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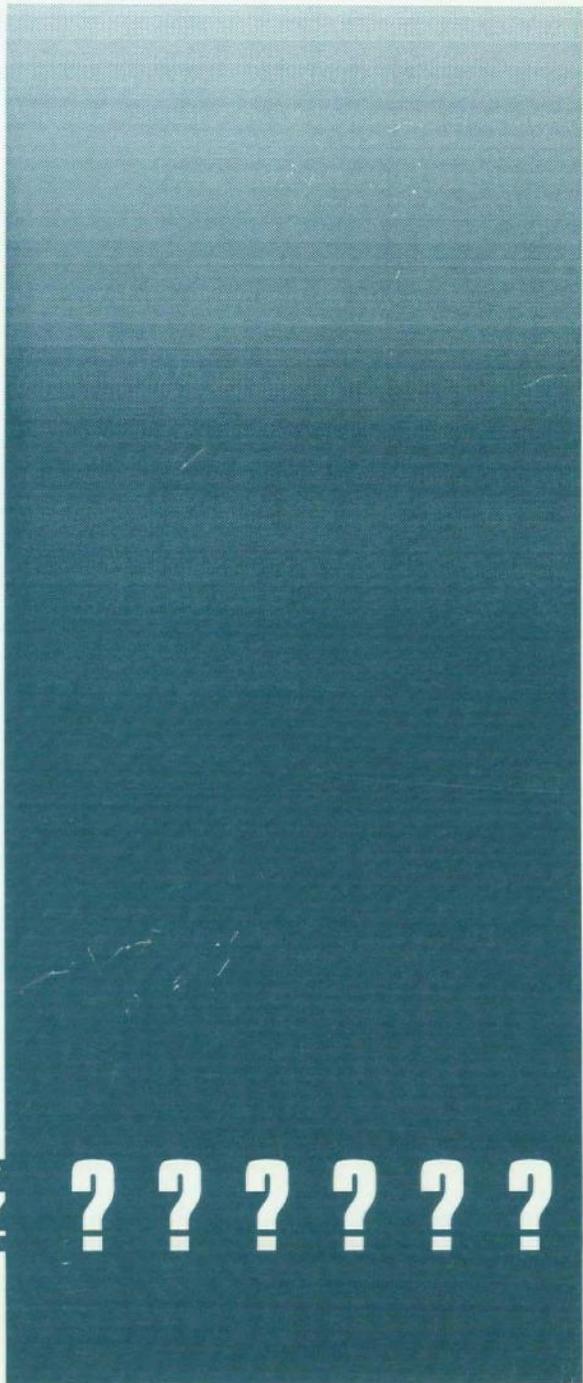
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FINDING OUT:

What you need to know



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What This Book Is About

This book was written for federal inmates living with HIV or AIDS. It can be used as a manual or living guide for men and women with HIV.

This manual is part of a larger AIDS education program being developed for federal inmates.

This guide gives the reader a lot of "how to" information about living with the virus inside and outside prison. It explains about: the virus and how to keep the body healthy; nutrition and exercise; doctors and treatment; money matters and insurance; legal issues relating to HIV; planning ahead for the future; and where to get more information.

The content of this manual has been carefully researched. Many people gave their time and expertise while the book was developed.

A lot of thought was given to the tone, presentation and layout of this living guide. It was focus tested with federal inmates (both infected and not infected) for their feedback and opinions. Inmates from four regions were consulted.

It is hoped that inmates will take this manual with them when they are released from prison. It has a lot of useful information in it for living with HIV on the outside.

Funding for this book was made possible through financial assistance from Health Canada under the **National AIDS Strategy**.

First Edition
©Copyright 1994 - Correctional Service Canada

Cat. No. JS82-67/1993E
ISBN 0-662-21081-6

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**Disponible en français sous le titre de
Le VIH et moi: Ce qu'il faut savoir**



Correctional Service
Canada

Service correctionnel
Canada

People To Thank

Special thanks are extended to **Wayne Stryde**, Correctional Service of Canada, for guidance, editorial consultation and continued support.

Also special thanks to **Heidi Liepold**, Health Canada, and **Rob Adlard**, formerly with Correctional Service of Canada, for their consultation and support during the initial planning of the manual.

Editorial consultation of the complete manual was greatly appreciated from: **Wayne Stryde**, Correctional Service of Canada

Heidi Liepold, Health Canada
Anne Bowlby, Ontario Ministry of Health
Dr. Catherine Hankins, Centre for AIDS Studies

Joan Anderson, Canadian AIDS Society, PASAN

John McTavish & Cheryl White, Kingston AIDS Project

Thanks to the following people for consultation on specific topics and/or chapters of the manual:

Dr. Ralf Jürgens, McGill Centre for Medicine, Ethics and Law

Ron Clarke, Canadian AIDS Society

Gerry Heddema, Advocacy Resource Centre for the Handicapped

Jim Gaylord, Toronto Persons With AIDS Foundation

Carmen Connally & Lydia Dumais, Health Canada

Dr. Gerry Bally, Health Canada

Sean Hosein, Community AIDS Treatment Information Exchange

Pat Shotton, Canadian Public Health Association

Clare Cecchini, Canadian Hemophilia Society

Gwen Bird, AIDS Vancouver

Gaylene Fisher & Ann Daskal, B.C. Coalition of People With Disabilities

Thanks to the inmates who took part in the focus testing, and to the staff who helped coordinate these efforts.

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FINDING OUT:

What you need to know

A guide for inmates living with HIV

The information in this book is for your information and education. This book does not give you medical advice. You should always see a doctor for your medical needs or questions. Information on HIV and AIDS is always changing. If you have questions ask a doctor, the medical staff at the Health Care Unit, or the places listed at the back of this book.

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1

ABOUT THIS BOOK

Introduction

This book was written for you and other federal inmates who are infected with HIV or are living with AIDS.

People who are infected with HIV should try to learn about this disease. The more they know, the better they can take care of their bodies and stay healthy. But not everyone knows where to get this information. And not everyone has someone to talk to about it, especially in prison.

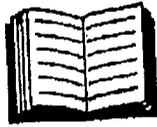
This book can help. It has a lot of good information in it which will help you to understand HIV and AIDS. It tells you about the disease and treatment for it, how to stay healthy on the inside and outside of an institution, and tries to explain the feelings you might have about being infected.

It also tells you how to get ready for life on the outside, such as living with your family or partner, legal things which might affect you (like discrimination when you are finding a place to live or getting a job, money problems, finding a lawyer), who you can get in touch with for information, and more.

This book is for you to keep. You can take it with you when you are released from prison. Also, at the back of this book are pages for you to write things down on. These pages will help you to keep a record of your health or a list of your questions for when you see your doctor (on the inside or outside).

At the back of this book you will find addresses and phone numbers of places which can help you on the inside or outside.

Reading this book



Looking at this book you may think that there is too much information to read, or that you might have a hard time reading it all. You don't have to read it all and you don't have to read it now.

Read the parts that are interesting to you. Other parts you can read later when you are ready or when you need to (like learning how to take care of yourself on the outside, or how to live with other people when you are released).

We are still learning about the disease, treatments and staying healthy with HIV. You can always check with an AIDS hotline, an AIDS agency, or your doctor for up-to-date information. If you need some information which you can't find in this book you can call the places listed at the back.

It doesn't matter if you're in an institution you can still get help and information. There are people who can help and who can make you feel better.

You are not alone

Finding out that you are infected with HIV can be scary. But you are not alone. There are many people who are infected with HIV and who are going through the same things you are.

About 35,000 to 40,000 people in Canada are infected with HIV. In the United States about 2 million people are infected. There are inmates (in your institution and in other ones) who probably have the virus too.

Give yourself credit

It's really tough to go to get tested for HIV. It's not an easy choice to make, but you made it. It took a lot of guts to find out if you are infected. This means that you care about yourself. Reading this book will give you ideas about taking care of yourself.

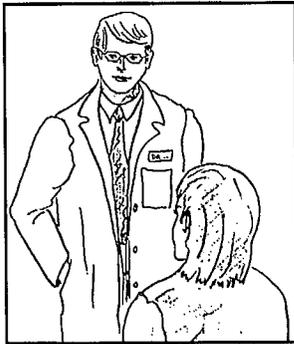
Although you tested positive for HIV and you might think that this is the worst thing that has happened in your life, it is better that you found out now. Now that you know you have the virus you can learn more about HIV and about making healthy choices for yourself. You

can make a big difference in how well you live with HIV by looking after yourself.

Testing positive for HIV does **not** mean that you have AIDS, or that it will take a certain amount of time for you to get AIDS. Testing positive means that you are infected with the virus HIV. You can read more about the virus and AIDS in Chapter 3.

Finding out that you have HIV

People can have many different reactions when they find out they are infected with HIV. Some people are shocked and will feel scared or angry. Many people think, "This can't be true. This can't be happening to me." Most people don't know what to do next and are worried about what will happen to their body. This is all normal.



Being infected means that you have the virus which will probably lead to AIDS. This is called being "HIV-positive", being "HIV-infected", "living with HIV", "having HIV", or being "a carrier of HIV".

Many people think that having HIV is like having a death sentence. They believe that they will die soon and that there is no hope. But there is a lot that they can do to stay healthy and live an active life. Also, medical people are working very hard to improve treatments and find a cure.

The chances of living well with HIV are better today than they were 5 years ago. This is because we understand more about HIV and AIDS, and better treatments are now available. We have learned how people can keep their bodies healthy and strong.

It is true that being infected with HIV is like living with a terminal disease (something which you can die of). But you can live healthy and not get sick for many years if you look after yourself. You can make a difference in your health and in how long or how well you live, if you take care of your body.

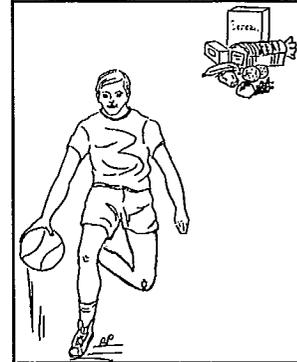
Taking care of your body

People who have HIV or AIDS need to be more careful with their health. Before you knew you were infected with HIV you probably did not think much about your health until you got sick with a cold or a disease. You might have taken some medicine you bought in a drugstore, or went to your doctor who gave you medication. Or

maybe you did nothing and you got better on your own. But once you were cured, you did not think much about your health any more.

Today you cannot think or act in these ways if you want to take care of your body. Now that you are infected with HIV you will need to think about your health and about not getting sick (even when you are healthy). You have to be active in protecting yourself from becoming sick.

Keeping yourself healthy means learning about HIV and AIDS, having a positive attitude, getting enough rest and sleep, eating healthy foods, keeping your body active with exercise, seeing a doctor regularly, and using treatments when you need them. This is what is called a "health management plan". The next sections of this book help to explain all of the things you can do to stay healthy and live well, and to follow a **health management plan**. (You can read more about this on page 24).



Someone to talk to

Maybe you feel like you could use someone to talk to. Having HIV can be scary and you probably have a lot of questions. It is helpful to talk to someone you trust. But it may be hard to find someone you can trust. This is true inside and outside of an institution.

Before telling someone about your HIV infection, give it a lot of thought. Be careful with finding a person you trust. The section called "Disclosure" (starting on page 12) can help you with this.

If you feel you can trust the medical staff at the Health Care Unit, you might want to talk to them. They will keep your information "confidential" (which means no one else will know what you talk about). It is the rule in federal institutions that staff keep all medical information confidential.

Some prisons have an AIDS Information or Support Group which is run by other inmates or an Inmate Committee. Some of these inmates may also be infected with HIV, some may not. These groups are good for prisoners so that they can get together to talk about HIV/AIDS and ask questions. These inmates also keep things "confidential". You might want to find out if the institution you are in has a group like this.

There are people who can come into prison to talk to you. These people work at agencies on the outside and they know a lot about HIV and AIDS. They can answer your questions, give you support and maybe make you feel better. To find out more about this you can call the Kingston AIDS Project (613) 545-3698 (they accept collect calls from inmates across Canada). Or you can call the agencies listed at the back of this book. You can also ask the Health Care Unit or Inmate Committee at the institution you are in.

There are support groups for people living with HIV or AIDS. These groups are often called "PLWHA" Support Groups (the letters stand for "people living with HIV or AIDS") or "PWA". The agencies at the back of this book can give you more information about these groups.

You can get help and support. You are not alone, and you don't have to feel alone. Even if you're in prison, you can get help.



2

YOUR FEELINGS & EMOTIONS

HOW YOU FEEL

Finding out that you are infected with HIV can be scary. But you are not alone.

Many, many people have gone through or are going through exactly what you are going through now. It doesn't matter if you just found out now about your infection, or if you have known for a few weeks, a few months or a few years; there are other people who have been where you are now.

Just because other people have been through this and are living with HIV doesn't make it easier for you. This is still *your* experience living with HIV and you have your own feelings. But it might help to know that it is possible to deal with your feelings and that you don't have to do it alone.

What you might be feeling

Everyone who finds out that they are infected with HIV reacts differently. Some people go into "shock", they can't believe this is happening to them and they have no feelings at all. Others go into "denial" and won't accept this is happening to them (it doesn't sink in). Or maybe they feel angry, depressed, guilty or that they have no control. Some people are scared because they don't know what to do next. They can also be afraid because they fear they will die soon and are afraid of what death will be like.

Most people will have all of these feelings and more. This is completely normal. Listed below are some of the feelings most people have. Maybe you have felt, or are feeling, the same emotions. Or maybe you have had other feelings as well.

Shock

Feeling shock is like feeling stunned or not feeling anything. It's like you don't know what to feel and you're not sure if you're feeling anything. Most of the time people who are in shock don't remember

much about it later. This is because most of the other emotions and feelings shut down for a while as the brain tries to accept the news about being HIV-positive.

When people feel numb (like they are not feeling anything), their minds are thinking of many other things. People who find out they have HIV will often go into shock. They might start thinking about what will happen to their family, how they are going to tell their partner or children or parents, who will look after their home and family, etc. They think about everyone and everything except themselves.

Slowly the shock wears off and they start to have other feelings and emotions. Shock helps the person to prepare for the start of other feelings.

Anger

You have every right to be angry. Nobody wants to get HIV, and you didn't ask to become infected. But it happened.

You might be angry with the person who infected you (if you know who this person is) or you might be angry with yourself for becoming infected. Or you might blame this person or yourself for becoming infected. You might even hate this person.

It is normal for you to feel anger, but it is important for you to work through it. Try to deal with your anger and move on to other things in your life. If you keep your anger inside you, it will build up. It won't let you work on other things which can make your life positive.

If you need help dealing with anger (or any other feelings) you can call the places listed at the back of this book. Or you can talk to someone you trust in the institution (like another inmate, counsellor, social worker, psychologist, or the medical staff at the Health Care Unit).

Denial

Denial is when you don't really believe that you have HIV. It's like saying, "I don't have HIV. It won't get me. I won't get sick". Although it might be true that you won't become sick, the reality is that you do have the HIV infection, which means you could become sick.

Sometimes denial is a good thing because it gives you time to let reality sink in. It also gives you time to get ready for the changes you will have to make in your life.

Denial is **not** a good thing if it stops you from taking care of your body and health, which could lead to becoming sick with HIV illness or AIDS (see pages 21-23). If you deny that you are infected with HIV, you might not be careful with your behaviours and infect someone else.

Denial should not stop you from learning more about HIV or from getting medical help.

Fear

Being afraid is very common. HIV will seem like a mystery (something you don't understand) until you learn more about it.

Being afraid of what could happen to your body is normal, because you don't know what to expect. When people with HIV feel afraid they are often thinking of their body becoming sick. Or they are afraid that someone will find out they have HIV. They are also afraid of dying and of what will happen after death. Thinking these thoughts and being afraid is very normal. You can get help inside and outside of prison.

Having HIV can be scary for anyone.

Sadness

Many people will feel sadness when they think about their HIV infection. This is because they are sad about leaving behind the people they love. They think about how their life will end and that it will be too soon for them to die. They are feeling a loss in their life and are grieving.

Feeling sad is very normal. Many people will cry when they feel sad, and this makes them feel a little better. Other people write out their feelings on paper or write poems. Doing these things can make you feel better.

Sometimes sadness can make you feel depressed. Feeling depressed for a while is also normal, but not if your depression doesn't go away. If your sadness never gets better and you stop eating, cannot sleep, are feeling a sense of hopelessness, or you think you want to kill yourself, then you should speak with a counsellor or doctor and get help. Having a depression can make it very hard for you to work at keeping your body healthy and strong or following a health management plan.

Powerless

You might feel that you have no control over your life or your HIV infection. Even though this is not completely true, it is very hard to

feel positive about not knowing what is going to happen to your body.

You will learn about doing things which are helpful to your health, and about avoiding things which are harmful to your health. Having this information will help make you feel less powerless. Being active in keeping your body healthy and strong will feel like you have some control over your infection.

As you learn more about HIV you will realize that you have a lot of choices to make. You have many options ahead of you (which are talked about in this book) and decisions to make. You aren't really as powerless or as out of control as you might think.

Shame

Shame can be a very difficult emotion to work through. Shame might make you feel bad about yourself. Maybe you are worried about what other people are thinking of you because you are infected with HIV.

If people say that you deserved to get HIV, don't believe this. No one deserves to get HIV. Being infected doesn't mean you are "dirty" or a "bad person". Don't feel ashamed that you have the HIV virus. And don't be hard on yourself. Talk to someone about your feelings (from AIDS agency or the social worker or medical staff at the institution).

What to do about your feelings

Most people feel very confused about their feelings and emotions. This is normal. They can go from feeling one way (sad) to feeling another way (scared). This is normal as well.

Here are 3 things which you can do with your feelings. Some of these might be hard to do, but you can get help doing them:

- 1) try to figure out what you feel ("identify" if you are feeling sad or scared or angry or confused, etc.);
- 2) accept that what you feel is normal (don't ignore your feelings, or don't pretend you feel something different); and
- 3) put your feelings into something positive for yourself (like learning about HIV, joining a support group, doing exercises, starting a hobby, etc.).

Give yourself a break, don't go through this alone. Try to find someone you can trust and talk to.

1) Identify and work through your feelings

In the institution you can speak with the medical staff at the Health Care Unit or the psychologist. These people can help you sort out your feelings. If you don't want to speak with these people you can call an AIDS agency in your area or an AIDS hotline. All of these places listed at the back of this book can do counselling over the phone. Or if the prison you are in invites AIDS agencies to come into the institution to speak with inmates, you can speak with them about your feelings as well. They will be able to help you, and they may be able to give you names of other people you can contact. Some institutions have support groups for inmates.



When you are on the outside you can still talk with other people about your feelings. AIDS agencies, AIDS hotlines, support groups, your doctor, and your family or friends can help you with this.

2) Accept your feelings

The important thing to remember is that your feelings belong to you and that they are real and normal. No one can tell you what you should be feeling. However, you need to accept and understand your feelings. Talking with a counsellor or your doctor about this can be helpful. Dealing with your feelings is not an easy thing to do on your own.

3) Put your feelings into something positive

Trying to put your feelings into something positive might sound like a strange thing to do. Your feelings take a lot of energy, and this can start to drain you. But if you take your feelings (like anger or sadness or fear) and focus them on other needs you have (like exercising, finding a prison job, or reading about HIV), this energy will be working for you in a good way (instead of working against you).

This book can offer new things for you to put your energy into. Try to focus on finding a good doctor for yourself (you can read more about this on pages 41-43), or on learning about the signs of having HIV illness or AIDS (pages 21-23), or about how the legal system works for people infected with HIV (Chapter 8).

It might take a while for you to be able to use your feelings in a way which helps you. It takes time to figure out what your feelings are and how to work with them. Talking with someone you trust can be helpful.

Many times people who find out they are infected with HIV will feel “grief”.

What is grief?

Grief is what you feel when you have a loss in your life (like when someone you know dies, you lose a job, you break up with your partner). Grief can be made up of feelings such as pain, sadness, loneliness, anger, hopelessness, emptiness, etc.

Everyone goes through grief or “bereavement”. Bereavement is the same thing as grief. It takes some people a longer time to get over their grief than others. And everyone goes through grief differently.

Always give yourself the time it takes for you or someone else to deal with grief. Crying and talking to someone can help make you feel better.

Thinking about dying

For most people, finding out that they are infected with HIV will be a very upsetting time in their lives. The most powerful feeling they may feel is the *fear* they have about death and dying. Almost everyone is afraid to die, and few people are ever ready to die.

When you are ready to, you can read more about dying and death on page 127-128.

Don't give up hope

There is hope that a cure for HIV or AIDS will be found. New drug treatments are being tried and tested, and doctors are learning more about the virus HIV and about AIDS. There are more and more services (education, support, legal) offered to people who are living with HIV or AIDS.

But hope comes from what you can do to improve your health and making the best of your life – not from waiting for treatments to get better.

Don't give up the hope! Keep active and keep the faith.



DISCLOSURE

Disclosure means telling someone something which is often kept private. For example, an inmate might disclose to you the criminal charges he or she has.

Should you tell people that you have HIV?

It can be very hard trying to decide if you should tell someone you are infected with HIV. You will not know how this person will react to your news. Of course you want the person to be understanding and supportive of you, but you might be worried that he or she will reject you, not want to speak with you again, tell someone else, or beat you up. This decision is a very difficult one to make and only you can make it.

Give it a lot of thought before you tell someone. Carefully chose a person you feel you can trust. It's not easy to do – especially in prison – but it's important to be careful.

Remember that you should tell only the people you want to tell. If that means you don't want to tell anyone, then you don't have to tell anyone. Or if you only want to tell your lover or partner (wife/husband or girlfriend/boyfriend), then that's the only person you should tell. You must only tell someone you *want* to tell, and then only when you are *ready* to.

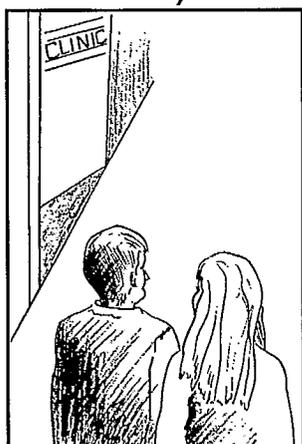
If you decide to tell, who should you tell?

Again, you must decide who to tell about your infection, and you must be sure that you want to tell this person (or people).

Usually, people who are infected with HIV will only tell 3 groups of people:

- 1) their sexual partner(s) and people they shared needles with (in the past and now);
- 2) family, loved ones and close friends; and
- 3) doctors and dentists.

1) Sexual partners and people you shared needles with



Talking about your HIV infection with your sexual partners and the people you shared needles with is never easy. You might be worried that they have become infected from you (or you from them).

They may want to have themselves tested for HIV. If they are sharing needles with other people, or are having unsafe sex with other people, they could be spreading the virus and not know it.

You could go to your doctor or counsellor together with this person to talk about your HIV infection. This might make things easier for you.

2) Family and friends

Before you speak with friends or family, talk it over with a counsellor or your doctor. He or she can give you advice on how best to tell someone.

Try to know some facts about HIV and AIDS. Your family and friends might ask you many questions when you tell them you are infected. You could even have some materials or information with you when you tell them.

Your family, friends and loved ones can give you a lot of support when you need it. But they might not give it to you right away. They might be very shocked with your news and not know how to deal with it. Give these people some time.

3) Doctors

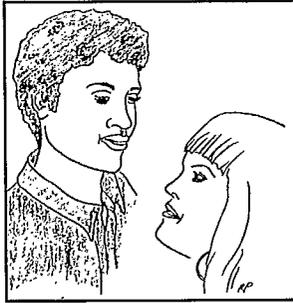
Telling your health care providers about your HIV status will help them make sure that you are getting the best care for

your infection. For example, your family doctor might give you a different kind of medicine for your cold if he or she knows you have HIV.

How to tell someone

If you decide you want to tell someone you are infected with HIV, here are 4 steps you can take which might help.

1) Be careful about who you want to tell



Give it a lot of thought before you tell someone about your HIV infection. Once you've told someone you can't take it back, they now know. This person might tell someone else, even if you ask him or her not to. You can't control who else will find out once you tell someone.

Even if you feel like you really need to tell someone, choose this person carefully. If you don't trust someone then don't tell him or her that you have HIV.

[If you tell someone and later feel that you are being discriminated against because you have HIV, you can complain to the *Human Rights Commission* (see Chapter 8)].

2) Be prepared

Before you say anything, imagine the worst reaction you might get and the best reaction you might get. Then imagine how you would deal with both of these situations.

Next, learn a lot about HIV and take information with you when you talk to the person (or people). They may ask you questions and it will help to make them feel less scared if you have some answers. You can also give them the telephone numbers of some of the places listed at the back of this book, so that they have someone to call for information.

They may also ask how you became infected with the virus, so think about how you want to answer this.

3) Be somewhere you feel comfortable

Pick a place where you will have privacy and no one will bother you. Give yourself a lot of time with this person (or people). You don't know how long it will take for the person to understand what you are telling them.

They may or may not have questions. Some people might not feel comfortable talking to you about your infection. They may want to talk to someone else (like an AIDS counsellor at an AIDS agency or hotline, or a doctor).

4) Give the person time to get used to your news

You are not responsible for how people will react and what they will say or do. You don't have to feel guilty if someone feels badly about your infection. It's not your problem.

Not everyone will be supportive, and some people might behave very differently than you imagined. They might even go through the same emotions you have/had (shock, denial, anger, etc.). After time, however, people will have had a chance to think about your infection and learn more about it. They will become comfortable with you again.

If you decide to tell someone about your HIV infection, give yourself some credit. It takes a lot of guts to do this, and it's not easy. If someone doesn't want to talk to you any more, let them go and they may come around. You are making positive steps in caring for your health. Take care of yourself first.

One thing to try to remember when you want to tell someone about your infection: if you start to feel a lot of stress or pressure to tell a certain person, then don't tell him or her yet. Speak to someone at an AIDS agency or AIDS hotline, or your doctor or counsellor. They can help you to bring down the stress before you tell someone about your infection.

Telling your sexual partner(s)

If you are sexually active you should tell your partner(s) about your HIV infection. Even though this may be very difficult to do, your partner(s) should know about their risk for getting HIV from you. It is possible that this partner may already have become infected.

Together you can talk about whether you want to continue being sexually active. You can also talk about how to stay sexually active by having low-risk sex and safer sex. You can read more about this starting on page 32.



