a living to feed yourself or pay your school fees, what would you choose? Older siblings — although only one percent — temporarily head a household during their parents' illness and carry on taking care of their siblings till relatives decide how to care for the orphaned children. Such is the looming pandemic in sub-Saharan Africa. And never mind education. These children face basic challenges we take for granted: a place to call home and three meals a day.

A Girl Called Patience

Thirteen-year-old Patience lives in a small village, an hour north of the capital city of Harare in Zimbabwe. Patience lost her mom six years ago, and her dad abandoned the family when Patience's mom first fell ill. Patience then moved in with her aunt, but two years ago, when her aunt

was unable to feed her, Patience started living on her own, surviving on support from a local community group. Patience should be in high school next year, but there's no one to pay her fees. She is able to afford only two meals a day.

In families where there is sickness, and help is needed to take care of a relative, girls are often the first ones withdrawn from school to look after the ailing. And the death of a parent makes teens like Patience extremely vulnerable to exploitation. They may be forced into unsafe labour practices where they may be forced to work long hours under dangerous conditions in exchange for food. Some are sent away from home, exposing them to stigma and stress. As options to earn a living decrease, girls are further vulnerable to enter the sex trade as the only means to earn a living. This, in turn, increases the exposure of yet another generation of youth to HIV/AIDS.

The Bigger Picture

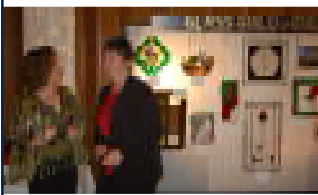
The ravages of HIV/AIDS on the youth of a country have far-reaching consequences. The next generation is driven deeper into poverty, as they are unable to get an education and are forced to earn a living instead. Governments in certain African countries struggle with health budgets, which are stretched, trying to meet and provide life-saving drugs to the already affected. After that, there's not much left to plan ahead with, especially to support children. And then there's the visibility factor. African traditions of community support and extended families living together makes it harder to spot orphaned children. Most emotional and financial responsibilities are taken care of by communities. Surveys in urban centres in Zambia show that only one third of households with orphaned children actually receive any kind of governmental support.

Let's Not Give Up Yet

Don't lose hope because there are people out there making a difference, taking it upon themselves to amend small matters that may help the bigger picture. Offering free, basic education will ensure girls like Febbie and Patience can continue their education without being forced out onto the streets. Building safe places for children who are displaced is another way to prevent abuse at the hands of strangers. Providing financial and other kinds of assistance to a household, so that families can continue living together, is another way that aid agencies are trying to keep children with their loved ones. Most importantly, raising awareness amongst children and supporting them is the national responsibility of a country.



More Gala Photos *and* One Fun Concert



The Hidden Cameras perform a Benefit for ACG at Dublin United in June. There were dancing in the Pews.

Thank-you to Lil Milanovich and Kaleidoscope Productions for organizing this event.

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Opening Plenary Speaker
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Masai Centre for Local, Regional & Global Health

Dinner Presentation
Dr. Paul MacPherson
Ottawa Hospital

Closing Plenary Speaker
Shari Margolese

Date:
November 13th & 14th 2007

Location:
Holiday Inn
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Burlington, Ontario
L7N 3E9

For more information contact:
Tom Hammond
(519) 763-2255 ext. 126 or
support@acg.guelph.org
www.acg.guelph.org

The Opening Doors conference is an Ontario Ministry of Health & Long-Term Care AIDS Bureau Initiative.

Photo courtesy of The United Way of Essex Ontario.



GBTQ Men's Network

GBTQ is a new social group for gay, bi, trans and queer men 19+. It's a chance to connect and socialize with other LGBTQ men in a relaxed environment. There's group-directed planning! Movies, discussions, games, potlucks...you decide.

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26th that your
membership fee
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30 days prior to the
event being held
(August 26th, 2007).
Thank-you