It's O.K. if you decide not to have sex together, you can put your energies into something else you like to do together. You might even find that when you stop having sex together your friendship or relationship will become stronger.

Telling children

Some people who are infected with HIV tell children about their disease, but many people don't tell children. This is a hard decision to make.

Deciding to tell children might depend on many things, like: how old they are, how you think they will deal with your news, or whether you are showing signs of HIV illness (you can read more about these signs on pages 21-23). You might decide not to tell children about your infection. Or you might decide to wait for a while before you tell them.

If you decide to tell children but you are not sure about how to talk to them about HIV, ask a counsellor or your doctor for advice. Even if you call an AIDS hotline or agency, they will be able to help you with this over the telephone.



Telling kids about your infection can be very hard to do because they may or may not understand what HIV is. Speak to them in words they will understand, and try not to overload them with too much information.

When you explain about HIV you don't have to talk about death and dying. Children may be afraid to hear that you might die, and they want to believe that you will get better and be healthy again. You can tell them that doctors are still learning about HIV and AIDS, and that you are doing the best you can to take care of yourself.

Try to remember that children have emotions too and that they may not be very good at expressing them. You might find after you talk to your kids that they may begin to act out (like not talking or talking too much, not sleeping, wetting their bed, not doing well in school, having fights with other kids, etc.). Often children will act out their real feelings in ways which are not expected. Adults can do this too.

If you don't want your kids to talk to other people about your infection, you will have to discuss this with them. You can explain that not everyone understands about HIV.

You might not want to tell your children about your infection when they come to visit you in prison. If you have someone you trust on the outside, you may want to ask him or her if they would be willing to tell your kids for you. When your kids visit you and see that you are doing well, they may not be so worried about you.



3

YOUR HEALTH

HIV & AIDS

Different things affect your health. For example: what you eat; how much you sleep; if you have a clean and warm place to live or if you live on the streets; if you get enough exercise; if you smoke, drink, use drugs; or if you take medications. These things are called “factors” which can make your health better or worse. Each factor on its own can have an effect on your health, or you can have more of them together affecting your health.

All of these factors make up your health management plan. You will find more information about these factors later in this Chapter. First you should know what HIV does to your body so that you can understand how these factors can make HIV worse or better for you.

HIV & AIDS - How are they different?

Many people think that HIV and AIDS are the same thing, but they are not. They are part of the same disease, but AIDS is a later stage.

AIDS is caused by a virus. This virus is called HIV and it can be passed on to other people. HIV is spread by having unsafe sex, sharing used needles, or from an infected mother to her baby before or after birth. In the past, some people became infected from a blood transfusion. As of November 1985, all donated blood is tested for HIV.

The letters in HIV stand for: ***Human Immunodeficiency Virus***. These words mean that HIV is a virus found in humans and that it makes the immune system deficient (doesn't work very well).

The letters in AIDS stand for: ***Acquired Immune Deficiency Syndrome***. These words mean that AIDS is something you get (acquired) which causes your immune system to become deficient, and you can have many different diseases because of it (syndrome).

HIV breaks down your immune system. This breakdown makes it easier for you to get very serious diseases. Some diseases can be

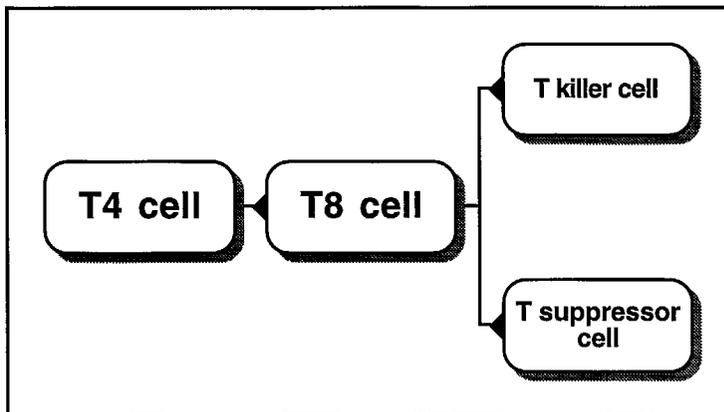
“opportunistic”, which means you can die from them if you don’t get treatment. You can get over these diseases and feel well again. People without HIV do not usually get these diseases.

AIDS is when you start to get opportunistic diseases and other symptoms (listed on page 23). It can take many years for you to get to this stage after you become infected with HIV.

Your immune system

The immune system is like a tiny army in your body. This system helps to fight off diseases, illnesses and infections which we all get. Inside your body there are many parts which work together to make the immune system work (like cells, tissues, glands and different organs).

The job of the immune system is to keep you healthy, and it does this by fighting off germs, bacteria and viruses when they get inside your body. The most important fighting cells you have are called **T4 cells** (also called “helper T cells” or “CD4 cells”). They are the cells which tell the rest of your immune system that your body has an infection or disease in it.

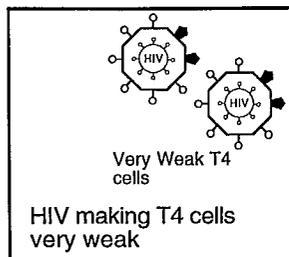
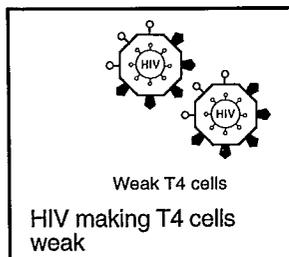
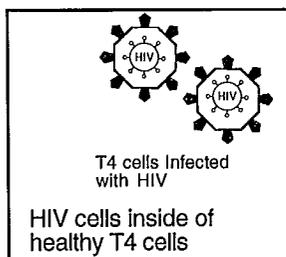
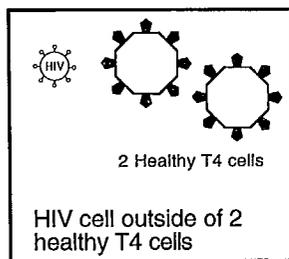


Another type of cell which is important to your immune system is the **T8 cell** (also called “CD8 cell”). There are two kinds of **T8 cells**: the **T killer cells** and the **T suppressor cells**. These two kinds of **T8 cells** have different jobs. The **T killer cells** find the infection or disease in your body and break it down. The **T suppressor cells** help to stop the killer

cells when the infection or disease is over. Both the killer cells and the suppressor cells are controlled by the **T4 cells**.

T4 cells tell the other immune system cells what is going on, what to do and when to do it. Your body needs a good supply of **T4 cells** so that you can fight off infections and diseases.

What does HIV do to your body?



Whether you are inside or outside of an institution, the HIV virus will attack the immune system in your body the same way.

HIV makes your immune system become weaker. This is because HIV slowly changes your T4 cells (helper T-cells). These cells change from being fighter cells into cells which can't fight anymore. This means that they don't fight off infections and viruses. When this happens your immune system is not as strong as it used to be, because it doesn't have as many healthy T4 cells left.

When the T4 cells are not able to fight diseases and viruses, then your immune system has become "suppressed". This means that it takes you longer to get over infections or diseases than it used to. It can take many years before your immune system becomes suppressed after becoming HIV-positive.

A blood test can help measure how strong your immune system is. This test can figure out what your T4 cell count is (how many T4 cells there are in your body). In a healthy person this count is between 600 to 1,500 in a small amount of blood.

Most people who are infected with HIV will not become sick with infections or diseases right away. They can be very healthy and feel good for a long time. It may take many years before they start to get signs of HIV infection. But they can still pass on the virus to other people before this happens.

In prison it is easier for you to get hepatitis B, TB or syphilis if your immune system has become suppressed. This is because you will have a hard time fighting off infections. You are more likely to get these diseases if you share needles or have unsafe sex in prison.

What is HIV disease?

HIV disease starts off without any signs of being sick. Slowly the immune system breaks down and the person starts to get mild signs (like swollen glands, night sweats). Later the immune system becomes weaker and the person gets diseases and becomes sick. The longer someone has HIV, the more likely he or she will get diseases. There are 3 stages to HIV disease:

- 1) living with HIV (the virus);
- 2) getting signs of having HIV illness; and
- 3) having AIDS.

These stages might not happen the same way for everyone who has HIV.

Stage 1

HIV slowly breaks down your immune system. You can look and feel very healthy for many years and not know that you are infected with HIV. You will have no signs of having the virus (except in a blood test). This stage is called “symptom-free HIV disease” or “asymptomatic”, which means you don’t show any signs of having the infection.

Stage 2

Over time HIV will make your immune system weaker. It will take you longer to get over infections or diseases than it used to. You can have HIV for many years before you start having a hard time getting over infections. In prison it is easier for you to get hepatitis B, TB or syphilis if your immune system has become weak. This stage is called “mild to moderate HIV disease”, which means that you will get diseases which you can get over and you will feel better again.

People who have this stage of HIV disease can have:

- ▶ sores or infections on the lips or inside the mouth;
- ▶ “thrush” (yeast infections covering areas inside the mouth and throat or on the tongue);
- ▶ women can get “Candida” (yeast infections in the vagina) or P.I.D.s (pelvic inflammatory diseases);
- ▶ swollen lymph glands (like under the arms, behind the neck, in the crotch);

- ▶ diarrhea on and off for many weeks;
- ▶ skin sores and rashes anywhere on the body;
- ▶ herpes (if you already had them before you became infected) showing up more often than usual on the genitals (penis or vagina) or lips;
- ▶ feeling very tired and weak all the time;
- ▶ “low-grade” fever (feeling feverish for many days or weeks);
- ▶ night sweats (soaking the whole bed) for many days;
- ▶ lose more than 10 pounds without dieting.

Stage 3

AIDS happens when your immune system is very weak. This stage may be difficult for you because your body might get serious diseases which can make you very sick (like certain lung infections). People with AIDS can also get cancers (like certain skin cancers) and “wasting” (lose a lot of weight). People who don’t have HIV hardly ever get these cancers or diseases.

But with time and medication you can get over a serious disease and feel well again. You can also get medications to help stop some of these diseases. This stage is called “severe HIV disease or AIDS”. Today, people with AIDS are living longer than people who had AIDS many years ago.

When does someone have AIDS?

Having AIDS is when you have very *serious* diseases (like certain lung infections or cancer) which are called “opportunistic diseases”. This means you can die from them. You can get these diseases on the inside or outside of an institution.

People with a healthy immune system normally do not get these diseases and cancers, but someone with a suppressed immune system can. It might also take the person with HIV a long time to get over these diseases. Or they might need a lot of time and medication.

People who have this stage of HIV disease (AIDS) can have:

- ▶ Kaposi's Sarcoma (KS, a cancer usually of the skin);
- ▶ PCP (a lung infection, pneumonia);
- ▶ Candida of the esophagus (yeast infections at the bottom of the throat near the stomach);
- ▶ women can get cancer of the cervix;
- ▶ "wasting" (losing a lot of weight);
- ▶ dementia and infections of the brain (problems with thinking and remembering);
- ▶ tuberculosis (TB).

But people with AIDS are now able to take care of themselves and be active for many years. The best thing for you to do is to keep your body and immune system healthy and strong, and to try not to get infections or diseases.

Women & HIV/AIDS

Although men and women tend to have similar signs of HIV illness, women have some which are not found in men.



If you are a woman you might notice: changes in your periods (like they are very painful, don't come regularly, or you start skipping them); P.I.D. (pelvic inflammatory disease) which can include unusual discharge from your vagina, pain during sex, bleeding between periods, and fever; hormonal changes (hot flashes and certain kinds of vaginal infections); and vaginal yeast infections which can become persistent (always coming back or never really going away).

Men tend to get a lung infection called PCP, but women are more likely to get a bacterial lung infection (which is different from PCP). However, women can get PCP too. Also, men tend to get KS (a skin cancer) which women hardly ever get. Instead, women can get cervical cancer, which is why it's a good idea to get a PAP test done every 6 months.

YOUR BODY

Health management plan

A health management plan is something you try to do to keep yourself healthy. It involves eating a balanced diet of good foods, getting enough sleep, lowering your stress, getting some exercise everyday, and quitting alcohol, street drugs and cigarettes (or cutting down if you can't quit). These are the things you can do to give your body the chance it needs to stay healthy and to slow down HIV illness. This book tells you more about a health management plan.

Keep your body healthy & strong

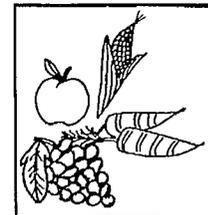
The best thing you can do for yourself inside or outside of prison is to keep your body as strong and healthy as possible. This is easy to do, but you need to know how to do it. Keeping your body healthy will help keep your immune system strong.

Try to follow a good health management plan: eat well, get enough sleep, and get some exercise everyday.

Because your immune system could be weak, try to protect yourself from getting infections, and try to quit or cut down on alcohol, street drugs and smoking. The next sections tell you how to do these 6 things (eat well, get rest, get exercise, lower stress, protect yourself from infections, and cut out alcohol, drugs and smoking).

Food

Eating the right balance of foods is important, because this will give you the nutrients and energy you need. There are 5 basic nutrients you need to get from foods: proteins, carbohydrates, fats, vitamins and minerals. Protein, carbohydrates and fats are sources of energy, while vitamins and minerals release the energy in foods.



Proteins come from many foods such as meats, fish, poultry (like chicken and turkey), beans, tofu, milk and grain products. Carbohydrates come from foods like rice, pasta, potatoes, vegetables, bread, cereal, fruits and sugar. Fats come from butter, margarine,

oils, salad dressing and nuts. Fats give you a lot of energy, so try to balance the fat you eat with other foods. Vegetables and fruit have a lot of vitamins and minerals. Milk products are good for extra protein and energy.

Because you are HIV-positive you should give your body extra protein (in case you are losing weight). You may need more vitamins and minerals than you get from foods, especially if you aren't very hungry and are not eating vegetables and fruit. If you are not sure you are eating enough vitamins and minerals, you can talk with the medical staff at the Health Care Unit about getting a multivitamin everyday. But don't overload on vitamins, they can become toxic (poisonous).

Sometimes people with HIV illness will have a hard time keeping their weight the same (they may lose weight without dieting). This is when eating enough becomes very important and high-energy foods should be eaten. You can make your own high-Calorie foods (see page 83) or drinks. You can also buy food supplements at the drugstore (like Boost®, Enercal®, Ensure®, Nutren®, Resource® and Suctelcal®). These foods are expensive and you need to drink a lot of them to gain weight. These food supplements are not necessarily better than home-made high-Calorie foods or drinks.

When you are on the outside again, don't eat raw eggs, fish or meats (like sushi or steak tartar). These foods have live bacteria and parasites in them which can be hard for your immune system to fight off. You can get an infection or tapeworms from eating raw meats and fish. Only eat these foods if they have been properly cooked.

You can read more about food in Chapter 5.

Eating in prison

Try to balance what you eat in the institution. This might be hard to do because you can't make your own meals in prison. Make sure you eat enough grain products (like cereals or bread), vegetables and fruit, milk products and meat or other proteins (like fish, poultry, tofu) everyday. Try not to eat too much of just one thing. You need to eat a variety of foods.

You can speak with the dietitian in the institution or the medical staff at the Health Care Unit. They will help you to work out a healthy eating plan that will fit your nutritional needs. The dietitian can also help you get special meals (like diabetic meals) if you need them. He or she can also help you get multivitamins.

If other inmates ask why you get special meals, you can say that you have stomach problems, diabetes, or that you lost weight and need to gain it back. You don't have to tell them that you are infected with HIV. No one else needs to know that you are infected with HIV.



If you don't get special meals at the institution, then try to watch that you eat a balanced meal. Make the best of what the kitchen prepares for you to eat. You can trade your foods with other inmates. For example, instead of eating gravy with French fries, you could trade them for vegetables or salad. Or trade your dessert for an apple or orange. Try to eat balanced meals if you can.

If you have trouble eating food while you are in the institution, or if you are having diarrhea, read Chapter 5 and talk to the dietitian.

Eating on the outside

When you are on the outside you will have more control over what you eat. Either you will cook for yourself, or someone else will cook for you, or you will eat out or from fast food places. You will need to make some decisions about what foods you buy and eat.

Chapter 5 tells you about what foods to buy and how to cook them so that you won't get sick. It also tells you what to eat if you are having a hard time chewing or swallowing food, or if you are losing weight.

Rest & sleep

Getting enough sleep will make it easier for you to handle stress. You must give your body a chance to rest so that it can stay strong. This is true no matter where you are (on the inside or outside) and no matter what stage of HIV disease you have.

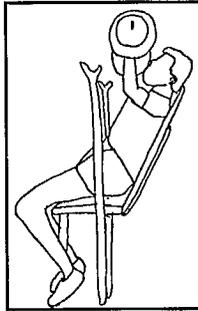
Try to get enough sleep so that you can store energy. You may want to talk to someone if you are having trouble sleeping (counsellor, nurse or doctor). Also, try not to do stressful things. If you feel that you are getting tired during the day, try to pace yourself. HIV can be emotionally draining to your body.

Antiviral medication (medicine for your HIV infection) can make you feel very tired. Take a rest when you need it.

Exercise

We all know, and have heard over and over, that exercise is good for the body. But not everyone understands how exercise improves the body.

Exercise gives physical and emotional health to a person. The



muscles get a workout, the bones and blood circulation become stronger, it helps with digesting food, and it can lessen stress, tension and depression. Try to walk around the yard or slowly lift weights in the gym.

If you already exercise, keep up with your routine, especially if you are in an institution. Try to do stretching exercises if you aren't doing these already. The exercise you do should keep your heart beating faster than normal for about 20-30 minutes

(like running, basketball, jump-rope).

If you don't usually exercise but you would like to start, then begin very gradually. Build up until you can do exercises for 30 minutes. **DON'T OVERDO IT!** You can talk to the institution's doctor about this or your own doctor. He or she might say that you have to be careful because of heart disease or high blood pressure.

Exercise regularly, or as regularly as possible. This is good for your body because it helps to rebuild muscles and keeps your body active. Keep doing your exercises when you are released from prison.

Lowering stress

Stress is part of everyday life. It can have a bad effect on your immune system, especially if you are infected with HIV. But there are ways you can lower and manage stress, even while you're in an institution.

Try first to lower the amount of stress you have. This is not always possible to do, but try to cut down on doing things which make you tense or very tired. Instead, do things which you enjoy and which don't take a lot of your energy. Take some time out for yourself to relax or do exercises (to release tension).

You can also try massage, meditation, yoga or tai chi to manage your stress (see pages 53-54). Some of these exercises may not be easy to do in prison, but you could talk to an AIDS agency about how to start doing them. Also, relaxation exercises are good for lowering stress.

Below is a relaxation exercise you can do when you're sitting or lying down. It comes from a booklet called Be Good to Yourself which is written for prisoners who are infected with HIV. The booklet is produced by:

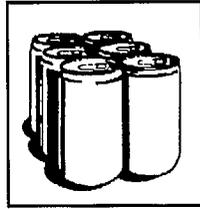
**Treatment Education Program of AIDS Project Los Angeles
6721 Romaine Street
Los Angeles, California
90038, USA.**

RELAXATION EXERCISE

- ◆ Close your eyes and feel your body relax ...
- ◆ Wiggle your toes, letting them relax ...
- ◆ Rotate your feet so your ankles relax ...
- ◆ Gently move your legs, feeling your calves, knees, and thighs relax ...
- ◆ Now tighten your buttocks (bum) muscles, let them relax ...
- ◆ Take a few long, slow, deep breaths into your stomach, letting your belly relax ...
- ◆ Whatever you are holding on to inside your mind, just let it go ...
- ◆ Let your whole back relax (let your head drop forward if you are sitting) ...
- ◆ Relax your arms. Feel each finger relax ...
- ◆ Tell your shoulders and neck to relax ...
- ◆ Let go of any tension in your forehead and eyebrows ...
- ◆ Lips, teeth, and tongue relax ...
- ◆ Gently move your jaw from side to side, letting it relax ...
- ◆ Relax your nose and your throat and tell your eyes to relax completely ...
- ◆ Finally, feel your whole body totally relax ...
- ◆ Allow your thoughts to flow, letting your mind ... and body ... completely ... relax ...

If you have emotional stress, try to deal with it as soon as you can so that you don't build up tension inside you. For example, if someone keeps bothering you, talk to him or her about leaving you alone. Don't wait until you are angry or frustrated with this person. Also, it's good to have someone you can talk to about other problems or troubles you might have.

Alcohol, drugs & smoking



Heavy use of alcohol (including homebrew in prison) is not good for people infected with HIV. It makes it harder for your body to absorb vitamins and minerals, and can weaken your immune system. If you can't quit alcohol try to cut down.

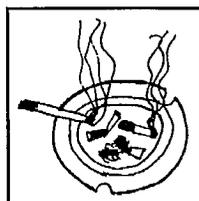
Also, if you have been a heavy drinker, you could have done damage to your liver which can affect the medications you might be taking.

If you want professional help with trying to quit drinking, you can talk to AA (Alcoholics Anonymous) listed at the back of this book. Some institutions let AA come in from the outside to meet with inmates. You can ask the Inmate Committee or the medical staff at the Health Care Unit about this.

Taking street drugs (like cocaine, downers, speed, heroin, crack, marijuana) is also not good for your immune system. If you're using them you might forget to take your medication. This could mess up the way the medicine is helping your immune system.

Try to quit, or at least cut down on drugs. If you feel you need professional help to do this, you can call NA (Narcotics Anonymous) listed at the back of this book. Some institutions let NA come in and talk to inmates. Also, all federal institutions offer substance abuse programs to inmates who want to stop using drugs. You can talk to the medical staff at the Health Care Unit or substance abuse counsellors about these substance abuse programs.

You might not be able to quit alcohol and/or drugs all at once. It will probably take time and effort, but don't give up. This is part of following your health management plan.



Smoking not only affects your lungs, it weakens your immune system. Even though we aren't sure if smoking has an affect on AIDS, we do know that it increases your chances for getting a chest infection.

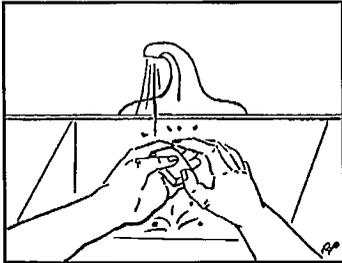
Again, try to quit smoking. This can be really hard to do while on the inside because so many people smoke. Trying to quit alcohol, drugs or smoking can be very stressful and difficult for you. Talk to someone who can help. You don't have to go through this alone.

Keeping your body clean, avoiding infections

Generally, everyone should keep their body clean. But because of your HIV infection it is very important for you to prevent getting infections if you can. A suppressed immune system has more of a chance of getting infections from unclean bodies, dirty clothes and surfaces. You cannot, however, spread HIV by touching dirty surfaces or people.

Clean your body regularly and wash your hair when you need to. Wash your comb or hairbrush every week.

Try to brush your teeth after every meal, and get a new toothbrush every 6 months. Having gum disease can be serious for people with HIV, so see the dentist immediately if you have sore gums. See the dentist for regular check-ups every 6 months.



Try to remember to always wash your hands after you go to the washroom. Wash them if you touch blood, semen (cum from a man), or vaginal secretions (juice from a woman). Also wash your hands if you touch feces (shit) because it has live bacteria in it. The feces from cats can have a parasite in them called "toxoplasma gondii". These pets are O.K. to have, just don't touch their feces. You can read more about pets on pages 59-60.

Don't share your razors, tweezers or nail clippers.

If you have to clean up blood or body fluid spills from someone else in the institution, ask for latex gloves.

Women should put away used sanitary napkins or tampons in a plastic bag. If you wrap them in tissue, carefully put them in the garbage. This blood will have HIV in it.

Mould & fungus

You should be careful of fungus and mould which can live in washrooms, showers and kitchens. You can get an infection from fungus or mould. They can be found in refrigerators, shower floors and garbage cans.

As long as the kitchen, the shower floor and the garbage cans are cleaned regularly, you don't have to worry. Cleaning these surfaces once a week will do. They should be cleaned with bleach which has

been diluted with water (1 part bleach to 10 parts water). This kills the mould and fungus very well.

If you can, clean the toilet with full strength bleach. There is small mould which lives under the rim. Try to turn your face away from the toilet when you flush it. Water spray might have mould in it.

Wash your clothes (or have them washed) regularly. You don't have to use bleach, just warm water and soap.

When you are on the outside again, you will have to keep the place you live in (your home) very clean. You can read more about this in Chapter 4.

If you are gardening (at the institution or when you are released), always wash your hands very well when you are finished.



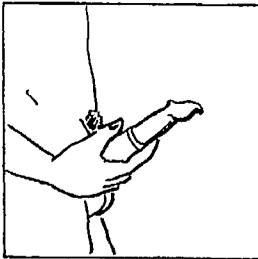
SEX

You should know that sexual activity between inmates in federal institutions is considered an institutional offence.

Making sex safer

Being infected with HIV doesn't mean you have to give up sex. It means you have to be very careful when having sex. You **must** have "safer sex". It is important to know how to have sex more safely. You need to protect yourself from getting other diseases and infections, and to protect your partner from getting your HIV infection. Safer sex means not letting certain body fluids from one person go into another person's body.

The body fluids you need to be careful with are the ones which can come out of the body during sex. These include blood, semen (cum from a man), and vaginal secretions (juice from a woman). Your fluids will have HIV in them. Your partner's fluids can have other diseases or even a slightly different form of HIV in them. Getting more HIV into your body can cause problems for you. You can help stop fluids from going into your body or your partner's body by using latex condoms and latex squares (dental dams). Try to remember the saying "on me, not in me". This means fluids "on" your body are safe, but they are not safe "in" your body or your partner's body.



Some inmates have family/trailer visits or sex with each other on the inside. Federal institutions give out condoms for men, and latex squares and condoms for women. Each prison gives out condoms differently. In some prisons the men have to go to the Health Care Unit or A & D (Admitting & Discharge) to get them, or through the canteen, or other ways. If you need condoms but can't find them, you can ask someone you trust, the Inmate Committee or the medical staff at the Health Care Unit. Women can get condoms and latex squares at the Health Care Unit or at their living unit.

On the outside you can get free condoms at different agencies. The places listed at the back of this book can tell you where these agencies are in your area. You can also buy condoms at drugstores.

Especially because you have HIV, you should try to protect yourself from getting diseases or more HIV into your body when having sex. You must try to protect your partner from getting the virus from you. Make sex safer - you are responsible for not spreading the virus to other people.

Why are latex condoms & squares important?

The fluids which can come out of your body during sex (blood, semen [if you're a man]) or vaginal secretions [if you're a woman]) will have HIV in them. Condoms and squares help to stop these fluids from going into another person's body. *Latex* is the best you can use to stop fluids from passing through condoms and squares. That's why it's important to use latex. Latex makes sex safer inside prison and on the outside.

HIV infected fluids are dangerous if they go into the rectum or a woman's vagina. These areas are lined with cells which can let HIV into the bloodstream.

If there are tiny openings (which you can't see) in the skin, HIV infected fluids can get into the body and bloodstream.

The skin around the anus or a woman's vagina can easily tear. Men can have tiny cuts on their penis (which you can't see). Women can have tiny cuts inside their vagina.

If you have oral sex (going down) with a man, he can wear a latex condom. This will help stop his body fluids from going into your mouth. If you have oral sex with a woman, you can put a latex square over her vagina. This will help stop her body fluids from going into your mouth.

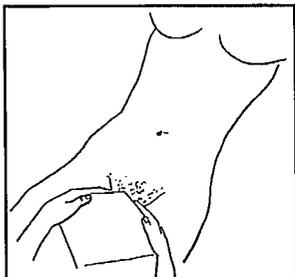
Latex condoms also help to protect your partner. Men and women should always use latex condoms when having anal sex or vaginal sex. If you are a man, you can wear condoms to stop your blood or semen from going into your partner's rectum or a woman's vagina. If you are a woman, the man can protect himself from your blood and vaginal secretions (juice) by wearing a condom before he goes into your vagina or rectum.

Whether you have oral sex, vaginal sex or anal sex, protect your partner and yourself. Use latex inside and outside an institution.

Using the right things

Latex condoms & squares

When you use condoms or squares (dental dams) make sure they are made of **latex**. Only latex will protect you the best. Condoms also come in different colours and flavours for oral sex (going down).



Latex squares can be used to make oral sex on a woman safer or oral-anal sex safer. They are made of the same latex that most condoms are made of. They are very thin, have a square shape, and are about as wide as your hand.

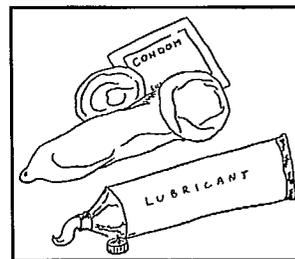
Instead of using a latex square, you can use a cut up latex condom. First unroll a new condom, cut off the tip, then cut along the side all the way. Try to use non-lubricated or flavoured condoms for oral-vaginal sex and oral-anal sex.

Lubricants

Lubricants (lube) help make sex wet so that there is less rubbing and tearing of the skin. This helps when sex is dry. Lubricants are not always available in federal institutions. You can ask someone you trust, the Inmate Committee or medical staff at the Health Care Unit about lubricant.

When using lubricants, make sure they are water-based (like K-Y®, ForePlay®, Astro-Glide® or Lubafax®) and not oil-based (like Vaseline®, baby oil or cooking oil). An oil-based lubricant will make the condom fall apart. Don't use body creams or skin lotions.

If you are a man, it is good to use lubricant when having vaginal sex with a woman (for family/trailer visits or when you are on the outside). If you have anal sex with someone you should always use a lot of lubricant. Use even more lubricant if you are fisting. When you use lubricant you will tear less skin around the anus and rectum or a woman's vagina.



If you are a woman, you should use lubricants when having sex with a man.

Use latex for fingering with a man or woman.

Latex gloves & cots

Surgical gloves are good to use for fisting. Finger cots (like small condoms for your fingers) are good for fingering. Both are made of latex. You can buy these at some drugstores when you get out of prison. Always use a lot of lubricant when fingering or fisting.

Spermicides

Spermicides (*sperm-e-sides*) are a cream or foam which you can buy at the drugstore on the outside. Sometimes it is used in a woman's vagina for birth control because it helps to kill sperm (in cum). If you use a spermicide make sure it has *nonoxynol-9* in it. Spermicide can help to kill HIV too. Always use a condom when you use a spermicide.

If you want to use a spermicide always test a little of it on the skin inside your wrist and your partner's wrist before having sex together. If the skin turns red, starts to itch or you get a rash, then don't use that spermicide.

Some people don't like to use a spermicide because it can bother the skin inside a woman's vagina. You can buy latex condoms which are already covered with a spermicide. These condoms might not hurt the woman's skin. Never use a spermicide in anyone's rectum. It will make the skin inside the rectum very sore.

How to make different kinds of sex safer

Some ways of having sex are **no-risk** for spreading HIV or other diseases, while others are **low-risk** or **high-risk**. This means that some ways of having sex with an infected person are more risky if they are not done safely. Any type of sex inside or outside an institution can be made safer. Remember that blood, semen (cum) and vaginal secretions (juice) from an infected person are the body fluids you need to be careful with.

NO-risk:

- ▶ kissing on the lips and the body (but not near the vagina or penis);
- ▶ masturbating;
- ▶ touching, rubbing and massaging anywhere on the body;
- ▶ using sex toys (always clean them first with soap and water, but don't share them);
- ▶ talking sexy, fantasy.

LOW-risk:

- ▶ deep kissing or tongue kissing;
- ▶ oral sex on a woman (you can make this safer if you put a latex square or cut up latex condom over her vagina);
- ▶ oral sex on a man (you can make this safer if he wears a non-lubricated latex condom);
- ▶ fingering (you can make this safer if you cover the fingers with latex gloves, finger cots, squares or condoms);
- ▶ fisting (you can make this safer if you use latex gloves and a lot of lubricant);
- ▶ oral-anal sex is low-risk for spreading HIV, but it is high-risk for getting other diseases like hepatitis. Use a latex square or cut up latex condom to make this safer.

HIGH-risk:

- ▶ vaginal sex or anal sex (you can make this safer if you use latex condoms and lubricant, some men put a second condom over the first one);
- ▶ oral sex on a woman during her period (you can make this safer if you put a latex square or cut up latex condom over her vagina, and if she keeps a tampon in).

Talking to your partner

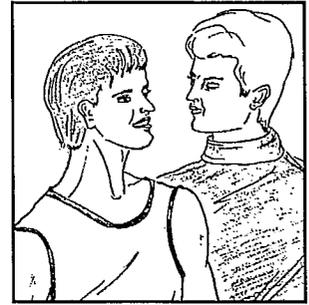
Before you start having safer sex it helps to talk to your partner about being safer. This may not be easy to do, but it is important. Talking about safer sex will make doing it easier.



It may be hard to talk to your partner about your HIV infection (if he or she doesn't already know), but it is important to do this. You can read more about telling someone you are infected in Chapter 2.

If you have family/trailer visits or have sex with other inmates on the inside, talk to your partner(s) about using condoms or having "low-risk" sex. You **must** use latex condoms and squares, and make sex safer. You should tell your partner(s) that you are infected with HIV.

When you are on the outside talk about safer sex with the person or people you have sex with. If you are not ready to tell them you are infected with HIV, then don't have sex. Your partner(s) should know about your infection so that they can make an "informed choice" (know of the risks) about having sex with you.



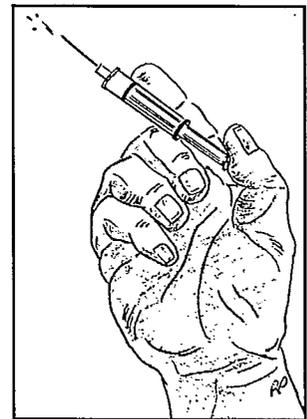
Remember that your health is important. You must protect yourself from getting other diseases. Your partners' health is also important. They must also protect themselves. Tell them you are infected with HIV. If you don't, then don't have sex. Don't put your partner(s) at risk for getting HIV from you. Talk about your infection and safer sex.



NEEDLES

Now that you have the virus you should be especially careful and not share your needles. Sharing needles is the easiest way to spread your HIV infection to other people.

Needle sharing is dangerous because anyone who uses a needle or fit will always leave a little bit of their blood in it. This blood could have HIV or other diseases (like hepatitis) in it. The next person who uses the same needle will shoot that blood into their own vein or body.



This is how HIV and other diseases are spread among people who share needles. This is how infected blood from someone else can go right into your bloodstream. This is also how your infected blood can get into someone else's bloodstream. This can happen on the inside and outside of an institution.

Even if you "muscle" (inject into the muscle) or "skin pop" (inject under the skin), you are at risk for getting another kind of HIV or disease from someone's needle and for giving HIV to someone else.

Sharing needles is the quickest and easiest way to spread your HIV infection to other people.

Drugs

You should know that using drugs (including alcohol and homebrew) while in prison is illegal, and possession of drugs and needles is contraband. If you get caught, you will be charged.

You should also know that all federal institutions offer help to inmates who want to stop using drugs. You can talk to the health care staff or substance abuse counsellors about these substance abuse programs.

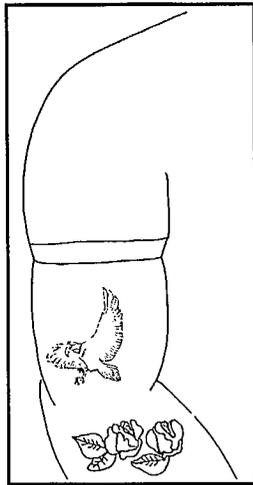
Some prisoners shoot up, pierce or tattoo on the inside. They might use an old needle, guitar wire, tattoo gun, sewing needle, staple or home-made rig. They almost always share these things with other inmates. This is one of the easiest ways to spread the virus HIV.

Tattooing

You should know that tattooing in federal institutions is considered an institutional offence, except when done by an outside professional tattooist.

You can spread HIV through tattooing if you share guns, needles, guitar strings, staples or threads.

Many people don't think that tattooing is risky for getting HIV or other diseases, but it is.



If you tattoo inside an institution, make sure you use needles that are not shared (or at least clean them with bleach and water first). Guitar strings or other tools must also be cleaned with bleach and water. To protect yourself and your tattooing friends, you need to kill the HIV with bleach before you share.

Always wear latex gloves if you are giving someone a tattoo.

If you are going to tattoo someone when you are on the outside, you will still have to clean your tools with bleach. If you go to a tattoo parlour make sure they use a new and clean needle for you.

Steroids

If you use needles to inject steroids or insulin (for diabetes), never share your needles. HIV doesn't care if you are shooting to get high or to build muscles, it stays behind in the needle after you use it. Don't share, or at least clean the needle or works with bleach and water before you use them.

If you are taking antiviral medications, tell your doctor that you use steroids. The steroids could have an affect on how well the HIV medication is working in your body.

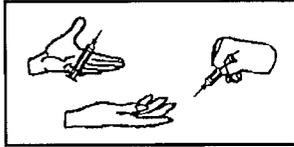
Piercing

If you use needles or other rigs to pierce your body and skin (your ears, nose or anywhere else), you must only use clean tools and not share them. It doesn't matter if you're on the inside or outside - you can pass your HIV virus to other people if you share without first cleaning. Or you can get another form of HIV or other diseases from someone you pierce with. Always clean your rigs with bleach and water before you use them.



Needle exchanges

Outside of institutions there are needle exchange programs where you can go to get new needles. They work like this: you give them your used needles, and they give new ones back to you. This is a free service to anyone.



Many cities have at least one needle exchange. Some are part of an agency, others work on their own. Still some others are in vans and drive around to different parts of the city to exchange needles on the street. When you are on the outside again, you can find out more about exchanges in your area. They are listed at the back of this book.

Needle exchanges are not run by the police. Some people think they are, and are afraid to use them. It is safe to go to a needle exchange. They want you to be safe and to use clean needles. They won't try to hassle you to get off drugs, but they can tell you where to get help for this if you want it.



DOCTORS & TREATMENT

You need a good doctor

Whether you are in prison or on the outside, you should try to find a doctor who knows a lot about HIV and AIDS. This doctor can be a regular family doctor, but he or she should really be informed about taking care of people with HIV. These kinds of doctors are usually called HIV "primary care physicians".

It is best to find a good doctor as soon as you know that you are HIV-positive. The doctor can follow your health and keep track of how well you are doing. When you need it, he or she will start you on treatments. The sooner you start the treatments you need, the better are your chances for staying strong and healthy.

People at AIDS agencies can help you find this kind of doctor, even if you're on the inside. You can call an AIDS agency or AIDS hotline in your area (listed at the back of this book). You can also talk to the medical staff at the Health Care Unit about seeing this type of doctor. Some institutions already have an HIV primary care physician.

The doctor will give you advice which will help keep you as healthy and strong as possible. He or she can give you medication if you need it.

It is important to see your doctor regularly. He or she will keep a record of many things: your health, how well your immune system is doing (with blood tests including T4 tests), check the number of T4 cells found in your blood, how well your medication is working, and help you get well if you become sick. Even if you are in an institution you should be able to see a doctor and get your medications.

How to find a good doctor

If you don't already have an HIV primary care physician or family doctor who knows a lot about HIV and AIDS, you can talk to the medical staff at the Health Care Unit. They can help you find a doctor on the outside who can come to see you on the inside.

If you already have a doctor on the outside who is treating you for HIV, then you should speak with the medical staff at the Health Care Unit about having your medical information sent to the institution. You can also ask if your doctor can come to the institution to see you. This might be arranged if he or she works in the area.

When you're on the outside you can go to different doctors to find one you like and feel comfortable with. You can't really do this while

you're on the inside. You can call an AIDS agency or AIDS hotline in your area for help. They know of **all** the doctors who see people with HIV and AIDS.

It's easier to find a good HIV primary care physician if you know what you are looking for in a doctor. Here is a list of things you can do or think about which will help you find the best doctor for you.

- ☞ Before you meet with the doctor, write down all the questions you have (it's easy to forget them).
- ☞ If you think that you'll be nervous or scared, you can take someone with you.
- ☞ Does the doctor treat you with respect?
- ☞ Look for a doctor who makes you feel comfortable. Does this person examine your body carefully and gently? Does the doctor look at you when speaking with you? Is the doctor rushed or hurried with you?
- ☞ Look for a doctor who uses words you understand. He or she should not use medical words without explaining what they mean. You **must** be able to understand your doctor. If you don't, try to find another one.
- ☞ Look for a doctor who gives you a chance to ask questions. It is important that he or she has time to listen to your questions and give you useful answers.
- ☞ Do you want a doctor who tells you what you need and what to do (this makes some people feel safe)? Or do you want a doctor who works with you looking at different treatment choices (this makes some people feel better that they make decisions with the doctor)? It's up to you.
- ☞ Do you want a doctor who is able to put you in a clinical trial? Clinical trials are used to test HIV drugs on people (you can read more about this is on pages 51-53).
- ☞ Do you want a doctor who is from your ethnic culture or speaks a language other than English?
- ☞ How can you reach the doctor in case of an emergency? Does he/she have an answering service, or a beeper, or

another doctor who looks after patients? Is this arrangement O.K. with you?

After you meet with the doctor you should try to judge for yourself how you feel about the doctor and your visit. If you are not happy with this person make an appointment with a different doctor. You don't have to stay with a doctor if you don't want to.

What happens at your first appointment?

At your first appointment the doctor will ask you a lot of questions and do a "complete physical exam". This means that he or she will check out your whole body and do some tests. There should also be time for you to ask questions.

Here are some of the things the doctor will ask you about:

- ▶ the history of your health (if you've been sick in the past, what you were sick with, etc.);
- ▶ if you are doing any "high risk" behaviours (like share needles, have sex without a condom);
- ▶ if you are taking any medication for your HIV or for something else;
- ▶ if you use any alcohol or drugs (street drugs);
- ▶ if you smoke;
- ▶ if you have asthma (trouble breathing);
- ▶ if you have pets on the outside (you can read more about pets on pages 59-60);
- ▶ if you have any signs of HIV illness (pages 21-22), like night sweats, diarrhea, swollen glands, feeling very tired.

It is important to answer your doctor's questions honestly. He or she can only treat your infection the best possible way if he or she has all the right information. Don't be afraid to be honest.

Some of the things the doctor will check for when examining your body are:

- ▶ look over your skin;
- ▶ check your whole body including inside your eyes, mouth, throat, rectum, penis for a man, and vagina for a woman;
- ▶ see how much you weigh;
- ▶ blood will be taken from your arm so that different tests can be done, like:
 - ✓ HIV (to make sure you are infected)
 - ✓ blood cell counts (both red and white blood cells)
 - ✓ T4 cell count
 - ✓ syphilis (a sexually transmitted disease, STD)
 - ✓ hepatitis
 - ✓ diabetes, kidney disease and liver disease
- ▶ a chest X-ray is done and a urine (piss) sample will be taken;
- ▶ maybe other tests will be done as well.

The doctor does all of these tests in order to start a “baseline” of your health. A baseline is like a snapshot of your health on the day you have your first appointment with this doctor. When there are any changes in your health after that day, the doctor will have a baseline to compare those changes to. He or she will know if the changes are better or worse, or if there is anything to worry about.

You will likely see this doctor a few times over a 4-6 week period. During this time he or she will do tests, talk to you about the results of your tests, talk to you about treatments if you need them, and about possible side-effects from these treatments. It might take this long for the doctor to get all the necessary information about you and your health, and for him or her to talk to you about your health and living with HIV.

This is the beginning of working with your doctor so that you can take care of your health. Your health management plan is based on you looking after yourself.

It is very important for you to have good medical care, and to have a doctor you feel comfortable with and who you can trust. You can keep your body strong and healthy with the right medical care. Your primary care physician is your partner in keeping yourself healthy on your health management plan.

Regular visits with your doctor

Always try to get the most out of your appointments with your doctor. Your time is important and you want to make sure you have all the information you need when you leave the doctor's office. Here is a list of a few things which might help you to do this:

- ☞ Write down any questions you have.
- ☞ Ask about treatments and their side-effects (be aware of side-effects, you can read more about this on pages 48-50).
- ☞ Write down the instructions or directions the doctor gives you (like get a chest X-ray, or make another appointment, or go to see another doctor for a special reason, etc.).
- ☞ Keep track of the medications, herbs, vitamins you are taking on your own (some of these might react with your HIV medication), and tell your doctor about them.
- ☞ Keep your own record of your health (like the days you have appointments, how much you weighed, what medication you were given, what effects they might have had, when you were sick etc.).
- ☞ Try very hard to do what the doctor says is best for you (about eating, exercise, getting rest, etc.).
- ☞ Try to learn more about your immune system and HIV (the more you know, the better you can understand HIV infection).

Generally, if you are feeling well and you are not having signs of HIV illness, you will see your doctor about once a year. Your appointments will include the following:

- ▶ a complete physical exam of your body, like the one at your first appointment;
- ▶ many blood tests, like all the ones done at your first appointment;
- ▶ tests to see how well your immune system is doing;
- ▶ chest X-ray and urine (piss) tests, like the ones done at your first appointment;
- ▶ yearly shots (like flu shots) or TB skin test.

If you are taking medications your doctor will ask if you have had side-effects to them. He or she will also ask if you have had signs or symptoms of having HIV illness.

When the doctor gets the results from all of these tests, he or she will compare them to the baseline which was started at your first appointment. This helps the doctor and you to track your health and changes in your body.

If you are “asymptomatic”(not showing signs of having HIV illness), you will see your doctor regularly. If you are taking HIV medications, then you will see him or her more often. If you notice a new sign or symptom of HIV illness, then you should see the doctor right away. And, if something “feels wrong” or “not right” you should visit your doctor as soon as possible.

Although not all doctors work the same routine, the next page gives you a general appointment plan for someone who is infected with HIV. You may or may not have the same appointment plan, it depends on your health and your doctor.

T4 Cell Count	Signs or Symptoms	When You Might See The Doctor
over 500	none	every 12 months (or when necessary)
300-500	none or mild	every 3-6 months (or more often if you are taking antiviral medications)
under 200	some signs of HIV illness (see pages 21-22), but no other serious signs of other diseases	every 1-2 months
	having signs of a serious disease or AIDS (see page 23)	every 1-2 weeks while you are having an illness (or more often if you need tests done)

You can also keep a record of your health and any changes which are happening to your body. In Chapter 11 you will find forms which you can use to write down your information. On these forms there is also space for you to write down your questions, answers, and information you get from your doctor. There is also a form for writing down telephone numbers and addresses of places you need to go to, and more. Check it out!

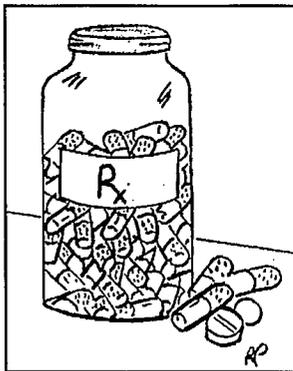
Treatments for HIV

There is no cure for HIV or AIDS. But there are treatments which can help slow down HIV disease. When they need it, people infected with HIV will take 2 types of drugs: 1) “antiviral” medications (to slow down HIV disease, see the next section); and 2) drugs which help to stop from getting an opportunistic disease. Both these types of medications can “improve the quality of life” (which means, make your life feel better). Only your doctor can give these drugs to you.

People only start taking treatments for HIV when their T4 cell counts are at a certain number and/or if they are showing signs of HIV illness.

Antiviral medications help to slow down HIV from changing your T4 cells (see page 20) and to keep your immune system stable. Antiviral drugs can't kill HIV, no medicine can. Some common antiviral medications are *AZT*, *ddI*, and *ddC*. Maybe you have heard of these.

Some people have side-effects (a bad reaction) to these drugs. Your doctor will watch to see if this happens to you. Some of the medications work better when they are mixed with other drugs, some are worse when they are mixed.



You can read about the different drugs in the next section. When you see the ♁ sign, it means this information is about the benefits (good things) of the medication. When you see the ⚡ sign, it means this information is about the side-effects the medication might have on your body. The drugs listed below are only some of the many treatments which people with HIV can have. You can talk to your doctor about other medications which you can take and which will work best for you.

AZT

AZT is the most common anti-HIV treatment. People can take it as a pill or as a syrup. They both work the same. Other names for AZT are *Zidovudine* and *Retrovir*. AZT helps to slow down HIV from changing or killing your T4 cells.

♁ Some people who take AZT don't get opportunistic infections as quickly. Also, if these people do get infections, it seems that they get over them quicker than people who don't take AZT. For some people AZT helps to slow down the start of AIDS. Some people gain weight while taking AZT.

♁ Doctors have noticed that AZT can help stabilize (to keep from changing) the immune system, by helping to keep the number of T4 cells the same. This means that the number of T4 cells might not go down as quickly than if the person did not take any AZT.

⚡ AZT can have bad side-effects. People who are not ill with an HIV illness do not normally have side-effects to AZT. People who are

having an illness seem to have side-effects, but they are not serious side-effects. Some people can get headaches, nausea (feeling sick to the stomach), diarrhea, fever, and feel very tired. Most of the time these side-effects will go away after a few weeks. People who take AZT for more than 6 months might get blue or brown lines under their fingernails and toenails. These lines don't cause pain.

⚡ For some people AZT can cause serious side-effects. AZT can do damage to the bone marrow cells in their bodies and cause **anemia** (*an-nee-mee-a*). Bone marrow cells make new red blood cells, and these red blood cells carry oxygen (air) to inside your body. If you have fewer red blood cells than your body needs you will have anemia. Women with HIV tend to get anemia, because of their period or pregnancy.

⚡ Also, AZT can cause **neutropenia** (*new-tro-pee-nee-a*). This is when you have fewer white blood cells than your body needs. White blood cells are part of the immune system and they help fight off infections. Often if the person is given less AZT or stops taking it, the white blood cells have a chance to build up again.

⚡ AZT can also cause **myositis** (*my-o-sight-is*) and **myopathy** (*my-o-path-ee*). Myositis is inflammation of the muscle(s) which gives you soreness and pain. Myopathy is when the muscles don't work well, breakdown or become weak.

ddI

ddI comes in a chewable tablet. Other names for ddI are *dideoxyinosine* or *Videx*. Just like AZT, ddI helps to slow down HIV from changing your T4 cells.

⚡ This drug can help to stabilize the immune system which helps to fight off opportunistic diseases. ddI is often given to people who cannot take AZT or who have very bad side-effects from AZT.

⚡ People taking ddI can get headaches, diarrhea, dry mouth, liver problems, or feel very tired. In a few people it can cause tingling in the fingers and feet.

⚡ A few people got **pancreatitis** (*pan-cree-a-tie-tis*) from ddI. Pancreatitis is the swelling of the pancreas. The pancreas helps to digest your food. If something is wrong with your pancreas, then you can get stomach pains and vomit (puke). This can become very serious and can kill you. Doctors have found that when ddI is mixed

with some other drugs it can increase the chances of getting pancreatitis. But it's O.K. to mix ddI with AZT.

ddC

✦ This drug is similar to ddI and is usually taken with AZT. It also helps to stabilize the immune system and improve your chances of fighting off opportunistic infections.

⚡ Some side-effects of ddC are sores in the mouth, fever, rashes on the skin, and nausea (feeling sick to the stomach). ddC can also cause pancreatitis or tingling in the hands and feet.

Using different drugs together

Some treatments use different medications at the same time and it can be done in 2 ways: 1) alternating therapy; and 2) combination therapy.

Alternating therapy means the person takes one drug for one week, then changes to a different drug the second week. The person alternates (rotates) the drugs over a period of time. Doctors have to watch closely that the person doesn't get any bad side-effects.

Combination therapy means that usually 2 drugs are taken together at the same time. Most of the time AZT is combined with ddI or ddC. But AZT can also be combined with many other drugs. Doctors are still trying to figure out which drugs are the best to use together. You can talk to your doctor about alternating and combination therapies.

Other drugs used to treat HIV

There are many other drugs used in treating HIV. Some are still being tested to find out if they are safe and what doses (how much) are needed for treatment. Doctors are still experimenting and learning about antiviral drugs. You can ask your doctor about the different medications which you might be able to take.

Other drugs you might have to take

As you will read in Chapter 4, your body can come in contact with parasites, bacteria and fungus. These things are always around us, and a healthy body can normally fight them off. But if your immune system is weak these things can cause problems for you.

You might have to take medications for them called “antiparasitic” (for problems caused by the parasites), “antibacterial” (for problems caused by bacteria), and “antifungal” (for problems caused by fungus). Some medications can include Bactrim (Septra) or Dapsone for lung infections; Fluconazole for Candida or fungus leading to meningitis (infection of the brain); or Tagamet (Cimetidine) or Naltrexone as an immune booster.

You should always be aware of possible side-effects you might have when taking these drugs. You might get side-effects from:

- ⚡ drugs you are taking for parasites, bacteria or fungus;
- ⚡ drugs you are taking for opportunistic infections (which could be many different drugs);
- ⚡ mixing the above two types of drugs together (side-effects could be very strong).

Clinical drug trials

If you need to take antiviral medications, you might want to know about clinical drug trials. These trials are studies which use people to test HIV drugs. They are also called “drug trials”.

Before a drug is approved for use in Canada, the federal Health Protection Branch (HPB) of Health Canada makes sure that the drug works and is not dangerous. Testing a drug is done in 4 stages and takes a lot of time.

A drug is first tested in a lab with animals. When it seems safe to use it is tested on people. The drug is then tested in a clinical drug trial which has 4 stages before it can be approved by the HPB.

Stage 1

This stage tries to find out how **safe** the drug is for people. People are given different amounts and are watched closely. Usually this part of the test lasts 2-3 months and less than 100 people take part in it.

Stage 2

This stage tries to find out how **effective** the drug is. In other words, is the medication doing what it is supposed to (like, does it keep the T4 cell count stable?). This part of the

trial can last from a few weeks to a few months. Less than 100 people take part in it.

Stage 3

In this stage the drug is tested for its **side-effects** (reactions people have to the drug). At this time hundreds of people take part in the trial. The drug is tested to see if it works for everyone. They also look to see if there are any side-effects over a long period of time. Stage 3 can last several years.

Stage 4

This stage allows for a longer period of time for testing to see if any other problems come up because of the drug.

Normally people in a clinical drug trial don't know what drug they are taking (unless they are in stage 1). Some people from the group will get one drug, while the other people get a different drug. Some tests use 2 drugs together, while others use a drug and a "placebo" (a placebo doesn't do anything, like a sugar pill). Drug trials are always experimental.

Usually there are "criteria" to meet before you can take part in a clinical drug trial. For example, some trials might only be able to use people who have T4 cells of over 300, or only people who have AIDS, or only women who are not pregnant, etc. Also, there might be rules if you take part, like no alcohol or taking other medications.

The costs for drugs used in trials are paid for by the drug companies. You will not have to pay to take part in a drug trial.

You may be able to take part in a clinical drug trial even if you are in an institution. It depends on what drug is being tested, how the trial is being run, and on the doctor (if he or she knows about trials). You can ask the medical staff at the Health Care Unit or your doctor about these trials. He or she may be able to start you in a trial.

When you are released from the institution you can speak with your doctor about taking part in a clinical trial. He or she might be able to refer you to one. Or you can ask an AIDS agency in your area. They know about drug trials and who you can get in touch with.

You will have to have an interview before you start a drug trial. You will be asked a lot of questions about your health. A physical exam will be done as well as blood tests.

You will also have to give “informed consent”. This means that after you have been told everything about the clinical drug trial (about the rules, benefits and risks) you agree to take part. You will have to sign your name on a form. If you do not understand something about the trial, ask before you sign. You should be very clear on what the drug trial is all about.

Other kinds of treatments

Many people use other treatments to help slow down HIV disease. Some people do not like taking medications, while other people like to use other treatments and take medications. Most of these are called “alternative therapies”, which means they don’t use drugs or medication. You can use these therapies listed below even if you don’t have HIV (for general health and relaxation). Some of these are:

▶ Immune Boosters

Immune boosters usually work on making the immune system stronger, not on fighting HIV. Beta-carotene (*bay-ta-care-o-teen*) is an immune booster which you can buy in a health food store, and is found in green and yellow vegetables (like broccoli, carrots, squash, etc.)

▶ Herbs

Herbs are plants which grow in nature. Sometimes they are even weeds which people pull out of their grass and gardens. Herbs and other naturally grown plants can have healing powers in them (like milk thistle, coneflower, lentinan [a type of mushroom]).

▶ Holistic Therapy

The idea is that everything that makes up a person (the body’s physical, mental, emotional and spiritual needs) is treated together (as a “whole”) when trying to make the immune system stronger. For example, someone would get treatment for their emotional and physical needs at the same time with the same treatment.

▶ Acupuncture

Chinese herbs are used with acupuncture. The idea is that there are many parts of the body which have energy. When you are sick you have low energy coming from different parts of your body.

Acupuncture is done by putting special needles into your skin at points where energy in your body is low.

► **Massage**

Massage helps the circulation (moving around) of your blood. It is usually done by working the skin and muscles so that they relax. Massage also helps to bring down tension from stress, relaxes the body, and makes the person feel good. You don't have to go to a professional for a massage, you can be massaged by a family member or friend. Some AIDS agencies offer free massage to people with HIV or AIDS. You can call one in your area to find out more about this.

There are different kinds of massage: Swedish (working with the muscles and skin), therapeutic touch (body energy going from one person to another), and shiatsu (finger pressure on different parts of the body). There are many more massage therapies you can try.

► **Meditation**

When people meditate they usually breath slowly and deeply, and they can clear their mind of all thoughts. They are able to relax all of their muscles and feel very calm (not excited).

► **Yoga**

Yoga is like meditation, but it also includes stretching exercises for the body muscles.

► **Tai Chi**

This is an old Chinese way of doing meditation. You use slow movements to relax your muscles and increase your energy.

You can call an AIDS agency in your area (listed at the back of this book) for more information about alternative therapies. They know where you can get the above therapies.

Paying for HIV medication

Antiviral and other drugs for treating HIV are very expensive. In prison drugs are made available through the doctor and you do not have to pay for them. When you are released from the institution you will have to pay for these medications.

The costs for AZT and some other drugs are covered by medical/drug insurance plans - it depends on your province or territory. If you have a medical insurance plan (see Chapters 6 and 7), you probably will not have to pay for the medications yourself. If you get social assistance (see Chapter 6), you also will not have to pay for some of these drugs. Some provinces or territories have a special family plan which will pay for AZT or other antiviral medications.

Some drugs which you might need are no longer covered by social assistance. This means that you will have to pay for them yourself.

For more information



There is an agency called Community AIDS Treatment Information Exchange (or "CATIE") which has up-to-date information about treatment for HIV and AIDS. If you have questions about any kind of treatment, you should contact them. You can write to CATIE at:

Community AIDS Treatment Information Exchange
517 College Street, Suite 324
Toronto, Ontario
M6A 1A8

You can also call them collect (416) 944-1916.

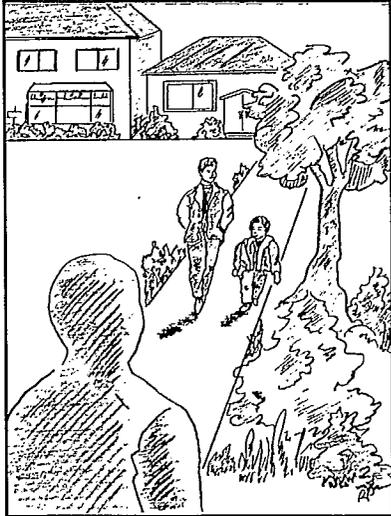
CATIE has a newsletter they put together 10 times a year called Treatment Update. You can get a subscription (have the newsletter mailed to you) if you're on the inside or outside. They can charge by "sliding scale" (an amount of money which you can afford). Or, when you are on the outside, check at your local AIDS agency to see if they get CATIE's newsletter. They probably do. If they don't, you can tell them about CATIE, they might get a subscription.

Also, you can call the Canadian HIV Trials Network at (604) 631-5327 for more information on trials and an office near you. You can call them collect. They are located in Vancouver. If you are in British Columbia, you can call toll-free at 1-800-661-4664.

If you want more information about treatments and clinical trials you can always call your local AIDS agency or AIDS hotline. They have been helping people with HIV and AIDS for a long time, and they know a lot about all the different treatments. They can be a big help to you.

4

LIVING ON THE OUTSIDE



When you are released from the institution and are back on the outside, you will need to know about living on your own or with your family. This Chapter will tell you about this and give you some general tips on keeping your home clean.

You cannot give the virus HIV to anyone you live with unless you have unsafe sex or share needles together. You can read about making these behaviours safer on starting on page 32.

HIV cannot be spread by sharing drinking glasses, forks and knives, or sitting together on the couch. You can do everything else together which you did before you became infected, except have unsafe sex or share needles together. Only a few things will

change for you, and they have to do with keeping your home clean and being careful with some foods (see Chapter 5).

If someone you live with has a cold or the flu, try not to get it from them. This may be hard to do, but try. Wash your hands often and try not to rub your nose. Remember, your immune system could be suppressed (weakened) and it will be harder for you to fight off diseases and infections.

Keeping your home clean

On page 30 you read about mould and fungus in prison. The same goes for when you are living on the outside, try to keep mould and fungus away from yourself. This is easy to do if you get into a routine of cleaning your place in a certain way.

Use a disinfectant (something which kills germs and HIV) to clean your home. You can make a disinfectant from the regular bleach you buy in the store. Mix 1 part bleach to 10 parts water. To protect your hands while you clean with this disinfectant, you can wear rubber gloves (like the kind for washing dishes). Pre-mix the bleach and keep it in a large jug and a plastic spray bottle to use when you are cleaning.

Try to vacuum and dust your place at least once every week. If too much dust collects in your home it could bother your nose (make you sneeze) or throat (make you cough). Dust can carry mites.

Kitchen

The rags and sponges you use for cleaning the kitchen should only be used there and not in the bathroom. Try to keep them separate. You can disinfect your sponges and rags by letting them soak for 5 minutes in the diluted bleach (1 part bleach to 10 parts water). Here are some tips for the kitchen:

- ☞ keep counter tops and cutting boards clean;
- ☞ wash dishes in hot soapy water and let them air dry (or use a dishwasher if you have one);
- ☞ wash the floor at least once a week, and clean up food spills right away;
- ☞ clean the inside of the refrigerator and the sink with disinfectant once a week;
- ☞ put plastic garbage bags in the garbage can and keep it covered (with the lid);
- ☞ take out the garbage/trash regularly.

Bathroom

You can share the bathroom with other people (except your toothbrush, razor, tweezers, nail clippers). If you have children you can still give them a bath. You can also change their diapers, as long as you wash your hands before and after you do this. Other bathroom tips are:

- ☞ clean the sink, tub, shower floor with disinfectant at least once every week;
- ☞ clean the toilet with full strength bleach at least once every week;
- ☞ clean any blood or body spills with disinfectant;
- ☞ for women, put used tampons or sanitary napkins in plastic bags and put them in the regular garbage in the kitchen;

- ☞ throw out disposable razors and blades safely (like in a tin can).

Cleaning your clothes

As long as your clothes and sheets do not have blood on them, you can wash them with other people's laundry. Wash bloody clothes and sheets by themselves with some bleach.

- ☞ wash clothes and sheets with hot soap water;
- ☞ wash the bed sheets regularly (every week or so);
- ☞ wash towels regularly (every 2 weeks or so).

Keeping yourself clean

Keeping yourself clean is the same for people who are not infected with HIV. Everyone should try to keep their body clean. Some tips are:

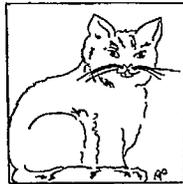
- ☞ have a bath or shower regularly, and wash your hair when you need to;
- ☞ clean your hands before and after you use the washroom;
- ☞ try to use a soap which doesn't dry your skin;
- ☞ if your skin gets dry use a body lotion with lanolin in it (or one you are not allergic to);
- ☞ put the toilet lid down or turn your face away when you flush (small spores of mould which live under the toilet rim can fly out with water spray);
- ☞ cover your mouth if you cough or sneeze (you can't pass HIV this way, but you can spread colds and other infections);
- ☞ if you cut yourself, take care of the wound and clean up the blood and the area with diluted bleach or a disinfectant.

Living with pets

Pets can give you a lot of company, especially if you don't have many friends or family, or if you don't get outside much. Some people don't want to have a pet because they believe that animals can carry HIV and spread it to people. This is not true. Pets can't pass HIV to you, and you can't pass HIV to them.

Because you are infected with HIV your immune system might be suppressed (weakened). This means that you should be careful when you are looking after animals. You don't have to get rid of pets or be afraid of them.

Cats



As you have read on page 30, you should be careful with the feces (shit) from cats. Their feces could have live parasites in them (which is normal), and you don't want to have contact with these parasites. You can find the same parasites in uncooked meats (see page 71).

The parasites are called *toxoplasma gondii*, and they can cause infections (called *toxoplasmosis*) if they get inside your body. Because you can find them in meat, you must cook all meats until they are very well cooked. If you touch your cat's feces and don't wash your hands, the parasite could get into your body when you touch your mouth or eyes. It is safe to touch and hold a cat.

If you don't touch the feces and let someone else clean the kitty litter box, you will be safe from your pet. If you must clean the box yourself, wear gloves and wash your hands very well when you are finished cleaning. Also, wear a face mask so that you don't breathe in the dust.

The litter box should be cleaned out every day. Once a month, disinfect the box with boiling water (let it stand for 5 minutes). Keep the litter box away from where you eat.

If your cat has fleas or ticks, give your pet a shampoo bath (or take it to the vet for this). Some pets can carry insects which bother people.

Dogs

Dogs are not as likely to carry toxoplasmosis as cats are. But you should still not touch your dog's feces. Dogs can pick up some

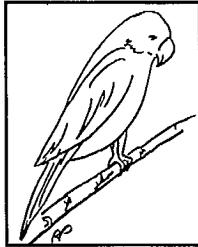
diseases from drinking water out of the toilet. Keep the lid down. Dogs cannot get HIV from your toilet.

Dogs can also carry fleas and ticks which could cause problems for people with HIV. Ringworm is an infection which dogs can carry, and it leaves small red rings on your skin. If you notice these rings on your skin, tell your doctor. It can be treated quickly and easily. Your dog will need to be washed with a “flea and tick” dog shampoo.



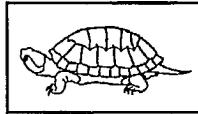
Birds

Let someone else clean the bird cage. The feces from birds can carry other diseases which your immune system might not be able to fight off.



Line the cage with newspaper and have it changed everyday. If you must clean the cage yourself, wear gloves and wash your hands very well when you are finished cleaning. Always wash your hands after you touch birds. If you get sick, always tell your doctor that you have a bird or that you touched a bird.

Fish & turtles



Fish tanks could have germs for TB in them. This is a dangerous infection for anyone with a suppressed immune system to get. Don't clean fish tanks.

Do not touch turtles because they can carry Salmonella (you can read more about Salmonella on page 73). Let someone else clean the tanks for turtles, fish or reptiles (like snakes, lizards).

If your partner has HIV

If your partner or lover (wife/husband or girlfriend/boyfriend) is also infected with HIV, then you should be careful not to infect each other with more HIV. This can happen through unsafe sex or sharing needles. You can read more information on how to make these behaviours safer starting on page 32.

You might find it helpful to go to a group or counsellor together to talk about living with the virus. An AIDS agency, AIDS hotline or your doctor can tell you where you can find this kind of support. You

will also meet other couples who are infected. You don't have to feel alone.

If your child has HIV

Children who become infected through their mothers or from receiving blood products before November 1985, will need to be careful about some things the same way you do. They must be careful to eat well cooked foods, not touch animal feces, try not to get infections or diseases from other people, etc.



If your kid(s) still wears diapers, make sure you are careful changing him or her. Do not touch your child's feces (shit). Wash your hands very well when you are finished changing him or her.

Put disposable diapers in a plastic bag and put them in the regular kitchen garbage, and wash cloth diapers in hot soapy water.

Be careful with any blood from your child. Wear gloves and disinfect the area. Wash your hands with soap and water when you are finished cleaning.

Your child(ren) won't spread the virus to other kids. If your child is healthy enough, he or she will be able to go to school and play with other kids.

If you are having a baby

If you are a woman and you are pregnant, or if you are a man and your partner or wife is pregnant, then there is a chance that the baby will be born with an HIV infection. This is how the virus HIV can be passed on to a baby ...

About 12-30% of the babies born to HIV-infected mothers will become sick with HIV and have AIDS. Some of these babies will not become sick with HIV for many years. Still, 70-88% will not become infected from their mothers. This has to do with antibodies in the immune system.

Antibodies are like a tiny army which fight off infections and diseases. When someone is infected with HIV they get antibodies to it, because their immune system is trying to fight off the HIV infection.

A baby is always born with antibodies from the mother. When babies test “positive” for HIV infection it doesn’t always mean they have the HIV infection too. It only means that the mother is infected with HIV and that her baby got these antibodies from her.

These babies need to be tested until they are 2 years old. This is because it can take 2 years for the mother’s antibodies to leave the baby’s body, and for the baby to have his or her own antibodies. 70-88% of these babies will not have their mother’s HIV antibodies in their body when they are 2 years old. They will have no HIV antibodies at all and they will not be infected with HIV.

Understanding about a baby’s antibodies can be complicated. An AIDS agency, AIDS hotline or doctor can give you more information about this.

Also, breast milk can have HIV in it. This can make it difficult for women with HIV to decide if they want to breast feed their baby. Talk to an AIDS agency, AIDS hotline or your doctor for more information. Try to learn a lot about HIV antibodies, breast milk and babies, so that you can make an “informed” decision about breast feeding your child.

If you want to have a baby

If you are a man you may infect your female partner, and she may pass HIV to her unborn child. If you are a woman with HIV and your partner is not infected, your child might become infected through your blood (or later from breast milk - this is a 30% risk).



Having a child is not an easy decision to make, especially if you are infected with HIV. Try to talk to someone who knows a lot about HIV and making this kind of decision. A counsellor at an AIDS agency or support group can help, or he or she can put you in touch with the right person.

Your decision is your own - nobody should make you feel guilty about what you decide.



5

FOOD & EATING

Part of your health management plan is nutrition (the food you eat). You should know about nutrition and how different foods can help you the best. Good nutrition is very important.

This Chapter will tell you about food and nutrition. It will tell you how to make healthy food choices. If you have problems eating (like you have sores in your mouth, diarrhea, don't feel like eating anything, etc.), this Chapter will tell you which foods to eat and not to eat to help make you feel better.

Eating the right balance of foods and keeping your weight the same are 2 things that you can do as part of your health management plan. Try not to lose weight, but if you do, try to gain it back (see pages 81-82).

Why is your weight important?

Your immune system needs a healthy body so that it can work well to fight off diseases and infections. When you lose weight you are not getting the nutrients you need to keep your immune system strong. Here is how this works ...

Check if your weight is within the healthy weight range, you can ask a doctor or nurse about this. They will have charts which tell you how much you should weigh for your age, height and sex. This is the weight that you should normally weigh when you are healthy.

Let's say that you normally weigh 140 pounds if you're a woman, and 180 pounds if you are a man. If this weight is within the healthy weight range for your height, then this is the weight you should try to stay at. This is the weight you should always compare yourself to if you lose or gain any weight. People who are underweight have less resistance to infection, so they should try to gain weight.

Eating a variety of foods gives your immune system the nutrients (vitamins and minerals) it needs to fight off infections and diseases. If you have healthy eating habits, then your immune system has a good chance to stay strong and work well.

When your weight goes down (you lose weight) your immune system

may suffer. You might not be eating all the nutrients your body needs to fight off diseases and infections. Always try to gain back any weight that you lose. This might not be easy to do, but later in this Chapter you can read some tips on gaining weight.

If you are overweight speak with a dietitian or doctor about it. Never try to lose weight without the advice from a nutritionist or doctor.

Is losing weight a bad sign?

Not always. You might lose weight for many reasons: you have a flu or cold, you have had a lot of stress in your life, you have not been sleeping enough, or you have been working your body more than usual (like labour, exercise).

But losing weight without dieting could be a sign of having HIV illness (see pages 21-22). If you lose more than 10 pounds very quickly (and without a reason, like being sick), you might have “wasting”, which is a sign of having AIDS (see page 23).

Keeping your weight the same helps to keep your immune system strong. If you notice that you are losing weight without dieting or because you are sick or have diarrhea, you should speak with your doctor. Losing weight and having diarrhea can be signs of HIV illness. You should talk with the medical staff at the Health Care Unit, the nutritionist or your doctor.

Never go on a diet to lose weight unless your doctor tells you to. Or if you are already on a special diet (like a vegetarian diet, macrobiotic diet), you should talk with the dietitian in the institution or your doctor about it.

Eating the right amounts of food

Everybody has a different “amount” which is normal for them. Most foods give you “Calories”. Calories are energy for your body. If you don’t use up all the energy you get from foods, it gets stored in your body as fat. You need energy to stay alive, make your muscles move, make your blood flow through your body, build new tissue, etc. Even when you are asleep you are using energy (which comes from the calories you eat).

Adult men and women need a certain amount of Calories everyday so that they don’t lose weight. Normally, a woman needs to eat

between 1,800 to 2,200 Calories, and a man between 2,300 to 2,700 Calories. These numbers depend on how much daily exercise you get or how much you move around and use your body.

When you eat more Calories than you need your body will store the energy in fat. If you keep eating more calories than you use up, then you store more and more fat. Then when you need to use energy your body will take energy from your fat.

It is better to get your energy from the fat you have in your body than from the proteins in your body. You need these proteins for rebuilding muscles.

If you need to eat more calories to gain weight, page 83 explains how you can do this (like how to cook foods or what to add to them).

Calories & food

How a natural food is cooked or prepared can make the number of calories in it go up. For example, a raw carrot has about 20 calories. If you steam it or cook it in water, it will still have 20 calories. But if you put a tablespoon of butter on top of it, the butter adds about 100 calories, so the carrot becomes 120 calories. The number of calories usually goes up the more you add to a food.

Here is another example, a potato with nothing done to it has about 90 calories. But if you make French fries out of it and fry them in fat or grease, the calories go up. This is because fat is added to the potato by frying it. 10 French fries have about 2 teaspoons worth of fat added to them.

What kinds of foods are there?

As you will read on pages 68-69, there are 4 food groups. They are:

- 1) grain products;
- 2) vegetables and fruit;
- 3) milk products; and
- 4) meat and alternatives (other proteins).

Eating the right amounts from all of these food groups everyday is what gives you a balanced diet. On the next page is a table which tells you how much of these food groups you should eat, and what kinds of foods you can eat from each group.

Food Group	How much to eat everyday	Some examples of this food group
Grain Products (breads and cereals)	Adult men + women: 5-12 servings	<p>Breads: toast, biscuits, rolls, bagels, waffles, pancakes, crackers, muffins, dry cakes and cookies (any kind), pasta, rice</p> <p>Cereals (hot or cold): breakfast cereals, granola, porridge, cream of wheat</p>
Vegetables and Fruit	Adult men + women: 5-10 servings	<p>Vegetables (these can be fresh, canned or frozen): celery, broccoli, eggplant, zucchini, carrots cauliflower, cucumbers, squash, turnips, onions, peas, string beans</p> <p>Fruit (these can be fresh, canned or frozen): apples, pears, oranges, grapefruits, kiwis, peaches, plums, grapes, bananas, berries (any kind), tomatoes</p>
Milk Products	<p>Adult men + women: 2-4 servings</p> <p>Pregnant women + women breast feeding: 3-4 serving</p>	milk (skim, powdered, whole, homogenized, 1%, 2%,), evaporated milk, condensed milk, milk shakes, buttermilk, half + half, table cream, whipping cream, yoghurt, puddings, cheese (any kind), ice cream, frozen yoghurt, cottage cheese, cream (sweet or sour)

Food Group	How much to eat everyday	Some examples of this food group
Meat and Alternatives (like fish, poultry and other proteins)	Adult men + women: 2-3 servings	<p>Meat: beef, pork, veal, hamburger, sausages, hot dogs, sliced meats, meat loaf</p> <p>Fish: any kind of fish, shrimp, mussels, crab</p> <p>Poultry: chicken, turkey, duck, goose</p> <p>Other Proteins: liver, beans (any kind), peas, nuts, peanut butter, seeds, tofu, eggs</p>

It is important to eat a mix of different foods every day. This way you will get a variety (different kinds) of vitamins and minerals in your diet.

This is a guide of different foods you should try to eat everyday:

- ▶ **Grain Products**
a slice of bread, crackers, breakfast cereal, pasta, rice, potatoes, tortilla chips
- ▶ **Vegetables and Fruit**
any fruits and vegetables, canned fruit, juice, raw or cooked vegetables, try to eat 1 citrus fruit (orange, grapefruit) or orange coloured fruits (like cantaloup), and 1 dark green or orange coloured vegetable (spinach, broccoli), salad
- ▶ **Milk Products**
1 cup of milk or yogurt, some cheese
- ▶ **Meat and Alternatives**
any meat, fish, poultry, eggs, cheese, peanut butter, tofu, nuts, beans, seeds

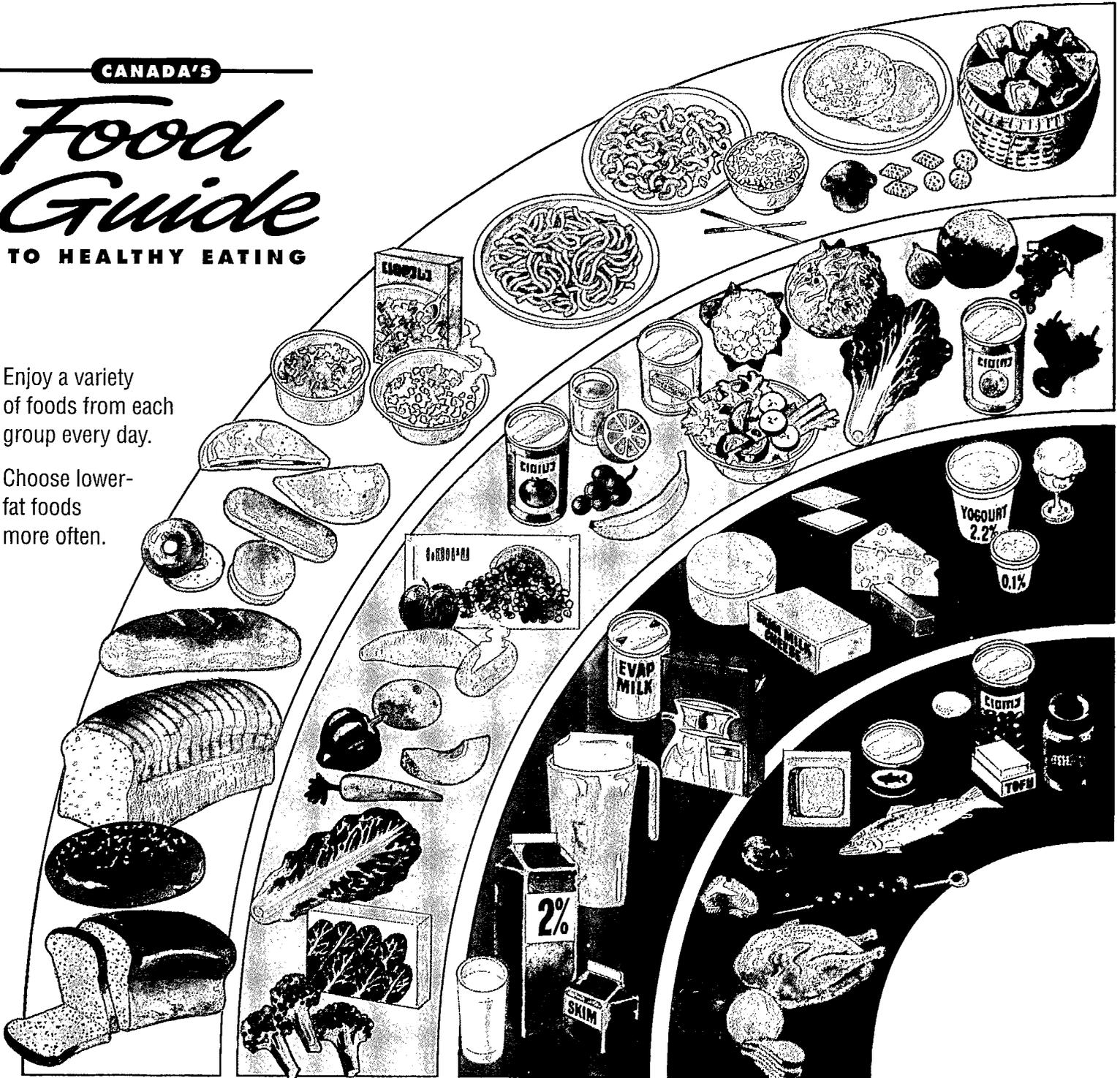
CANADA'S

Food Guide

TO HEALTHY EATING

Enjoy a variety
of foods from each
group every day.

Choose lower-
fat foods
more often.



Grain Products

Choose whole grain
and enriched
products more
often.

Vegetables & Fruit

Choose dark green and
orange vegetables and
orange fruit more often.

Milk Products

Choose lower-fat
milk products more
often.

Meat & Alternatives

Choose leaner meats,
poultry and fish, as well
as dried peas, beans and
lentils more often.



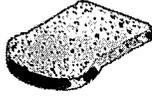
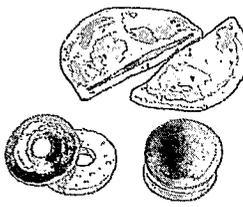
Food Guide

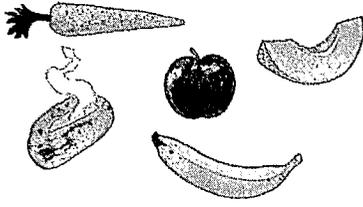
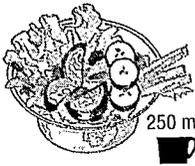
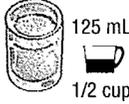
TO HEALTHY EATING

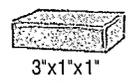
FOR PEOPLE FOUR YEARS AND OVER

Different People Need Different Amounts of Food

The amount of food you need every day from the 4 food groups and other foods depends on your age, body size, activity level, whether you are male or female and if you are pregnant or breast-feeding. That's why the Food Guide gives a lower and higher number of servings for each food group. For example, young children can choose the lower number of servings, while male teenagers can go to the higher number. Most other people can choose servings somewhere in between.

Grain Products 5-12 SERVINGS PER DAY	1 Serving		2 Servings	
	 1 Slice	 Cold Cereal 30 g	 Hot Cereal 175 mL 3/4 cup	 1 Bagel, Pita or Bun

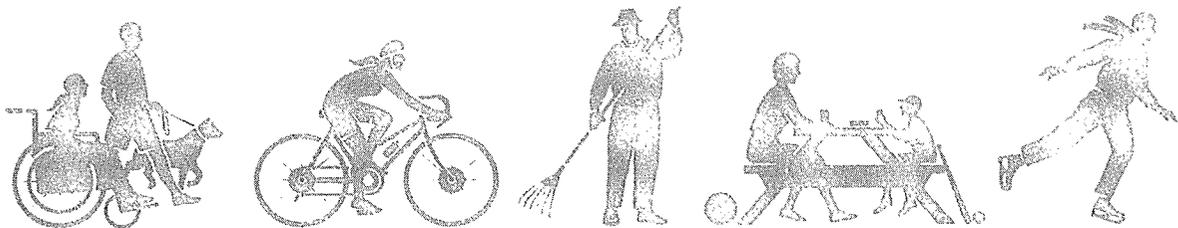
Vegetables & Fruit 5-10 SERVINGS PER DAY	1 Serving			
	 1 Medium Size Vegetable or Fruit	 Fresh, Frozen or Canned Vegetables or Fruit 125 mL 1/2 cup	 Salad 250 mL 1 cup	 Juice 125 mL 1/2 cup

Milk Products SERVINGS PER DAY Children 4-9 years: 2-3 Youth 10-16 years: 3-4 Adults: 2-4 Pregnant & Breast-feeding Women: 3-4	1 Serving			
	 250 mL 1 cup	 3"x1"x1" 50 g	 2 Slices 50 g	 175 g 3/4 cup

Other Foods

Taste and enjoyment can also come from other foods and beverages that are not part of the 4 food groups. Some of these foods are higher in fat or calories, so use these foods in moderation.

Meat & Alternatives 2-3 SERVINGS PER DAY	1 Serving			
	 Meat, Poultry or Fish 50-100 g	 Fish 1/3-2/3 Can 50-100 g	 Beans 125-250 mL	 100 g 1/3 cup



Enjoy eating well, being active and feeling good about yourself. That's VITALIT[®]

What are nutrients?

On page 24 you read about 5 kinds of nutrients you need to eat:

- ▶ *proteins* (which you can get from meats, chicken, fish, etc.);
- ▶ *carbohydrates* (which you can get from bread, pasta, rice, etc.);
- ▶ *fats* (which you can get from butter, cooking oil, salad dressing, etc.);
- ▶ *vitamins* (which you can get from different kinds of foods); and
- ▶ *minerals* (which you can get from different kinds of foods).

Nutrients are the things in food which help your body stay strong. Nutrients are the things your body uses to build up tissues and muscles, keep your blood and organs healthy, etc.

Some nutrients have Calories, but others don't (like vitamins and minerals). If you eat a balanced diet you will get the nutrients you need. Sometimes it is better to eat extra protein, just in case you are losing weight.

There are vitamins and minerals you can find naturally in many fruits and vegetables. But it is good to take a multivitamin everyday when you are not getting enough vitamins and minerals in your diet. Only take 1 multivitamin everyday. Taking too many can slow down your immune system, or it can cause problems with the HIV medication you might be taking.

Don't take a vitamin which is "time released" because it takes too long for the vitamin to finally break down in your body. Try to take the vitamin with your food when you eat a meal. Talk to the dietitian or doctor at the institution, or your own doctor about vitamins and multivitamin pills.

What foods to be careful with

There are some foods which can cause problems for people infected with HIV. These foods have live bacteria in them which could give a person with HIV an infection or problems with digestion (food going through the intestine - your guts). These foods are: milk and milk products, raw eggs, raw meats and raw fish. Because they have live bacteria in them, these foods **must** be cooked very well before you eat them. If you buy milk which is pasteurized and you keep it in the refrigerator, then you won't have to cook it before you drink it. But don't buy milk from a farmer because it won't be pasteurized.

Also, some people have problems eating milk and milk products because they have "lactose" in them. Lactose is milk sugar which your intestines break down (into energy). But not everyone can break down lactose, and they get gas, cramping or diarrhea from it. If you have a problem with lactose you should try drinking milk in small amounts with a meal. Eat small amounts of yoghurt and hard cheeses, or try buttermilk.

On the outside, you can buy *Lactaid* or *Lacteeze Brand* milk and other milk products which have no lactose in them. But while you are in prison, you should speak with the dietitian about your problems with lactose.

Another problem for some people with HIV is eating too much fat. A high fat diet will make you feel full faster than a low fat diet. There are not many nutrients in fat, and fat can make diarrhea and nausea (feeling sick to your stomach) much worse. Try to balance your diet or speak with the dietitian or your doctor.

While you are in an institution you won't be able to control the way your food is cooked, but you may be able to get "special" meals. When you are released from prison you will need to know about cooking and eating foods safely. The next section tells you how to do this.

Food safety

Some of the information you find in the rest of this Chapter will be useful to you when you are living on the outside. But you might want to read this while you are still on the inside.

There are certain things you can do in the kitchen to make sure that you are eating food as safely as possible. You need to avoid getting

infections from foods. Everyone eats bacteria in food, but if you have a weakened immune system you are more likely to get sick from these bacteria.

- ☞ Premix a bleach disinfectant (1 part bleach to 10 parts water) and keep it in a spray bottle for when you clean up in the kitchen.
- ☞ Wash your hands with soap before you start to cook, and wash them again before and after you eat.
- ☞ Always wash fruits and vegetables very well before you eat them. If you see mould or dust on the fruits or vegetables, cut that part off and throw it away. Don't smell food that looks dusty because the dust could have mould in it. If these spores (small parts of mould) get into your lungs, you could get an infection.
- ☞ Always wash your hands with soap and water after you touch raw meats.
- ☞ Always clean the bowl/cutting board which had raw meats or fish on it *before* you use it for other foods.
- ☞ Always clean your cooking area with dish soap and water or diluted bleach. Use clean knives, spoons and forks to cook and eat with. Always wash the cutting boards and counter tops when you are finished cooking.
- ☞ Keep your vegetables in the refrigerator, but leave them loose (not in a plastic bag). This way air can move around the food making it difficult for mould to grow on them. Onions and garlic should be kept in a clean, dark and cool cupboard in the kitchen.
- ☞ Don't keep leftovers for too long. Keep them in the refrigerator for 2 or 3 days only. Bacteria could grow inside leftovers.
- ☞ When you heat up leftovers be sure you make the food really hot, not just warm. Heat helps to kill bacteria.

Food poisoning

Cook eggs, meats and fish very well before you eat them. Don't eat them if they are raw (like steak tartar, sushi, clams, oysters), or if they are not cooked enough. If you are not careful, you might get a bacteria called "Salmonella" or toxoplasmosis (see page 59).

Salmonella is a food poisoning which can cause diarrhea, cramping in your stomach, make you feel sick or vomit (puke). People who are infected with HIV are more likely to get Salmonella if they are not careful with uncooked meats and fish.

If you are cooking meats, clean the kitchen counters and cutting boards with hot soap and water (to kill Salmonella). If you use a board to cut raw meat or fish on it, clean it before you cut anything else on it. Bacteria and Salmonella can stay behind on the board. It is better to have one board just for raw meats and fish, and another for vegetables, bread and fruit.

Shopping for food

Here are some things you can keep in mind when you go shopping for food:

- ☞ Always check the "best before" date on food products (like milk, eggs, meat), and buy food before that date. This is called the "expiry date", and it means that the food is O.K. to eat before that date.
- ☞ Every few days, check the best before dates on the food you have in the refrigerator. If it's past the expiry date, throw it out.
- ☞ Make sure milk and honey are "pasteurized". It usually says this on the label.
- ☞ Buy Canada "Grade A" eggs which are clean with no cracks.
- ☞ Don't buy anything that has raw eggs, raw meat or undercooked meat in it. Some salad dressings (like Caesar salad dressing) and mayonnaise have raw eggs in them. Check the label.

- ☞ While you're at the supermarket, put the raw meats and fish you buy into separate plastic bags. This way, any juice leaking from it won't put bacteria (like Salmonella) on your other foods.
- ☞ Buy the freshest fruits and vegetables you can find. Never buy any which have mould on them or ones which are getting soft (these are old).
- ☞ Always put your food into the refrigerator as soon as you get home. Leaving eggs, raw meats and fish in a warm room or car will let the bacteria in these foods grow.

Tips on cooking & eating

It doesn't matter where you will live when you are released from prison (on your own, with family or parents), you will need to know about cooking. Even if you don't like to cook, you should know about cooking food safely. This section will tell you how to make cooking easier and eating better if you are having problems.

A lot of people who are infected with HIV want to do their own cooking. They want to make sure that their foods are cooked the right way. This is a good thing to do, because they can control what they eat and how they eat it. This gives them some control over their HIV infection.

- ☞ If you are cooking for yourself try to do a lot of it when you are feeling well. You can put many cooked foods into the freezer and eat them when you don't feel so well or don't feel like cooking. Or you can buy frozen dinners.
- ☞ When you freeze foods label the container with the date. Eat frozen foods within 1-2 months from that date.
- ☞ Try to save time by making meals which are cooked in one pot (this also saves on having to clean many pots and pans). You can also save time by using food processors, blenders and microwaves, if you have them.

- ☞ Don't bother cooking foods you don't like. If you don't like spinach, don't buy it (even if it is good for people with HIV infection to eat). There are many other foods which are just as good for you (like broccoli, carrots) which you might like better.
- ☞ Try to eat small meals often, instead of 3 big ones. You probably won't be able to do this while you're in prison. Try talking to the dietitian about this.
- ☞ Have snacks around for when you feel like eating something small (like fruit, muffins, peanut butter, yoghurt, cheese, raw vegetables).
- ☞ If you don't feel like cooking or don't like to cook, or if the smell of food makes you feel sick, then ask someone else to cook for you. Maybe you can return the favour by washing the dishes afterwards.
- ☞ If food doesn't taste good, or it tastes different, then go to the dentist to check if you have dental problems. If your teeth are O.K., you can add a little lemon juice, vinegar, spices, etc. to your food to make it taste better.
- ☞ Chew food slowly, this way your stomach won't become full too quickly.
- ☞ When you are thirsty make drinks which have a lot of nutrients or calories in them (like milk shakes, "cream sodas" made of soda pop and ice cream, hot chocolate, instant breakfast drinks, juices).

When you don't feel like eating

As long as you feel well enough, always try to eat different kinds of foods from all 4 food groups. It might happen that you won't want to eat because you have diarrhea, heartburn, gas, nausea (feel sick to your stomach), or you are vomiting (puking). Or you might have sores in your mouth or throat, or you are just too tired to eat.

No matter how terrible you might feel, you **must** eat something. This may be very hard to do, but you must try. You should try to give your body the nutrients it needs to keep your immune system strong. This section tells you how to keep eating even when you don't feel like it.

Diarrhea

There could be many reasons why you have diarrhea. It could be a reaction to your antiviral medication, other treatments milk products, or an opportunistic disease.

You should always let the medical staff at the Health Care Unit or your doctor know if you have diarrhea for more than 1 week. If the diarrhea has blood in it, tell the medical staff or doctor right away.

Here is what you can do until you feel better and the diarrhea has stopped:

- ☞ You must replace the water you are losing. Sip small amounts of fluids very often. It is best to drink juices if you can. Juice has nutrients in it which your body is losing. If you are having a hard time drinking, then suck on ice cubes or popsicles. You can make ice cubes out of juices. You can also dilute juice with water.
- ☞ If you cannot drink juices, then try drinking water with a little sugar and salt added to it.
- ☞ Do not eat milk products while you have diarrhea.
- ☞ Eat clear soups (like consommé).
- ☞ Try not to eat fibre you get from fruits and vegetables. You can do this by not eating beans, broccoli, corn, onions, garlic or fruits with skins or seeds in them. But try to eat fibre you get from breads and cereal (made from enriched flour, barley and oatmeal).
- ☞ Don't eat fatty foods or spicy foods.
- ☞ Eat small amounts of food often during the day.

- ☞ Chew your food slowly with your mouth closed (don't swallow air).
- ☞ If you also have cramps or gas, then don't eat beans, broccoli, cauliflower, cabbage, spicy foods, soft drinks (pop), or chewing gum.

For Diarrhea

If you have diarrhea, you should try to eat:	If you have diarrhea, you should NOT eat:
cereals and breads plain spaghetti (no sauce) rice cooked vegetables (like carrots, squash, beets) canned fruits bananas apricots avocados apple sauce juice Kool-Aid® Gatorade® water with a little sugar and salt flat gingerale	milk products vegetables (like beans, broccoli, cauliflower, cabbage, onions) <i>whole grain</i> bread and cereals bran cracked wheat fruit with skin and seeds citrus fruits (oranges, grapefruits) sauces and gravies spicy foods fatty foods coffee, tea popcorn nuts

Heartburn

Heartburn is when you have a pain at the top of your stomach where your ribs come together. It feels like a burning spot inside you.

- ☞ Don't eat fried, greasy or spicy foods.
- ☞ Try not to drink more than 1 cup of coffee daily.
- ☞ Eat small meals often during the day.
- ☞ Don't lie down right after you eat (sit up for at least 2 hours after eating).

- ☞ Take an antacid (if you can) after you eat and before you go to bed. If you are taking a liquid antacid, keep it in the refrigerator. It tastes a little better if it's cold.

Gas

Having gas or feeling bloated can come from eating certain foods, medications, swallowing air, or from eating too quickly.

- ☞ Try to eat foods which are bland (not spicy) and have no fat in them.
- ☞ Don't eat broccoli, cauliflower, cabbage, Brussels sprouts, beans, soft drinks (pop), or coffee.
- ☞ Eat small meals often during the day, and eat slowly.
- ☞ Try not to eat or drink milk products.
- ☞ Loosen the clothing and belt around your waist and stomach.

Nausea & vomiting

Nausea (feeling sick to your stomach) or vomiting (puking) can be caused by the treatments you are getting, your HIV illness, something you ate which your body did not like (food poisoning), or a stomach flu you may have. If you vomit for more than 2 days you should see the medical staff at the Health Care Unit or your doctor.

- ☞ Take your medication about 1 hour before you eat.
- ☞ Don't skip meals, try very hard to eat small meals (every 2-3 hours).
- ☞ Salty foods and ice cold drinks might help.
- ☞ Eat dry foods (like toast, crackers).

- ☞ Don't drink fluids while you are eating. Drink 1 hour before or after you eat.
- ☞ Chew slowly, and chew your food very well.
- ☞ Don't eat very sweet foods.
- ☞ If the smell of food makes you feel sick, have someone else do the cooking, or eat dry food you don't have to cook (like crackers, biscuits or granola).
- ☞ Drink fluids which you feel like having (start with clear and cool drinks, clear soups, soft drinks like flat ginger ale, popsicles, ice cubes made of apple juice). Always sip your drinks slowly - using a straw can help you do this.
- ☞ Don't lie down after you have eaten, wait at least 2 hours. If you feel you need to rest, make sure that your head is on a pillow 4 inches higher than your feet.
- ☞ Don't eat fried or greasy foods.

For Nausea & Vomiting

If you have nausea or are vomiting, you should eat:	If you have nausea or are vomiting, you should NOT eat:
toast saltine crackers plain meat, fish, chicken, eggs clear soup and broth juices (especially apple or cranberry) soft drinks (pop), flat ginger ale sherbet (frozen ice milk) ice water tea ginger snap cookies	fried foods (meats, fish, chicken, eggs) bacon sausage cream soups fried potatoes (French fries) ice cream, milk shakes cream sauces butter or oil gravies

Mouth & throat problems

Some people get sores inside their lips and mouths. Some people get “thrush”, which is a yeast infection in the mouth and throat. If you have any sores or thrush it can be very hard to eat and drink. If your lips are dry or cracked put Vaseline® jelly (not lotion) on them.

- ☞ Try to eat a “soft” diet (mash up your food, put it in a blender, don’t eat hard things like crackers or cookies).
- ☞ Try to eat mashed potatoes and bananas. Eat yoghurt, scrambled eggs, soft cheese, milk shakes, puddings, creamy cereals, macaroni and cheese, pasta, rice.
- ☞ Don’t eat acidic foods (like citrus fruit or tomatoes) or salty foods. Try peaches, pears and apricots.
- ☞ Don’t eat spicy foods, they can sting inside your mouth, lips or throat.
- ☞ If you eat hard foods like toast and crackers, soak them first in tea, milk or coffee.
- ☞ Eat and drink foods that are lukewarm, not hot.
- ☞ Try to eat frozen yoghurt or ice cream, suck on ice cubes or popsicles.
- ☞ Using a straw might help get fluids down without touching the sores in your mouth.

For Mouth & Throat Problems

These foods are easy to swallow:	These foods are NOT easy to swallow:
mashed potatoes and bananas yoghurt scrambled eggs custards and puddings milk shakes sherbets and ice cream creamy cereals macaroni and cheese fruits (like melons, peaches, pears, apricots) Kool-Aid® ice cubes and popsicles soft drinks (pop), flat gingerale	pizza tacos hard breads and crackers citrus fruit and juices spices: pepper, chili, cinnamon cigarettes and alcohol

Too tired to eat

Sometimes you will feel too tired to eat. This can be part of your HIV illness or your drug treatment. You should give your body the rest it needs, but you should also make sure you eat what your body needs. You might feel more like eating if you rest for a while.

- ☞ Eat meals you have frozen in your freezer (thaw them completely, or put them into the microwave).
- ☞ Make canned or instant soups, or quick meals like macaroni and cheese. You can add left-over meat, poultry or canned fish to ready-to-eat soups.
- ☞ Let someone else cook for you. You can also ask an AIDS agency about getting “Meals On Wheels” or another community service to deliver meals to your home.

How to add more protein to your diet

Usually, people who need to add more protein to their diet are people who are losing weight. When they lose weight they are losing

some of their muscle tissue and their strength, as well as nutrients. Extra protein will help build up the muscle tissue and give strength to the immune system. People who have AIDS or who have “wasting” (see page 23) must eat more protein.

There may be times when you need to eat more protein because you have lost some weight. You can talk to your doctor about when you should eat extra protein. Always try to gain back any weight you lose. But don't be hard on yourself if this takes a long time.

Here are some tips on how you can get more protein in your diet without having to eat more food:

- ☞ Add 2 tablespoons of powdered skim milk to your glass of regular milk.
- ☞ Add powdered milk to hot or cold cereals, scrambled eggs, soups, meat loaf, casserole dishes, desserts, and in baking.
- ☞ Add grated cheese or chunks of cheese to sauces, vegetables, soups and casseroles.
- ☞ Add canned meats (like tuna, shrimp, crab meat, or ham) to cooked noodles (pasta) or rice.
- ☞ Add hard boiled eggs to sandwiches or on top of bread/toast (you can slice hard boiled eggs).
- ☞ Eat desserts which have eggs in them (like angel food cake or sponge cake), egg custard in them, or bread pudding or rice pudding in them.
- ☞ Try to snack on nuts, if you can, and if you like them.
- ☞ Make canned soups with milk or creams. Do not do this with instant soups; only use hot water for instant soups.
- ☞ Melt cheese on toast, potatoes or noodles (pasta).

How to add more Calories to your diet

Your doctor might tell you to gain some weight by eating more fattening foods, instead of eating more protein. You can do this by eating foods which have more fat or sugar in them than other foods. Here are some tips on how to add more calories to your diet:

- ☞ Add 1 or 2 teaspoons of butter or margarine to soups, cooked vegetables, mashed potatoes, cooked cereal or rice.
- ☞ If you like mayonnaise (without raw eggs in it), use it for salad dressing and with lettuce in sandwiches.
- ☞ Add chopped nuts or bacon to casseroles, salads and vegetables.
- ☞ Use peanut butter on top of toast, muffins, apples, bananas, pears and celery.
- ☞ Use sour cream as a dip for fresh vegetables, to dip strawberries (or other berries) into, and put some into soups and mashed potatoes.
- ☞ Add whipping cream to pies, fruit, puddings, hot chocolate, Jell-O® or other desserts.
- ☞ Drink milk shakes made with ice cream.
- ☞ Add raisins, dates, nuts or brown sugar to cereals (hot or cold), or you can just snack on raisins, dates and nuts.

For more information

A lot of the information found in this Chapter comes from 2 American books. One book is called Dietary Guidelines for the HIV Infected and the other book is called Caregiver's Manual: Caring for the Person with AIDS at Home.

The first book, Dietary Guidelines for the HIV Infected, was produced by The State of Florida Department of Health and Rehabilitative Services, Pasco County Public Health Unit Division of

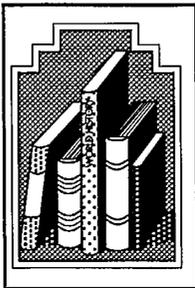
Epidemiology and Nutrition, District 6 Health Program Office HIV/AIDS Program. Permission to use information from their book was given.

The second book, Caregiver's Manual: Caring for the Person with AIDS at Home, was produced by the AIDS Action Committee of Massachusetts. They also gave permission to use their information for this book. Their manual talks about how to look after someone who is sick and has AIDS. It tells you how to keep the house clean, how to wash the person with AIDS so that he or she is also clean, how to feed the person with AIDS if he or she is too weak to eat, how to take care of health problems, and much more.

If in the future you would like to have a copy of this Caregiver's Manual, you can write to:

**AIDS Action Committee of Massachusetts
131 Clarendon Street
Boston, Massachusetts
02116, USA**

Or you can call them at (617) 437-6200. Because you are infected with HIV, the manual is free for you or a family member. But other people (like doctors) have to pay \$5.00 (US) for the manual.



There is also a new Canadian book called Healthy Eating Makes a Difference: A Resource Book for People Living with HIV. This book is produced by the Canadian Hemophilia Society. It tells you about eating the right foods, keeping your weight the same, how to cook foods the right way, side-effects which you might get from medication and food mixing together, it has many recipes and much more information.

If you would like to see this book (Healthy Eating Makes a Difference) you will probably find it at the Health Care Unit in the institution, an AIDS agency or Hemophilia Society Office in your area (these agencies and offices are listed at the back of this book). If you can't find the book, you can ask the Health Care staff or AIDS agency to write to the Canadian Hemophilia Society for a free copy. The address is:

**Canadian Hemophilia Society
1450 City Councillors Street
bureau 840
Montréal, Québec
H3A 2E6**

Their telephone number is (514) 848-0503. They also have a video about eating healthy for people who have HIV.

6

HELP WITH MONEY

Many people need help with money when they are released from prison. Not everyone has a bank account or a job waiting for them when they get out. Or some need help after they have been living on the outside for a while.

If you think you will need help with finances (money) when you are released, this Chapter can help you. It will tell you about different financial programs offered in your province or territory.

In parts of this Chapter, the information about getting financial help is the same for everybody (it doesn't matter if they have HIV or not). Other sections are only meant for people with HIV or a disability.

The information in this Chapter can be confusing. Don't worry if you do not understand everything, or if you have to read parts of it over a couple of times. There are people who can help explain things to you (listed at the end of this Chapter) or answer your questions. Also, if something is boring or you are not interested in it, skip over to the next section. You can go back and read what you missed later.

The information in this Chapter is more useful to you when you are on the outside again.

Words used when getting help with money

When you start to find out about programs that can help you, you will see that the government uses different words to mean the same thing. For example, when we say "help with money", the government might call it "financial support", "income assistance", "financial help", etc. Here are some of the words you might hear or read when you are looking for help with money:

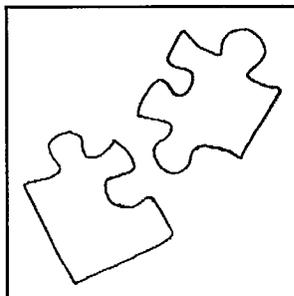
Words the government uses	What these words mean
<i>financial, income, allowance</i>	money
<i>support, assistance, maintenance</i>	help
<i>benefits, benefit plan, services, programs</i>	programs offered
<i>apply, register</i>	sign up for a program, have an interview, or have your health checked
<i>eligible, qualify</i>	check to see if you are allowed to have a benefit (are you poor enough or disabled enough?)

When reading this Chapter you may come across a word which you don't understand. It might be in this chart. Or, when you are on the outside you might not understand some government words which might be in this chart. You can also ask your case worker if you don't understand some words.

Case workers are the people you talk to about your money needs. They are sometimes called "counsellors" or "intake workers". He or she will tell you about the different benefits you can apply for, and will let you know if you are eligible or quality for them. They are not the same case workers who work at institutions.

How does the government work?

The government offers many different programs to help people who need financial assistance (help with money). It is not always easy getting support (help), it depends on what you are asking for. There are many people to talk to and forms to fill out. This system is very big and complicated. Trying to understand how these programs work is like building a puzzle.



The first piece of the puzzle is you, a corner piece. Imagine you go to your first appointment to talk with someone about applying for financial support. After you talk to this person, you get a piece of puzzle and you attach it to your corner piece. If you fill out a form, you get another piece of puzzle. If you have to go to a different department, again you get another piece.

If you get a piece of puzzle for every person you see, for every form you fill out, for every department you have to go to, you will collect a lot of pieces. And your puzzle will become bigger and more complicated.

How is money given out to people?

Each province might offer financial support differently. In some provinces there are 2 systems which give out money and offer benefits and support. Others have only 1 system.

In Manitoba, Ontario and Nova Scotia there are 2 systems used:

- 1) the municipal system (which gives out money for a short period of time - like if you are in between jobs or out of work); and
- 2) the provincial system (which gives out money for a long period of time - like if you are injured and cannot work).

In all the other provinces and territories there is only 1 system for giving financial support: the provincial system.

Each province and territory is different. If you have a case worker you can find out from him or her which of the 2 systems your province uses for offering benefits and support.

How to find out about benefits & support plans

This Chapter tells you about many assistance plans. You can also get more information from different workers you might have. People who have this information are AIDS agencies, social workers, prison discharge planners, probation or parole officers, the John Howard Society, the Elizabeth Fry Society, and case workers at the different offices where you apply for benefits. At the back of this book you

will find lists of these different agencies and places which can tell you more about benefits and assistance.

How to get financial help

In order to get financial help you have to apply for a benefit or support plan. This means you go to the office which offers the benefits you need and talk to a case worker. If you are disabled a case worker might come to your home, but sometimes you have to be firm and ask for this to happen. Some provinces will always send a case worker to your home for your first appointment, while others won't (like Manitoba).

What the case worker does is ask questions to find out if you are "eligible" or if you "qualify" for the benefits you need. This means the case worker tries to see if you are allowed to get certain benefits.

Even if you qualify for benefits and support, it might be hard for you to get them. It depends on what you need and on what your situation is. If you need basic assistance (like Welfare or Social Assistance) you will probably get it. But it is more difficult to get special assistance or "extras" (like dental care, transportation, dietary allowance). Some of these "extras" are slowly becoming "basic needs" for people with HIV (which means you will get this assistance if you need it), but this is different for each province and territory.

The case worker makes many decisions about your benefits and your needs. If he or she thinks that you are not eligible or that you do not qualify to get the benefits you are asking for, you can "appeal" that decision. This means that you can go back to the office and complain about your case worker's decision, and ask for your case to be looked at by another person. Sometimes you can get the benefits you need after an appeal.

Once your case worker talks to you about your needs and you fill out the forms, it gets passed on to other people at this office. Don't give up waiting, a decision is always made somewhere down the line. It could take a while.

If you are applying for basic benefits (like *income assistance*), you should be getting money within one week. It can take a while before you finally get the money for special assistance or "extras", but you would already be getting the basic benefits in the meantime. If you need emergency assistance (like somewhere to sleep for one night or a meal), you can get help right away.

Remember that your case worker might make many decisions about your application. If you don't think that he or she is judging your case fairly, you can appeal and get another case worker.



GETTING MONEY

What can you get money for?

There are different programs which can give you money for different things. All provinces and territories will offer money, benefits or support for the following:

- ▶ **income** if you can't work (depending on which province you are in, this program is called "Welfare", "Assured Income Services", "Social Assistance", or something like that)
- ▶ **medication** or **health** costs (might be called "Drug Card Plan", "Drug and Health Assistance", or something like that)
- ▶ **dental** and **eye** care (might be called "Dental Assistance", "Dental and Eye Plan", or something like that)
- ▶ **start up** costs (might be called "Start Up Plan", "Community Re-entry", or something like that)
- ▶ **training** for a job (might be called "Job Re-entry Program", "Job Re-training", or something like that)
- ▶ **unemployment insurance** benefits (might be called "Job Loss Assistance", or something like that, and also includes maternity leave, parental leave and sick benefits)
- ▶ **family** benefits (might be called "Family Benefits Assistance", "Assured Income for the Severely

Handicapped”, “Assured Family Income”, or something like that)

As you can see, each benefit plan can have different names. You can always ask your case worker what the name of the programs are in your province or territory. These benefit plans are explained below.

What are the different benefit plans?

Income assistance

You can get welfare or any other income assistance to pay for 4 things: rent (where you live), food, clothing and transportation.

Depending on the province or territory you live in, your case worker might place you into 1 of the following groups:

- 1) single or married and employable (which means that you are able to work, but you don't have a job);
- 2) temporarily unemployable (which means that you cannot work for a short period of time because of a serious illness or a medical problem - like having surgery); or
- 3) permanently unemployable (which means that you won't ever be able to work because of a permanent disability - like you get an infection in your brain and have severe brain damage).

The first group (single/married employable) usually gets the smallest amount of money. This is because this group has a higher chance of getting work than the other 2 groups. For the first group, *income assistance* is seen as short-term help until you find a new job. But this is different for each province.

You will get a cheque from the province either once a month or every 2 weeks, it depends on your province or territory.

If you are applying for *income assistance* and you are in the first group, you won't need to bring information about your health. If you are saying that you have a disability, then you will be put into group 2 or 3.

You don't have to tell your case worker that you are infected with HIV. You can tell him or her about your infection if you think it makes a difference to your case. The government sees HIV infection

as a disability and could give you financial help if you applied for disability benefits. You can read more about this in Chapter 7.

Medication & health

Every province and territory has a drug and health plan. Often this benefit is automatically given to people who also get *income assistance*. However, in some provinces, people who get *income assistance* and are in group 1 (single/married employable) will not get the *medication and health benefit*. You can get more information about this from your case worker.

This benefit usually covers all of your prescribed medication (which a doctor has to write out for you) and hospital costs (like x-ray, emergency, staying overnight).

Dental & eye

In most provinces the only dental care which is paid for is when you have repairs done to your teeth (like fillings, pulling out teeth). Having regular check-ups is not covered with this benefit.

Getting your eyes checked and having new glasses made (with a prescription) is paid for with this benefit. But in some provinces you can only have these services paid for every 2 years. If you need to see the eye doctor more often, then you will have to pay for it.

Dental and eye care is usually the hardest benefit to get. You can ask your case worker if you are eligible for this assistance.

Start-up

Start up costs are given to people who have been in an institution for a long time and are back in the community again (from hospitals, prisons). This money is like a one-shot deal to help you buy what you need to get started again (clothes, furniture, dishes). Provinces and territories give different amounts of money for start-up benefit.

This benefit has a lot of rules and restrictions (things which don't make you eligible). Also, if you get this money, you can't get another start-up benefit until after 18 months (if you go back to prison). You can find out what the rules are in your province or territory from your case worker or counsellor.

Training

Usually you are eligible for job re-training if you are getting *income assistance*. Your case worker, parole officer or counsellor at the John Howard Society or Elizabeth Fry Society will have to make a referral for you.

First you have to be on the *income assistance* plan before you can apply for the job training benefit. This might be different for each province or territory. You can always check this out with your case worker or counsellor.

Unemployment insurance benefits

This benefit is linked with *income assistance* benefits. If you are getting *income assistance*, you could qualify for *unemployment benefits*. Your case worker would have to make a referral for you. Or, if you are eligible for *unemployment insurance benefits*, you can get *income assistance* until you receive *unemployment insurance benefits* payments.

With this benefit you get a “re-training allowance” while you are in training for a job. The amount of allowance you get is set by the unemployment rate in each province. For example, in Newfoundland there are a lot of people out of work when compared to those who are working. This makes the unemployment rate high and the *unemployment benefits* are also high. So in Newfoundland, the benefit would be higher than in Ontario (because the unemployment rate is lower in Ontario). Each province figures out its own benefit rate.

Also, there is another program called *unemployment insurance*. This insurance works like this: when people work, they add some money into the big Canadian insurance pot; if later they can't work anymore, they will get some benefits from the pot.

If you work, some money is taken off each paycheque for *unemployment insurance*. Usually this happens automatically. The money is put aside in case you can't work anymore. If this happens, then you start to collect *unemployment insurance*, a benefit you paid into while you were working.

The longer you work in Canada, the more insurance you will be able to collect when you cannot work anymore.

As you can see, unemployment insurance and benefits can be complicated and confusing. If you have questions, ask your caseworker, parole officer or counsellor.

Family benefits

Each province offers this benefit plan. However, each uses a different name and looks for different things when they decide who will get *family benefits*. For example, in Nova Scotia and Ontario only disabled people and single parents are eligible for *family benefits*.

If you are not a single parent you would have to have a disability (such as HIV infection) to get *family benefits*. You would have to give the benefits office a report from your doctor about your health. There are certain requirements which you would have to meet before you qualify for this benefit. A decision is made based on the information about your disability or illness.

People who ask for this benefit must have both of the following:

- 1) severe disability (when you can't do usual things, like go grocery shopping, walk to the bus stop, keep yourself or your home clean); and
- 2) prolonged disability (when your disability lasts for more than 1 year and will end in death).

Since you are infected with HIV, your doctor should write a report which talks about things which affect your life (like your social community, education, physical and emotional problems, your work history, etc.). For example, if you are HIV positive, work part-time, are depressed a lot and have bad backaches, these factors should be looked at when deciding if you qualify to get *family benefits*.

It is up to you if you want to tell your case worker that you are HIV-positive. You don't have to. But if you don't have another disability or are not a single parent, then you cannot ask for *family benefits*.

The payments from this benefit plan are more long-term than some other benefits (like *income assistance*).

How to start getting financial help

You must make an application for a benefit plan you need. You can phone or visit the office (which is offering assistance) to make an appointment with a case worker. Or you can speak with your social worker, lawyer, probation/parole officer, discharge planning officer, etc. about making a "referral" (this means they will make the appointment for you). They should be able to put you in touch with the right office and people.

When you meet with the case worker, he or she will always ask for your address and identification. You can't get any benefits if you don't have a home address or I.D.

Try to bring as much information about your financial and health problems with you. Bring things like updated bank books, a list of things you own (like a car, stereo, furniture, electronics, etc.), your rent receipts (to prove you pay rent), RRSPs or other financial belongings you own, investments you might have, and your health records or letters from your doctor.

Some provinces or territories will give you money for a couple of weeks or a month while you collect all of this information.

Other benefits

There are 2 other benefits you might want to know about for when you have been on the outside for a while. These ones are only given to people who have been working for some time. They are: 1) *Old Age Canada Pension Plan*; and 2) *Canada Pension Plan*.

Old Age Canada Pension Plan (CPP)

Usually you have to work many years before you can qualify for *Old Age Canada Pension Plan*. If you have never worked, or have not worked for several years, then you probably would not get CPP. Also, most people start to get CPP when they become 65 years old.

Canada Pension Plan (CPP) Disability

You don't have to be 65 years old to get CPP Disability. Some people get CPP because they are disabled. In some provinces (like British Columbia, Alberta, Ontario, Québec and Nova Scotia), you have to have worked 5 years out of the past 10 years before you can qualify for this benefit. Also, these provinces have more disability programs or disability benefits than other provinces offer.

Your case worker will know which benefits you can apply for.

For more information

This Chapter might have confused you. It has a lot of information and details in it. There are many places which can help make this information more clear or give you more information. You can try talking with the discharge planner at the institution you are at, counsellor or social worker.

You can also call (if you're on the inside or outside) the places listed at the back of this book. The people at these offices are able to help you, or will put you in touch with the right person. In these lists you

will find AIDS agencies, Parole Offices, John Howard Societies, and Elizabeth Fry Societies. They will know who to talk to about applying for any of these benefits or for getting more information.



7

DISABILITY & INSURANCE

This Chapter tells you about HIV disability and private insurance (insurance you pay for). You can read about HIV disability and public assistance (benefits from the government) in Chapter 6.

The Canadian Human Rights Commission (federal) says that HIV is a “disability”, while some provincial Human Rights Commissions say that HIV is a “handicap”. These two words mean basically the same thing.

Some people do not think of HIV as a disability unless the person is very sick and has AIDS. In other words, these people say that a healthy person with HIV is not disabled until he or she cannot do the things they were able to do before they got sick. The law says that anyone infected with HIV is a person with a disability (no matter how well he or she may be) and cannot be discriminated against because of HIV. Even though people can have HIV without being sick with AIDS, they are often discriminated against, so the law protects them by saying “HIV is a disability, it is illegal to discriminate against a person with a disability”.

If someone discriminates against you (for example, does not give you a job or a place to live because you are HIV-positive), you should file a complaint with the Human Rights Commission (see page 106).

What is a disability?

Most people think a person with a disability is someone who uses a wheelchair, or someone who is blind, or someone who cannot hear. These are only physical disabilities which you can see (called *visible disabilities*). But there are many other kinds of disabilities.

Disabilities can also be *invisible*. For example, someone can have a psychiatric disability, or a learning disability (they have trouble understanding or remembering new information), or a reading disability (they have problems reading or writing), or a speech disability (they have problems saying words or sentences). These are just some other examples of disabilities.

People with a disability can do most things that able-bodied people can, but because of their disability they may not be able to do

everything able-bodied people can. It does not mean that they are less valuable or less important than anyone else. It only means that they may have to do some things differently because of their disability.

It is important for you to understand that if you are disabled because of HIV or AIDS, it only means that you will need to change the way you do things. It does not mean that you cannot do the things you did before, and it does not mean that you are worth less than other people.

What is insurance?

Having insurance means that you have a plan or policy (a contract) which looks to the future possibility of you becoming sick or dying. You pay premiums (payments you make into your insurance plan) every month or every year. The insurance company pays the costs for lost income or extra health care costs (like medications, private hospital room) if you become sick or disabled. If you have life insurance, the insurance company will pay out money when you die.

Although this sounds simple insurance companies can be hard to deal with, especially if you have HIV or AIDS. Some people have found that insurance companies do not always pay money when a person with HIV or AIDS needs it, or do not give the family all the money they expected to get.

Why think about insurance?

Private insurance can help you when you are not well or cannot work. Although most people with HIV will be healthy for a long time, some will become sick and later have AIDS. These people might become disabled because of opportunistic infections or weakening of their body. They may need support or help with money to pay for food, rent, medication, etc.

Although there are different kinds of insurance you can buy (like for your car, home, travelling) there are 2 types of insurances you should know about. These are: 1) accident and sickness insurance (also called health insurance) which can include short-term and long-term disability payments; and 2) life insurance.

Health Insurance

There are two types of health insurance: 1) individual health (which you buy on your own); and 2) group health (which you buy when you are a “member” of a group). Most people get group health insurance through their work.

There are also disability insurance payments which are covered by health insurance. The 2 types are: 1) short-term disability; and 2) long-term disability. Disability is paid out to replace your income if you are disabled and cannot work. These different types of insurance are explained later in this Chapter.

You can only receive money from a health insurance plan if you cannot work because of sickness or injury (which are covered by the contract). You will get payments every few weeks while you are not working.

Life Insurance

Life insurance can also be bought on your own (privately) or through the company you work for.

Usually there is only one payment paid out from the life insurance plan, and this is when you die. But you may be able to get money from your life insurance while you are still alive. This is also explained later in the Chapter.

If you don't already have insurance

Trying to buy private health insurance or life insurance is very difficult if you are infected with HIV. If you bought health or life insurance before you became infected, your chances of getting payments from the insurance company are better.

If you didn't buy life insurance before you became infected, and you want to buy some when you are released from prison, you will most likely have problems. The problems are explained below.

HIV & buying insurance

Most companies who sell health or life insurance will not give you an individual plan or policy if you have HIV. This is because they look at the life of an average person with HIV and they figure out how much money it might take to pay out if you become sick or die. Then they look at how many years, on average, this person lives to make payments into the insurance plan.

What they see is that, on average, the person with HIV will not be able to make payments for enough years to cover the costs of the insurance plan. Also, they see that a payout to this person will likely be soon (in the near future).

They look at your HIV infection as a “bad risk” for not paying premiums (because you might die) and for an early payout. They always look at the “risk” level before they give you a policy. For example, healthy people between 20-40 years old who don’t have HIV and don’t smoke are a “good risk” because they probably won’t die before they finish paying into their insurance and a payout isn’t expected for many, many years. These people will probably not have a hard time getting insurance. This logic might be hard to understand at first, but an insurance agent can tell you more about this and “eligibility”.

You might still get some types of insurance, even if you have HIV. They are described below.

Group health insurance

A lot of people are able to get health insurance through their work. This is called “group” health insurance. Although you are on the inside right now, you should know about this for when you are released from prison.

The place you work at might offer something like a “health, drug and dental plan”. Most of the costs for your health care, drugs, dental and eye care may be covered by this plan. Usually insurance companies do not want to cover you if they know that you are infected with HIV.

It is possible for you to get this insurance, if the insurance company does not ask you to have a “physical exam” or take a sample of your blood. If the company you work for is big and a lot of people work there, then the insurance company does not normally check your health before you become part of a group plan with them. They probably won’t ask if you have HIV. This is because there are many people in the company who are paying into the health insurance plan. The costs of payouts come from premiums paid by many people. If premiums go up, the amount is smaller in a large group, because the cost is spread over many people’s premiums.

If the company is small they may ask you about HIV, because they don’t have so many people paying into the plan.

Usually a small amount of money is taken from your paycheque and paid to the insurance company (just like paying premiums) or your boss pays for it. If you buy any medication, the insurance company will usually pay from 80% - 100% of the cost. Not all antiviral medications are covered with insurance companies, you'll have to check this out with the insurance company. If you need to see doctors or go to the hospital, the insurance covers all of these costs too (but usually the public health plan in your province or territory pays for this).

Disability insurance

If you work and you have health insurance you can usually get disability insurance as well. There are two kinds of disability insurance: 1) short-term; and 2) long-term.

Short-term disability tends to last for about 4 months and you may get between 67% to 100% of your pay for those months. This means you can be off work for 4 months and still get some pay. Long-term disability can last either for a certain amount of time or with no time limit at all. It depends on the insurance company. With long-term disability you may get between 50% to 67% of your pay while you are off work.

Asking for disability benefits at your workplace doesn't mean you have to tell anyone that you have HIV. You will need a letter from your doctor which says that you cannot work, but the insurance company will want more information. They might ask if you are HIV-positive, but they cannot stop covering your medical expenses or not give you disability insurance.

If you decide to go to another job it might be possible for you to keep paying your disability insurance from your old job. You would not have to leave behind all the money you already put into your disability insurance. The company will charge you a higher premium (because you have to change from "group" to "individual" disability insurance), but then you don't lose the money you already put into your plan.

However, if they ask for a medical exam first, you might not be eligible (qualify) for insurance because you are infected with HIV (even if you had group health insurance with them through your old job). You should know that if you leave a job which has these benefits, you might not get them after you leave or at your next job.

Also, if you have been working you can apply for UIC and CPP. These are described on page 94.

Individual health insurance

If you don't have a job or if your workplace cannot offer you a health plan, then you can still try to get private health insurance. There are a few insurance companies which will give you a plan even if you are infected with HIV. They just sign you up. But you will have to pay very high (expensive) premiums. This is because they figure you might die soon or before the plan is paid off.

They will ask questions about your health; answer them honestly. If you don't and the insurance company later finds out, they will cancel your policy/contract right away. They have the legal right to do this. You may also lose all the money you paid in premiums.

Life Insurance

If you have an insurance plan (maybe you bought one before you became infected), then you should try to find out what services it offers to you. Some can offer a "living benefit" as part of your plan. This is money which can be paid to you for your health and living costs while you are alive, but then your beneficiary (the person who you decide should get the money) will get less money when you die. Living benefits are only given to very sick people who are going to die within 6-24 months. The insurance company will want a letter from your doctor.

If you don't have a life insurance plan no company will sell you one because you are HIV-positive. They think of your illness as a "bad risk", and that they will have to pay an early payout.

Needing a lawyer to deal with insurance companies

If you are having problems with your insurance company because they won't pay you a "living benefit" or other benefits you feel you should get, then speak to a lawyer. The lawyer may be able to help in getting the insurance company to pay you money if you need it. But this is not always easy to do.

For some people, having enough money to pay the lawyer can be a problem. If your insurance policy/contract is a large amount, the lawyer may take your case and charge you only if you get a payment from the insurance company. The lawyer may ask that you pay him or her while the case is going on (before you get a payment from the insurance company), but many people don't have the money to do this.

A lawyer with Legal Aid might be able to take your case, but this is not the same for all provinces or territories. It is best to ask different lawyers to see if they can help you get a “living benefit” payment from your insurance plan.

Viatical companies

You should only consider going to a viatical company as your last resort. First see if you can work with a lawyer when trying to get money from your insurance policy.

Viatical companies are private organizations which will buy your insurance policy from you as long as you change your beneficiary to them. This means that they will give pay you money for your policy (but much less than what it is worth) and you give the policy to them. You must make them the only beneficiary to the policy.

The idea behind using a viatical company is that they will give you money right away. But then you will have no insurance plan left, and you won't have any money going to your family or friends after you die. The viatical company buys the ownership of your policy. Once you sell your plan to them you will have no rights over it anymore.

Give it a lot of thought before you contact a viatical company. And speak to a lawyer about how these companies work.

For more information

Trying to understand insurance can be difficult, because there are so many rules and they could be different for each company. If you have any questions about health or life insurance you can call the *Canadian Life and Health Insurance Association* toll-free at 1-800-268-8099. You should know that this organization is run by insurance companies (so they won't necessarily advocate for you). If this organization does not give you the information you want, you can call other places.



The *Canadian AIDS Society* at (613)-230-3580 or your local AIDS agency can give you more information about insurance. These organizations may be able to give you information about which insurance companies will give you a plan (policy). They will also be able to answer your questions.



8

LEGAL HELP

This Chapter tells you about legal problems you might have because you are infected with HIV. You have the same legal rights as people who don't have HIV, and you can use the same legal services that everyone else uses. This Chapter does not talk about legal problems you might have because of your criminal charges. It gives you information which can help you find good legal services for problems which you might have because you are infected with HIV.

A big problem facing people living with HIV or AIDS is discrimination (*des-crim-in-nation*). Discrimination happens when someone treats you differently than they would treat someone else in the same situation. Usually it is illegal to discriminate against someone because of their disability or handicap. HIV and AIDS are legally considered to be a disability or handicap (you can read more about this in Chapter 7).

Discrimination

Sometimes discrimination happens in very clear ways. For example, someone might say to you "I don't like you because you have HIV" or "I'm firing you from your job because you have HIV". This kind of discrimination is direct and noticeable.

Other times discrimination can happen in ways which you might not notice. This kind of discrimination is "below the surface" or hidden. Often people may try to use an excuse or situation to hide that they are discriminating. Here is an example of how someone may hide discrimination:

A woman has been working at her job for many years and she suddenly gets fired. Her boss tells her that his company is losing money and he cannot afford to pay her salary any more. He says that he has to "downsize" the business and he needs to fire someone. He chooses to fire her. What he doesn't tell her is that he found out she has HIV and that he is afraid of people with this infection. He doesn't tell her that he is firing her because she has HIV.

This example shows that the boss has an excuse or situation he can hide his discrimination behind (that he is “downsizing”). This makes it hard to see and later to prove that discrimination happened.

Other times people will discriminate in a more complicated way because they know that they cannot openly discriminate (it’s against the law). Here is an example:

It is important for you to know that you do not have to prove that the discrimination against you was entirely because of your HIV infection or the colour of your skin, etc. You have to prove that the HIV or skin colour, etc. was only a factor or a part in the discrimination.

A man lives in a basement apartment of a house and the landlord lives upstairs. The man is infected with HIV, but the landlord doesn’t know it. Later the man starts showing signs of having AIDS; he gets skin blotches on face from KS. The landlord sees the blotches and assumes that the man must have AIDS. The landlord tells the man to move out of the basement apartment. He says “my sister is looking for a place to live, so I think I might give this apartment to her”. But this is not true, he doesn’t have a sister. What he doesn’t tell the man is that he is afraid he will get AIDS from him, and he wants him out of his house.

This example shows how someone can use a legal excuse or situation to hide discrimination. The landlord knows that he can legally ask the man to move out if his own family member is moving in instead.

If you feel that you have been discriminated against (because you are HIV-positive or for other reasons), you can fight this by complaining to the Human Rights Commission in your province.

Your human rights

You have the same rights as everyone else. It doesn’t matter that you have HIV. Your human rights are written in many places. Here are 3 of the most important places:

- 1) the Constitution (in the Canadian Charter of Rights and Freedoms);
- 2) the Canada Human Rights Act; and
- 3) the Human Rights Code in your province.

The Constitution (and the Charter) is the supreme law of Canada. Enforcing your rights under the Charter usually means going to a court of law. This can be too expensive for most people. Most of the discrimination complaints go to the Human Rights Commissions

which are set under the Canada Human Rights Act and the Human Rights Code in your province.

There are 2 different levels of human rights protection:

- 1) the *Federal Canadian Human Rights Commission*,
- 2) the *Provincial Human Rights Commission*.

The protection of your human rights is shared by both the federal and the provincial governments in Canada. But they are separate systems which work with their own *Human Rights Commissions*. This is how the systems work ...

The Canada Human Rights Act and the provincial Human Rights Codes set up *Human Rights Commissions* to help enforce your legal rights. Complaints of discrimination are taken to the commission. The government will pay for investigating and hearing complaints.

You would take a discrimination complaint to the *Federal Human Rights Commission* if your complaint has to do with:

If you are not sure which *Human Rights Commission* office (federal or provincial) you should take your complaint to, then call the office in your province (see page 110). They will tell you which is the right commission office to contact.

- ◆ “services” offered by the federal government or federally controlled industry (like banks, railway, airlines, military, federal civil services); or
- ◆ “employment” you have with the federal government or with a federally controlled industry (like you are a clerk, case worker, civil servant); or
- ◆ “housing” you have which is provided by the federal government (like an army or military base).

If your complaint is caused by someone else (whose services, employment or housing are not controlled by the federal government), then you would take it to the *Provincial Human Rights Commission*.

The Human Rights Code protects you from being discriminated against certain reasons. No one can discriminate against you for any of the following reasons listed below.

It is illegal to discriminate based on:

<ul style="list-style-type: none">◆ ancestry (your heritage)◆ race (Asian, African, Caucasian, etc.)◆ ethnicity (your culture)◆ where you were born◆ citizenship◆ creed (religion)◆ the colour of your skin◆ sex (man or woman)◆ age	<ul style="list-style-type: none">◆ disability/handicap (including HIV infection and AIDS)◆ sexual orientation (whether you are gay or straight, but not all Provincial Human Rights Codes give this protection)◆ marital status (married, single, etc.)◆ family status (children or parents living with you)
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It is illegal for someone to discriminate against you for any of the above reasons. You can file a “complaint” against the person or organization who discriminates against you based on any of these reasons.

However, people can discriminate against you for many other reasons which are not illegal. For example, they may discriminate because of the clothes you wear, the length of your hair, etc.

Filing a complaint

If you believe that you have been discriminated against, you can file a complaint with the *Human Rights Commission Office* in your area (see page 110). Do this as soon as you can after the discrimination happened. The word “complaint” is another word for “case” (like your “case” of discrimination). When you talk to the *Commission* they will ask you many questions about your complaint (your case). You should be prepared to answer some questions.

Filing a complaint has 4 steps:

- 1) filing a formal (official) complaint;
- 2) talking about the discrimination and collecting proof of it from both sides (your story and the

other person's/people's story), the *Commission* does an investigation and decides if a Board of Inquiry is needed;

- 3) a Board of Inquiry decides whether discrimination happened and what "remedies" should be given to you; and
- 4) "remedies" (or compensation) are given to you if the Board of Inquiry decides that discrimination happened to you.

1) Filing a complaint

You should always file a formal complaint with the *Human Rights Commission* if you feel that you have been discriminated against. You do not have to have a lawyer or pay a fee in order to file a complaint.

It might happen that the *Human Rights Commission Office* will ask you to "negotiate a settlement" before you file your complaint. This means that they want you to talk about finding an agreement between you and the person/people who discriminated against you before you file a complaint. It is in your best interest to always formally file a complaint first.

The person (people) who discriminated against you is not obliged (or forced) to take your complaint seriously until it is in writing. You must file a complaint to make it official.

Trying to reach or find a settlement can take a very long time. It can take months for negotiations to happen, and then often there may be no agreement reached. That is why you should file your complaint right away - so that an investigation is not delayed. And while the investigation is happening, you can still talk about a settlement (even after you filed your complaint). Always be ready to talk about serious settlement offers.

2) Giving proof and the investigation

If you think that you have been discriminated against try to collect all the proof or evidence of it you have. For example, if you were fired from a job and you feel that you lost it because you have HIV, take your letter or notice from your boss with you to the *Commission*.

You also have to tell the *Commission* why you feel you've been discriminated against (does your boss treat you differently than

other employees because of your infection? does your boss say anything about your infection behind your back? does he or she make jokes or say bad things about you because of your infection?).

The *Human Rights Commission* has the power to investigate complaints of discrimination (but they might not investigate *all* complaints). If the *Commission* believes there is enough evidence that you have been discriminated against (from the proof they get from you and the other side), they will recommend that your case go to a Board of Inquiry. This Board will look into your case and hear both sides (just like a trial). They will decide if your rights have been violated (if you have been discriminated against).

You should also know that at any time while you have a discrimination complaint you may be asked to negotiate a settlement (even a long time after you filed your complaint). Always be prepared to think about a reasonable settlement. Try to find out what all your choices are. If you are not prepared to consider all reasonable offers, it might make you look like you're hard to work with. The *Commission* might not look at your case any longer.

3) Board of Inquiry

This Board decides if you have been discriminated against. The *Human Rights Commission* will ask one of their lawyers to look after your complaint. You will not have to pay for this lawyer. The evidence is presented to the Board by the 2 lawyers (the *Commission's* lawyer and the one for the person/people who you say discriminated against you).

You should understand that the lawyer you get works for the *Commission* and not necessarily for you. You may or may not be happy with how he or she is representing your case. If this happens you should think about getting your own lawyer (someone who works outside the *Human Rights Commission*). You can ask *Legal Aid* for help (see pages 114-115). Or you can get a lawyer on your own if you have the money to pay for one.

4) Remedies

Remedies are like compensation. If the Board finds you were discriminated against it will decide on how you should be compensated. You get something back if the Board of Inquiry agrees that you have been discriminated against.

Remedies can include money paid to you for having your human rights violated or for lost income (you lost a job because of discrimination). You might even get money for extra things you had to pay for because you were discriminated against (like moving to another city to find a new job). Sometimes the *Commission* can remedy the discrimination by getting jobs back for people who lost them or getting them into the apartment they wanted.

Don't worry if these steps are confusing to you. The people at the *Human Rights Commission* will tell you how their system works. If they don't tell you, then ask questions - don't be shy or afraid.

If you are thinking about negotiating a settlement, you might want to talk to a different lawyer (who doesn't work for the *Commission*) about your case (to make sure that the settlement is in your best interest). It's a good idea to get "outside" legal advice, if you can, before settling your case.

Most of the time any cases or complaints that have to do with HIV discrimination will get "fast tracking" or "priority handling". This means that HIV cases are processed (filed, investigated and remedied) before other new cases. But even with fast tracking a complaint can take 18-24 months to settle by the time you get your remedy.

When you have been discriminated against

If you believe that you have been discriminated against you can contact the *Human Rights Commission Head Office* in your province or territory. Ask them for the telephone number of the nearest *Commission Office* in your area. They are listed on the next page.

You can also contact a community legal clinic, AIDS agency or disability advocacy group in your province. They can even help you to deal with the *Human Rights Commission*.

Human Rights Commission Head Offices



British Columbia Council of Human Rights
Parliament Buildings
Victoria, British Columbia
V8V 1X4
(604) 387-3710

Alberta Human Rights Commission
902-10808-99th Avenue
Edmonton, Alberta
T5K 0G5
(403) 427-3116

Saskatchewan Human Rights Commission
Sturdy Stone Building
122 3rd Avenue North
Saskatoon, Saskatchewan
S7K 2H6
(306) 933-5952

Manitoba Human Rights Commission
259 Portage Avenue
Winnipeg, Manitoba
R3B 2A9
(204) 945-3007

Ontario Human Rights Commission
400 University Avenue
Toronto, Ontario
M7A 2R9
(416) 965-8641

Québec Human Rights Commission
360 St. Jacques West
Montréal, Québec
H2Y 1P5
(514) 873-5146

New Brunswick Human Rights Commission
103 Church Street
Fredericton, New Brunswick
E2A 1J8 (506) 453-2301

Nova Scotia Human Rights Commission
5675 Spring Garden Road
Halifax, Nova Scotia
B3J 3C4
(902) 424-4111

Newfoundland Human Rights Commission
P.O. Box 4750
St. John's, Newfoundland
A1B 4J6
(709) 729-2326

P.E.I. Human Rights Commission
3 Queen Street
Charlottetown, P.E.I.
C1A 7N8
(902) 368-4180

Yukon Human Rights Commission
205 Rogers Street
Whitehorse, Yukon
Y1A 1X1
(403) 667-6226

North West Territories Human Rights Commission (Federal)
401-10506 Jasper Avenue
Edmonton, Alberta
T5J 2W9
(403) 495-4040

Canadian Human Rights Commission (Federal)
255 Albert Street, Suite 401
Ottawa, Ontario
K1P 6A9
1-800-661-0228

LAWYERS

Getting legal help

Even if you have a lawyer you may want to read this section. It tells you about the legal services offered to people, how to find a lawyer, and more.

In Canada there are two general areas of law: 1) criminal; and 2) civil. What this means is that one includes only criminal law and the other system includes everything else (like family law, labour law, health law, etc.). This book does not talk about criminal law.

Anyone can have a lawyer for each area of law. You don't have to break the law in order to have a lawyer.

What does a lawyer do?



Lawyers give you legal advice (they advise you of your legal rights and tell you how the law works). Also, if you need it, they will “represent” you and your case in court or in front of other decision making groups (like Parole Boards). Generally, a lawyer is your advisor (tells you about your legal choices) and your advocate (someone who sticks up for your rights and speaks for you). You hire him or her and they take instructions from you.

You can change your lawyer if you think that he or she is not doing a good job representing your case.

Lawyers are supposed to know about the area of law they specialize in. You should be able to ask your lawyer anything about your case and the law. He or she is supposed to give you good information or should know where to get this information. Don't be afraid to ask a lot of questions about your case.

How to find a lawyer

If you do not have a lawyer you can find one and get legal help in different ways:

- 1) find someone on your own (maybe you already know a lawyer);
- 2) word of mouth;
- 3) from a community legal clinic; or
- 4) from a lawyer referral service or the provincial Law Society.

Each province and territory has an organization which can help you find a lawyer. Some have a “Law Society” and a “Lawyer Referral Service”, others have only one or the other. If you don’t know a lawyer, or don’t like the one you have, then you can call the organizations listed below. They will help you to find a lawyer in your area.



Law Society of *British Columbia*
845 Cambio Street
Vancouver, British Columbia
V6B 4Z9
(604) 669-2553

British Columbia Lawyer Referral
Service
504-1148 Hornby Street
Vancouver, British Columbia
V6Z 2C3
(604) 687-3221

Law Society of *Alberta*
919 11th Avenue SW, Suite 600
Calgary, Alberta
T2R 1P3
(403) 229-4700

Law Society of *Saskatchewan*
1100-2500 Victoria Avenue
Regina, Saskatchewan
S4P 3X2
(306) 569-8242

Law Society of *Manitoba*
219 Kennedy Street, Suite 201
Winnipeg, Manitoba
R3C 1S8 (204) 942-5571

Manitoba Lawyer Referral Program
304-283 Bannatyne Avenue
Winnipeg, Manitoba
R3B 3B2
1-800-262-8800

Law Society of Upper Canada
(*Ontario*)
Osgoode Hall
130 Queen Street West
Toronto, Ontario
M5H 2N6
(416) 947-3300

Ontario Lawyer Referral Service
206-204 Richmond Street West
Toronto, Ontario
M5V 1V6
(416) 947-3330

Québec Lawyer Referral Service
Court House, 9th Floor, Suite 9.80
Montréal, Québec
H2Y 1B6
(514) 866-9392
(514) 866-2490

(more on next page)

<p>Law Society of <i>New Brunswick</i> 1133 Regent Street, Room 206 Fredericton, New Brunswick E3B 3Z2 (506) 458-8540</p> <p><i>Nova Scotia</i> Lawyer Referral Service 1475 Hollis Street Halifax, Nova Scotia B3J 3M4 (902) 422-1491</p> <p>Law Society of <i>Newfoundland</i> P.O. Box 1028 Baird's Cove St. John's, Newfoundland A1C 5M3 (709) 722-4740</p>	<p>Law Society of <i>P.E.I.</i> 49 Water Street, Box 128 Charlottetown, P.E.I. C1A 7K2 (902) 566-1666</p> <p>Law Society of the <i>Northwest Territories</i> 4916 47th Street, P.O. Box 1298 Yellowknife, NT X1A 1L8 (403) 873-3828</p> <p>Law Society of <i>Yukon</i> 302 Steele Street, Suite 201 Whitehorse, Yukon Y1A 2C5 (403) 668-4231</p>
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How to pay for a lawyer

Paying for a lawyer can be a problem because the fees can be very high. Some lawyers charge a lower fee for people who do not have a lot of money. This is called charging on a "sliding scale". You get charged based on how much money you make or how much money you have (up to a maximum fee). Or a lawyer might take your case on "pro bono" (for free), but this doesn't happen often.

Legal Aid

Each province offers a program of free legal services to people who cannot afford a lawyer. In many provinces this free legal service is called *Legal Aid*, in other provinces or territories it might be called something else. *Legal Aid* lawyers work in most areas of the law (like health, criminal, etc.).

Certificate

If you have your own private lawyer, but you don't have the money to pay for his or her services, you may get a "Legal Aid Certificate" (certificate for service). This certificate is given to people who can't afford to pay for a lawyer. You have to apply for it and prove you are eligible. You can ask your local Legal Aid Office (see next page) if this certificate is available in your province.

The certificate tells your lawyer that his or her fees for helping you will be paid by the province or territory. All lawyers should know

about the services offered through the Legal Aid and the certificate system in their province. If you get the certificate you can take it to your lawyer, but not all lawyers handle *Legal Aid* cases. Ask your lawyer about this.

If you later decide to change your lawyer after you have given him or her the certificate, you can take the same certificate with you to give to your new lawyer. It might take a little time to transfer the certificate to the new lawyer, but he or she should be able to start with your case right away.

In order for you to get *Legal Aid* or a certificate you have to be eligible for it (you can't earn a lot of money). The Legal Aid Office will ask you how much money you earn or get from social assistance.

Clinics

Another way you can get free legal help is through a legal clinic. Community legal clinics are places which hire lawyers to work on legal cases for low income people. Lawyers who work at a community legal clinic are paid by the clinic, so you do not pay for their services and you don't have to get a certificate.

Below is a list of Legal Aid Head Offices. You can ask them for the telephone number of a Legal Aid Office near you.



Legal Services Society of *British Columbia*
P.O. Box 3
1140 West Pender Street, Suite 300
Vancouver, British Columbia
V6E 4G1
(604) 660-4600

The Legal Aid Society of *Alberta*
10320 - 102 Avenue, Suite 300
Edmonton, Alberta
T5J 4A1
(403) 427-7560

The *Saskatchewan* Community Legal
Services Commission
820 - 410 22nd Street East
Saskatoon, Saskatchewan
S7K 2H6
(306) 933-5300

Legal Aid *Manitoba*
402 - 294 Portage Avenue
Winnipeg, Manitoba
R3C 0B9
(204) 985-8500

The *Ontario* Legal Aid Plan
375 University Avenue, Suite 404
Toronto, Ontario
M5G 2G1
(416) 979-1446
1-800-668-8252

Commission Des Services Juridiques
(*Québec*)
C.P. 123, Succursale Desjardins
Montréal, Québec
H5B 1B3
(514) 873-3562

(more on next page)

<p><i>Legal Aid New Brunswick</i> P.O. Box 666 1133 Regent Street, Suite 206 Fredericton, New Brunswick E3B 5B4 (506) 451-1424</p>	<p><i>Newfoundland Legal Aid Commission</i> Centre Building 21 Church Hill St. John's, Newfoundland A1C 3Z8 (709) 753-7860</p>
<p><i>Nova Scotia Legal Aid Commission</i> 5475 Spring Garden Road, Suite 401 Halifax, Nova Scotia B3J 3T2 (902) 420-6573</p>	<p><i>Legal Aid Services Board of the North West Territories</i> P.O. Box 1320 Yellowknife, N.W.T. X1A 2L9 (403) 873-7450</p>
<p><i>Prince Edward Island Legal Aid</i> Law Courts Building P.O. Box 2200 Charlottetown, P.E.I. C1A 7N8 (902) 386-6043</p>	<p><i>Government of Yukon</i> P.O. Box 2703 Whitehorse, Yukon Y1A 4Z2 (403) 667-5210</p>

What you should know about your lawyer

When you go to see your new lawyer you will want to know about all the services he or she can offer you. Although you might not need all of them, its good to know what he or she can do for you if you need it.

Here are a few questions you might ask your lawyer:

- ✓ does he/she work in a clinic?
- ✓ will he/she take Legal Aid certificates?
- ✓ does he/she offer a "sliding scale" fee arrangement?
- ✓ will he/she do work for people who have little money?
- ✓ what are the strong and weak points in your case?
- ✓ what are the chances that your case will be successful?
- ✓ does he/she have experience in the areas you need help in?
- ✓ has he/she handled a case like yours before?
- ✓ how much money does he/she charge per hour?
- ✓ can he/she give you an estimate of how much time your case will need?
- ✓ does he/she work with student lawyers or junior lawyers (they can work on your case at a cheaper rate to keep your total costs down)?
- ✓ are there any out-of-pocket expenses you will have to pay (like fax machine, courier service, court filing fees)?

If you don't like your lawyer, or you think that he or she is not doing the best for you, then you can find another one. You do not have to keep the same lawyer until your case is over. Changing lawyers in the middle of your case, however, can slow things down for you. Also, you might want to get a second opinion from another lawyer about changing your first lawyer. It could be that your lawyer is giving you good advice and is doing the best for you, even though you might not think so.

If you are sure you want to change your lawyer, you should do it even if he or she has done work for you and you have paid this person. The work he or she has done for you goes with you to your new lawyer.

If you feel you want to complain about your lawyer, you can call the Law Societies listed on pages 112-113. You can also ask them for a referral to another lawyer.

Things a lawyer can help you with

There are many reasons why you might want to see a lawyer. Some of these reasons might be because you are infected with HIV. Maybe you have been discriminated against, or you are having problems with your insurance company, or with your workplace or landlord. But you can also see your lawyer to get help in planning ahead for the future to avoid problems.

The next Chapter will tell you about advanced planning (like writing a will, having a "living will", "medical power of attorney", "power of attorney" and planning a funeral). For some of these things you will need a lawyer to help you. You do not have to have a will or power of attorney, but you might want to know about them if you don't already know what they are.



9

PLANNING AHEAD

Planning in advance can help give control over your health care, your money and your body if you are not able to speak or do things for yourself. You might not be able to make decisions if you are too sick to speak, are in a coma, are too drugged (because of pain) to think or speak clearly, are unconscious (knocked out, like from an accident), you are not competent (you do not think clearly), or you are dying.

There are 2 situations for which you might want advance planning: 1) for the things that affect you when you are still alive; and 2) the things you want done when you are dead.

When you are alive you can have a “medical power of attorney”, a “living will” and a “power of attorney”. These are documents you write in advance. They speak for you when you are not able to speak for yourself, or when you cannot make your own decisions. This is explained in the next section of this Chapter.

Then there are things that can be done for you when you are dead. These include a will and/or pre-arranged funeral, but you must plan these before you die.

This Chapter explains what is involved in planning ahead. However, not everyone needs to or wants to pre-plan.

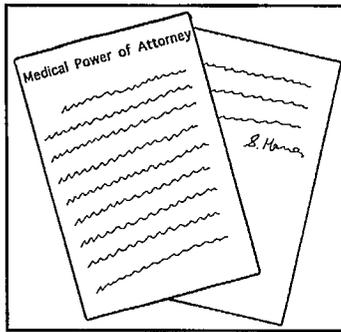
What is a medical power of attorney?

A medical power of attorney is a document which states your wishes about treatment and care. You have to write and sign this document.

If decisions have to be made about your treatment or care, but you are not able to speak or make choices yourself, a medical power of attorney will speak for you. You give these instructions to someone you really trust, and that person becomes your “attorney” for the medical power of attorney. This person is supposed to make sure your wishes and instructions as you have written in the document will be respected.

Being called the “attorney” to your medical power of attorney has nothing to do with your lawyer (he or she is a different type of attorney).

A medical power of attorney has also been called a “living will”. A living will speaks for you while you are alive or are dying. A regular will (explained on page 122) speaks for you after you die.



People write a living will (or have a medical power of attorney) if they have special wishes for when they are too sick to speak or are dying. For example, some people don’t want to get certain drug treatments because they have side-effects to them, or they don’t want to have a blood transfusion or certain medical tests done. Other people want to have treatments stopped after a period of time. Many people don’t want to have a lot of medical machines hooked up to them to keep them alive.

You can ask someone you trust to make sure your living will is being respected (as written in your document). This person cannot make decisions about your death. He or she can only make decisions about medical treatment and care (as written in your medical power of attorney document).

How to write a living will

You write out a living will the same way you would write out a regular will (you can read about this on pages 123-124). In it you explain what your wishes are and what treatments or care you would like or not like. Your lawyer doesn’t have to put it together for you, but you should let him or her know that you have a living will. It might be helpful for your lawyer to look over your living will before you make it final. You can even give a copy of it to your lawyer.

In a living will you say what you want to happen if you are unable to speak for yourself. Do you want the doctors to hook you up to machines to keep you alive? Do you want the doctors to give you CPR (or resuscitate you) if your heart stops? Do you want them to attach machines (like a respirator) to you if you cannot breathe on your own? These are very important questions, and maybe you don’t know the answers. It’s O.K. if you don’t know ahead of time what you would like done.

Some cities have a Living Wills Association or Dying With Dignity organization. These places and an AIDS agency in your area can help you to write a living will.

Who should know about your living will?

If you write a living will make sure you give a copy of it to your lawyer, the person you ask to be the attorney to your medical power of attorney, your family, your doctor, and have the hospital put a copy of it in your file. If you are at an HIV Clinic in a hospital, talk to the staff about your wishes too. Always keep a copy of your living will in your wallet, in case you are in an accident and can't speak for yourself.

You can speak with your doctor about your living will. He or she might tell you that the will is not "legally binding". This is true, and this means that doctors or your family can fight about your living will in court. But if you want to have a living will and you speak to your doctor about it, he or she will let you know if your living will is likely going to be respected.

The more people you tell about the treatment and care decisions you want made (as written in your living will document) and the more doctors and nurses know, the better are your chances for having your wishes respected. Also, if your will says you have special instructions about dying, then they should be respected too. You should be able to die with dignity (self-respect). Your medical power of attorney should know what these wishes are, so that he or she can make sure they are respected if the time comes.

Sometimes a hospital will not want to respect a living will. An example might be: your living will says that you do not want more medications even if they will keep you alive because they give you too much pain. You would rather die. But then your mother tells the hospital to ignore your wishes and keep giving you medications even though you'll be in pain. She says this because she doesn't want you to die.

This is when a medical power of attorney can speak for you and say what your wishes are. If you didn't have a power of attorney, then the hospital would probably listen to your mother (because she is family) and not pay attention to your living will. But your mother might still get her wish (that you get treatment) even though you don't want any. You can help prevent this situation from coming up by talking in advance with your family about your wishes.

A registry for living wills

In Canada there is a "Living Wills Registry". This registry has a 24 hour 7 day a week telephone line if you have any questions. They send you papers for you to write your living will on. Then you mail them back. Or you can send your living will written on your own paper. They keep your living will on file and give you a card to put in your wallet. This card says that you have a living will, in case you are in an accident or cannot speak for yourself.



Medical staff can call the number on the card and find out what your wishes are in the living will. You can always make changes to your living will. There is a fee for being registered. It costs \$70 for them to send you forms to write your living will on and to become registered, or \$60 if you mail in your living will written on your own paper and become registered. Anyone across Canada can register. You can call them at (519) 273-7245, or write to them at

Living Wills Registry
93 St. Vincent Street North
Stratford, Ontario
N5A 6H5

You can talk to your lawyer, doctor, or an AIDS agency in your area about keeping your own living will or registering your living will with the Registry. But you don't have to register in order to have a living will.

What is a power of attorney?

A power of attorney is a document which states what financial matters you want your "attorney" for the power of attorney to take care of. This "attorney" has nothing to do with your lawyer.

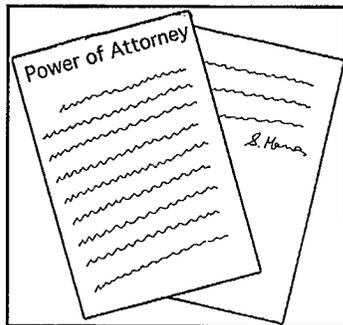
Giving someone the power of attorney is giving them the "power" to make money decisions for you and to sign for you. This is different from a medical power attorney, which only deals with treatment and care related to your health. A power of attorney deals only with your money and financial matters.

A person who is given legal power of attorney can pay your bills for you, sign for you at the bank, and buy and sell things for you. Anything that has to do with your money, your power of attorney can take care of if you want. Having this person can be helpful if you can't get around or are too sick to go places. If you have dementia (problems thinking or remembering) or cannot speak for yourself,

your power of attorney can take care of money matters for you. As long as you are very clear with your instructions, having a power of attorney can be useful.

Having a power of attorney

After you write out and sign your power of attorney, you should choose someone you really trust to act as your “attorney”. You must write out what you want this person to do for you.



You can be very specific about what your power of attorney can do for you (like only pay the rent from your chequing account, but not pay for anything else from that account). Or you can be very general with your instructions (like your power of attorney can pay all your bills, food costs, etc. from either your chequing or savings account). But if you are not specific with your instructions, you could get into trouble (he or she may take advantage of you and take your money or your belongings).

In order for your power of attorney document to be legally binding, it has to be written in a specific way. Your lawyer can help you fill out legal papers for a power of attorney. You should keep a copy of your instructions and the legal papers. Give the original document to your lawyer, and a copy to your power of attorney and, if you want, your medical power of attorney. This way, the person under your power of attorney must go to the lawyer before he or she can start taking power over your money matters.

The lawyer will need to know from you that you cannot manage your money yourself and you want the power of attorney to begin. The person you ask to be your power of attorney needs the original document before he or she can start handling your money matters (as written in the document).

If you decide to have a power of attorney you must be very careful about who you choose. You must be able to trust this person completely. And you must be very clear and precise about what this person should do with your money. It is very, very important that you trust your power of attorney.

Not everyone needs a power of attorney, and not everyone knows someone they can trust.

WILLS

What is a will?

A will is something that speaks for you after you die. Usually it is written on paper and a lawyer puts it together for you. In it you say what you want done with all of your belongings after you die. You can also say how you would like your funeral to happen (you can read more about funerals later in this Chapter).

Why have a will?

Before you start to think about having a will make sure you are ready to do this. It is a good idea to plan ahead, even if you don't write anything down right away. It doesn't mean that you are ready to die when you start to write things down,. It only means that you are planning ahead. You can always change your mind later about what you write.

Some people with HIV who get dementia (problems with thinking or remembering) or are so sick that they can't speak clearly, may die without having a will. This makes it hard for family and friends because they don't know what to do with all of the person's belongings or money. Or they don't know how the person would have liked to have his or her funeral. Sometimes the family will fight over belongings or money after the person dies. Having a proper will which clearly says what to do with the belongings or the funeral will likely prevent this.

If you die and you don't have a will, the law says that you have died "intestate". This means that your belongings are given to your nearest relative (like a spouse/partner or brother or parent) even if you don't like him or her. If no relatives can be found, then all of your belongings will go to the government.

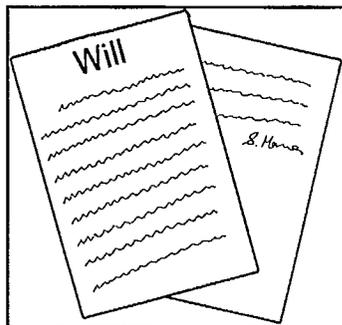
Having people respect your wishes (things done the way you want them) after you die can happen if you have a will.

How to write a will

Writing a will can be simple, but having a will which is legally correct can be complicated. There are many technical things which can easily cancel a will if you don't know about the law. Even if only 1 part of your will is written wrong, the whole will and all of your wishes can be ignored. Working with a lawyer when you write your will is the best way to make sure your will is valid and legally O.K.

Before you begin to write a will make a list of all the things you own (these are called your "assets"). Also make a list of what you still owe to other people or companies (these are called your "debts"). If you owe money to someone when you die it might come out of your "estate" before the rest is given to anyone else.

An estate is a collection of all of your assets. It doesn't matter if all you have is worth \$10 or \$10,000,000, everyone has an estate. Your estate will be protected from other people getting part of it if you have a will.



In your will you should clearly say how you want your assets (belongings) divided. This means, if you want your brother to have your leather jacket, you have to say so. Or if you want your mother to have your television, and your husband or wife to have your car, you have to say so. Or if you want to leave some money or RRSPs for your children and have all of your clothes go to the Salvation Army or a shelter for the homeless, you must say so. Whatever you want to have happen with your belongings should be explained in your will. You have the right to decide what happens with your assets.

You should also mention who you want to look after your pets or children. Be very sure that you can trust these people and that you are sure they will take care of your children or pets.

Also in your will you should say who you want your "executor" or "trustee" to be. This is the person who will take your will after you die and make sure everything you say in it is respected and done as you want. When you give the name of your executor make sure it is someone you trust and who lives in your province. You can choose a family member, a friend, a counsellor, your lawyer, your social worker, case worker, or someone else you trust. Tell that person where you keep your will so that he or she can find it when you are gone.

It is very important to ask this person if it is O.K. with him or her to be your will's executor. Most people feel honoured when asked to be an executor, because it means that you trust them enough to know that they will make things happen the way you want. It is also a lot of responsibility. Not everyone wants to do it.

If you have special wishes about how you would like your funeral or burial to be, you should include this in your will. If you haven't thought about a funeral, or don't want to, then you don't have to say anything about it in your will. If you want to read about funerals and planning for them, you can read more about it later in this Chapter.

Trying to write a will

It can be hard or very emotional for you to sit down and think about putting your will together. You might feel scared because you are thinking about death, or you might be afraid of what happens after you die, or you might feel sorry for the people you leave behind, or you might feel lonely. You might feel that you aren't ready to die. All of these feelings are normal. And there are many people who can help you through this.

You can talk to someone at an AIDS agency in your area about getting help writing up your will. You can also talk to your lawyer about this, your counsellor, or someone you know who already has a will. Remember, writing a will doesn't mean that you are ready to stop living, it only means that you want to put things in order.

If you aren't ready to talk to someone about your will, then take your time. You don't have to be sick to write your will, you can be very healthy and active but still think about it. Preparing your will only means that you want to make sure your wishes are respected because they are important to you. It also means that you want to make things easier for the people you leave behind.

What should be in your will

Before you write out your will and go to your lawyer, you need to ask yourself the following things:

- ? who will be your executor
- ? how will you divide your belongings
- ? what should happen with the rest of your belongings which are not listed in your will

- ? who will look after your pets or children
- ? do you have any funeral or burial wishes

Making your will legal

Most people will go to their lawyer when they are ready to put their will together. You can also call *Legal Aid* (see pages 114-115) for help. They might be able to give you free advice about wills.

After you tell the lawyer what you want said in your will, he or she will put it together and make it legal. This is called a “formal” or “proper” will.

You will have to state that you are “of sound mind”, that this is your “last will and testament”, that no one is forcing you to write what you are writing, and you have to add the date. These statements protect your will so that it can be respected after you die. You may also need to have a certificate from your doctor or lawyer which says that you are “competent” (thinking clearly).

When a lawyer puts your will together he or she will have it typed. Then you sign it and two other people “witness” your signature. This means that they watch you sign your will and initial a corner of each page. Then they sign and initial it too. This proves that these two people saw you sign your own will and that nobody else signed it for you or was forcing you to sign it.

Holograph wills

It is best to have a lawyer write your will with you because he or she can make sure you are doing it the right way. But you can also prepare your will on your own without going to a lawyer. This is called a “holograph will”. Because wills are very technical and have a lot of rules, it is easy for your holograph will to become invalid (not worth anything) if you made a mistake. No matter how small this mistake may be (like you forgot to date it, or forgot to write “This is my last will and testament” at the beginning of it) your will is not going to be respected. It will be worthless.



If you write up your own will, then you must write the *whole thing* in your own handwriting. Don't type it or have someone else write it out for you. It must be in your own handwriting. Use only plain paper, it can't have anything printed on it. Don't use printed forms which you can buy from a stationary/paper store.

Remember to put the date at the top and sign it at the bottom. You can have someone witness your signature if you want, but you don't have to. You will have to state that this is your "last will and testament", and that no one is forcing you to write what you are writing. These statements protect your holograph will so that it can be respected after you die.

You can make changes to your will if you want, but only you can do this. If your lawyer typed up your will, then you have to speak with him or her about the changes. When a new will is typed, you will have to sign and initial it again and have it witnessed.

If you wrote out your own will, then you can make changes to it without writing out the whole thing again. But each change you make has to be done in *your* handwriting and you have to write your initials next to the changes. This is to make sure that nobody else takes your will and makes changes to it without you knowing about it. Here is an example of changes that Jim Smith made to his will and his initials:

friend Bob Green J.S.
I want my ~~sister Diane~~ to have my stereo.

Your own handwriting and initials are proof that you made these changes yourself. You don't have to have the changes witnessed by anyone.

If you are making a lot of changes and your holograph will starts to look messy or is hard to read, then you can re-write the whole thing over again with all of the new changes. Remember to date it and sign it.

Your will is your private business. Try to keep it somewhere you think is safe. You can give a copy to your executor, or you can tell him or her where to find a copy after you die.



FUNERALS

You should only read this section if you feel comfortable reading about funerals and death. Just because you are infected with HIV does not mean that you have to plan your funeral or that you will die soon. You can read this when you need to or when you are ready to. You can come back to read this section at any time.

Thinking about dying

You might think that you are going crazy because you are thinking about dying and death all the time. It is normal to be worried about death. But you are not going crazy. It is important to remember that being infected with HIV does not mean you're going to die soon. You can take care of your health and improve your chances of making the best of your life.

Even if you are thinking about death a lot you still can do things you enjoy. You don't have to give up having a good time. Watching a funny movie can help you to forget about death for a while and maybe have a few laughs.

Laughing can be very useful to you. It can help release some tension or anxiety (fear) you might have building inside you. It's O.K. to laugh and enjoy yourself, don't feel guilty about it. It's part of coping with your feelings and life.

Some people get overpowered by their thoughts of death, and they think about killing themselves. This is not unusual, but if you have these thoughts try to talk about them with someone you trust. You might find relief in sharing your feelings with someone. Or try talking to an AIDS counsellor, psychologist or the medical staff at the Health Care Unit.

Thinking about death

Everyone thinks of death in different ways. Some people think of peace and stillness, or suffering and pain, or loss and sadness, etc. And death means different things to different people. For some people it is an end or a finish to life, while others think it is the beginning to a different and unknown life.

Sometimes when people think about death they have spiritual or religious thoughts. This can help people deal with death. Even if you have never been religious you might start having religious thoughts now. Many people find comfort in feeling spiritual about death. Do what feels comfortable for you.

Thinking about funerals

Talking about funerals or thinking about them is something no one likes to do. And thinking about your own funeral or planning for it can be really difficult. You are not alone.

Most people feel uncomfortable thinking about their own death and their own funeral. But for people who have “pre-planned” their funeral arrangements, they are relieved that it is taken care of and they don’t have to think about it anymore.

Pre-planning for funerals

Pre-planning or “pre-arranging” funerals means that you make decisions about how you want your funeral to be. You don’t have to pay for your funeral right away, it can be paid after you die (from your estate).

With pre-planning you can ask to have things the way you want them. You will have choices to make about funeral services, memorial services, religious services, where to have the funeral, whether to have an earth burial or cremation, whether you want your body to be embalmed, and if you want pall bearers. All of these choices are explained later.

If you make decisions about how you want your funeral to be, then your family won’t have to worry about this. Pre-planning your funeral makes things easier for the people you leave behind. Also, once the arrangements are made you don’t have to worry about them any more. It might be less of a strain if you pre-plan while you are healthy, before you become very sick.

How to start pre-planning

You can start by talking with funeral directors from different funeral homes. You can call them and ask for an appointment, or you can ask them to mail you a price list of all of their services. If you make an

appointment you can take someone with you. You don't have to do any of the planning alone.

Ask a few funeral homes about their services and prices. Compare what they offer. This way you will get the kind of service and funeral you want. Also ask if they do funerals for people who died of an AIDS-related illness. Some places might charge more money for this. An AIDS agency in your area can tell you which funeral homes are good to work with.

You should not feel rushed or pressured. Take your time and get to know what your choices are.

Funeral decisions to make

There are many parts to a funeral. The service and the funeral can be very simple and not cost very much, or it can be very fancy and expensive. A simple funeral can also be a very nice one - you don't have to spend a lot of money. A funeral director can help you make choices which are within your budget. If you are getting financial benefits (help) from the government, you will get some money to help pay for a simple funeral.

Funeral service

Funeral services usually take place inside a church, chapel, synagogue, temple or funeral home. But they don't have to, they can be held in someone's home or garden. Anyone can run the service for you, it doesn't have to be a religious leader. There is a casket (coffin) with the body in it. The casket can be open or closed.

Memorial service

Memorial services are just like funeral services except the casket and body are not there. People get together either after someone has been buried or instead of having a funeral service. Memorial services can also take place anywhere, and anyone can speak at them.

Religious service

Religious services usually take place in a church, chapel, synagogue, temple or funeral home. There is a casket with the body in it. The casket can be open or closed. A religious leader normally speaks at this service.

Private service

Private services are done by invitation only. Anyone can visit the place where the funeral will be before the private service begins, but

usually only relatives and close friends are invited to the service. The casket can be open or closed.

Burial

An earth burial means that the body in a casket is buried in the ground at a cemetery. Most of the time a tombstone or plaque is placed where the person is buried. In some religions the burial happens right after the service.

Cremation

Cremation happens when the body and casket are placed into a furnace. Very high heat turns the body and casket into remains which look like large pieces of sand. These remains are collected and put into an urn (a container). The remains can be given to someone to keep, buried in the earth, or scattered outside at a favourite place. Sometimes cremation is cheaper than a burial.

People who have themselves cremated might also get a tombstone at a cemetery. This way there is a place for people to visit when they want to feel close to the person who died.

Embalming

If the body is going to be in an open casket it may have to be embalmed. This means the body will be treated with chemicals to keep it looking good and preserve it longer. Some provinces or territories have a rule that all bodies must be embalmed.

Pall bearers

These are the people who carry the casket from the funeral home, to the service, and to the cemetery. Most people are honoured (feel respect) when they are asked to be a pall bearer. They are chosen because the dying person loves them, not because they are strong. Between 4-6 pall bearers can be chosen.

Other details

Here are some other things you might have to think about:

- ✓ if you want flowers from people, or, instead, have donations made to a charity in your name
- ✓ the type of music you would like to have playing
- ✓ if you want an obituary (a notice in the newspaper), and if you do, what should it say
- ✓ choose someone to look after your funeral plans (most of the time the executor to the will does this)
- ✓ which clothes you would like to wear

You are not alone

Planning for your funeral may not be easy, but there are many people who can help you with this. You can call an AIDS agency in your area for information and advice about funerals. They have been helping people with HIV and AIDS arrange their funerals for a long time. They can also give you the support you might need for dealing with your funeral plans.

Remember that you are not alone. Even if you feel that you are, there are more people to help you than you might know about. Don't be afraid or shy to talk to someone. It can be a less scary journey for you if you let someone help you.



10

PEOPLE WHO CAN HELP

Here is a list of places which can give you more information about HIV and AIDS. This Chapter is broken down by province and territory. Each province includes the telephone number and address of:

- ▶ **AIDS Hotlines**
For information about HIV and AIDS, for counselling, to find out about other programs in your area.
- ▶ **AIDS Agencies**
For information about HIV and AIDS, for counselling, to find out about programs they offer.
- ▶ **Hemophilia Societies**
For information about HIV and AIDS, for counselling, to find out about programs they offer.
- ▶ **John Howard Societies**
For men (on the inside or outside): help and information about housing, employment, money, legal problems, etc., for information about AIDS services and programs offered in your area.
- ▶ **Elizabeth Fry Societies**
For women (on the inside or outside): help and information about housing, employment, money, legal problems, etc., for information about AIDS services and programs offered in your area.
- ▶ **Parole Offices**
For information about HIV and AIDS services and programs offered in your area.
- ▶ **Needle Exchanges**
Where you can go to take your old needles and get new ones back.
- ▶ **Alcoholics Anonymous (AA)**
For help if you want to stop drinking.
- ▶ **Narcotics Anonymous (NA)**
For help if you want to stop using drugs.

You can call any of these places for information. If these people don't have the information you need, they can put you in touch with people who can help you. They can also tell you who to call in your area. Don't be shy to ask for help.

If you need to contact a Hemophilia Society, John Howard Society, Parole Office, or an AA or NA office, always ask for the nearest office in your area. The numbers listed here are the main offices or head offices for each province. Some agencies have many offices in each province, not just one. They will tell you which number you should call for the office in your area.

When you call an AIDS hotline or agency you can ask about the programs they offer to meet your needs. Some agencies have programs for people living with HIV/AIDS, or for women, or for Native Canadians, or different ethnic groups. Ask to find out more about what is offered in your area.

You can also call the Canadian AIDS Society (613) 230-3580 about AIDS agencies in your area. They are located in Ottawa.

You can also call the National AIDS Clearinghouse (613) 725-3769. They will mail information to you if you have certain questions about HIV infection. They are also located in Ottawa.

Some places will accept a collect call. All numbers which start with 1-800 are free calls in that province.

Inside this book you will also find a list of:

- ▶ Human Rights Offices (page 110)
- ▶ Legal Societies (pages 112-113)
- ▶ Legal Aid Offices (pages 114-115)

British Columbia

AIDS Hotlines

1-800-972-2437
(604) 872-6652 (in Vancouver)

AIDS Agencies **

AIDS Vancouver
(604) 687-2437

Vancouver PWA Society
(604) 893-2250

Positive Women's Network
(604) 893-2200

AIDS Vancouver Island
(604) 384-4554

Kelowna & Area AIDS Education and
Support
(604) 862-2437

Prince George AIDS Society
(604) 565-2424

B.C. Coalition of People with
Disabilities
(604) 875-0188

Healing Our Spirit B.C. First Nations
AIDS Society
(604) 879-0906

HIV-T Support & Information Service

1-800-668-2686

Canadian Hemophilia Society

(604) 873-3666

John Howard Society ** ^^

(604) 361-1551

Elizabeth Fry Society ^^

Vancouver (604) 873-5501
Central Okanagan (604) 763-4613
Kamloops & District
(604) 374-2119
South Cariboo (604) 453-9656
Prince George (604) 563-1113

Parole Offices ^^

Vancouver Island District
(604) 363-3267

Vancouver District
(604) 666-3731

Vancouver North Area
(604) 666-2236

Vancouver Central Area
(604) 666-3731

New Westminster Area
(604) 666-2302

Nanaimo (604) 754-0264

Northern - Interior District
(604) 561-5314

Fraser Valley District
(604) 854-2585

Kamloops Area (604) 374-6901

Chilliwack Area (604) 792-8646

Kelowna (604) 861-6553

Prince George (604) 561-5314

Terrace Area (604) 638-8168

Abbotsford (604) 854-2585

** Call to find out the number of an office in your area. Ask about special programs they offer.

^^ Can help you with getting a job, a place to stay, getting money, tell you where to call for HIV info.

Needle Exchanges

Chilliwack: Upper Fraser Valley
Health
(604) 795-8200
Courtenay: Upper Island Health
(604) 334-1141
Kamloops Society for Alcohol &
Drug Services
(604) 374-4634
Kelowna Club
(604) 762-3914
Mile House: Cariboo Health
(604) 398-4600
Nanaimo & Area Services for Family
(604) 754-2773
Prince George: Native Friendship
Centre
(604) 564-3568
Quesnel: Native Friendship Centre
(604) 992-8347
Vancouver: DEYAS Needle Exchange
(604) 685-6561
Vernon: North Okanagan Youth &
Family
(604) 545-3262
Victoria: Capital Regional District
(604) 384-2366

Alcoholics Anonymous **

Campbell River (604) 287-4313
Fraser Valley (604) 792-1461
Kamloops (604) 554-1920
Nanaimo (604) 753-7513
Penticton (604) 493-1474
Prince George (604) 564-7550
Salmon Arm (604) 832-6019
Vancouver (604) 434-3933
Vernon (604) 545-4933
Victoria (604) 383-7744

Narcotics Anonymous **

Vancouver (604) 873-1018
Prince George (604) 562-3545

** Call to find out the number of an office in your area. Ask about special programs they offer.

^^ Can help you with getting a job, a place to stay, getting money, tell you where to call for HIV info.

Alberta

AIDS Hotlines

1-800-772-2437
(403) 427-2830 (in Edmonton)

AIDS Agencies **

AIDS Calgary Awareness Assoc.
(403) 228-0155

Central Alberta AIDS Network
Society
(403) 346-8858

AIDS Network of Edmonton Society
(403) 488-5816

Edmonton Persons Living with HIV
Society
(403) 488-5768

Feather of Hope Aboriginal AIDS
Prevention Society
(403) 488-5773

Lethbridge AIDS Connection Society
(403) 328-8186

South Peace AIDS Council
(403) 538-3388

Foothills AIDS Awareness Assoc.
(403) 938-4911

HIV-T Support & Information Service

1-800-668-2686

John Howard Society ** ^^

(403) 423-4878

Elizabeth Fry Society ^^

Calgary (403) 294-0737
Edmonton (403) 421-1175

Parole Offices ^^

Norther Alberta - NWT
District
(403) 495-3374

Calgary Area (403) 292-5526

Edmonton (403) 495-3374

Kenora Area (807) 468-6726

Red Deer Area
(403) 343-7333

Needle Exchanges

Edmonton: Needleworks
Boyle McCauley Health
Centre
(403) 422-7333
Boyle Street Coop
(403) 424-4106
AIDS Network
(403) 424-4767

Alcoholics Anonymous **

Calgary (403) 265-8888
Edmonton (403) 424-5900
Fort McMurray
(403) 743-0099
Lethbridge (403) 327-8049

Narcotics Anonymous **

Calgary (403) 569-3427
Edmonton (403) 421-4429

** Call to find out the number of an office in your area. Ask about special programs they offer.

^^ Can help you with getting a job, a place to stay, getting money, tell you where to call for HIV info.

Saskatchewan

AIDS Hotlines

1-800-667-6876

AIDS Agencies **

AIDS Saskatoon
1-800-667-6878

PLWA Network of Saskatoon
(306) 373-7766

AIDS Regina, Inc.
(306) 924-8420

Alcoholics Anonymous **

Regina (306) 545-9340
Saskatoon (306) 665-6727
Swift Current (306) 773-7494

Narcotics Anonymous **

Regina (306) 757-6600

HIV-T Support & Information Service

1-800-668-2686

John Howard Society ** ^^

(306) 757-6657

Elizabeth Fry Society ^^

Saskatchewan (306) 934-4606

Parole Offices ^^

Saskatchewan District
(306) 780-5050

Oskana Centre (306) 780-5530

Prince Albert Area
(306) 953-8567

Saskatoon Area
(306) 975-4070

Regina Area
(306) 780-5050

Needle Exchanges

Health Department
(306) 777-6644

** Call to find out the number of an office in your area. Ask about special programs they offer.

^^ Can help you with getting a job, a place to stay, getting money, tell you where to call for HIV info.

Manitoba

AIDS Hotlines

1-800-782-2437
(204) 945-2437 (in Winnipeg)

AIDS Agencies **

Village Clinic
(204) 453-2114

Body Positive Coalition of Manitoba
(204) 452-7704

AIDS Shelter Coalition of Manitoba
(204) 947-2342

Brandon AIDS Support Inc.
(204) 726-4020

Needle Exchanges

Winnipeg Needle Exchange
Program (204) 586-1463

Alcoholics Anonymous **

Winnipeg (204) 942-0126
St. James (204) 888-5498

Narcotics Anonymous **

Winnipeg (204) 981-1730

HIV-T Support & Information Service

1-800-668-2686

Canadian Hemophilia Society

(204) 775-8625

John Howard Society ** ^^

(204) 775-1514

Elizabeth Fry Society ^^

Manitoba (204) 589-7335

Parole Offices ^^

Manitoba - NW Ontario
(204) 983-4306

Osborne Centre (204) 983-2315

Brandon Area (204) 726-7597

Thompson Area (204) 778-8010

** Call to find out the number of an office in your area. Ask about special programs they offer.

^^ Can help you with getting a job, a place to stay, getting money, tell you where to call for HIV info.

Ontario

AIDS Hotlines

1-800-668-2437
(English & other languages)
1-800-267-7432 (French & English)
(416) 392-2437
(in Toronto, English & other
languages)

AIDS Agencies **

AIDS Committee of Thunder Bay
(807) 345-1516

AIDS Committee of Sudbury/Comité
du sida de Sudbury
(705) 688-0505

AIDS Committee of North Bay and
Area
(705) 497-3560

AIDS Committee of Ottawa/Comité
du sida d'Ottawa
(613) 238-5014

AIDS Committee of Windsor
(519) 256-2437

AIDS Committee of London
(519) 434-8160

AIDS Committee of Cambridge,
Kitchener/Waterloo and Area
(519) 748-5556

AIDS Committee of Guelph and
Wellington County
(519) 763-2255

AIDS Niagara
(416) 984-8684

Hamilton AIDS Network
(416) 528-0537

AIDS Committee of Toronto
(416) 340-8844

Toronto PWA Foundation
(416) 506-1400

Voices of Positive Women
(416) 324-8703

2-Spirited People of the 1st Nations
Native AIDS Awareness Project
(416) 944-9300

Black Coalition for AIDS Prevention
(BLACKCAP)
(416) 926-0122

PASAN (Prisoners with AIDS/HIV
Support Action Network)
(416) 920-9567
you can call collect

1-800-263-9534

AIDS Committee of Durham Region
(416) 723-8201

Kingston AIDS Project
(613) 545-3698 (call collect)
(613) 545-1414 (info line)

Peterborough AIDS Resource
Network (PARN)
(705) 749-9110

AIDS Committee of Simcoe County
(705) 722-6778

HIV-T Support & Information Service

1-800-668-2686

Hemophilia Society Ontario

Toronto (416) 972-0641,
(416) 924-3346
Vanier (613) 744-5800
London (519) 432-2365
Sudbury (705) 674-9717

** Call to find out the number of an office in your area. Ask about special programs they offer.

^^ Can help you with getting a job, a place to stay, getting money, tell you where to call for HIV info.

John Howard Society ** ^^
(416) 604-8412

Toronto West Area
(416) 239-6511, (416) 973-9299

Elizabeth Fry Society ^^
Toronto (416) 924-3708
Brampton/Peel (416) 459-1315
Hamilton (416) 527-3097
Kingston (613) 544-1744
Barrie (705) 725-0613
Peterborough (705) 749-6809
Ottawa (416) 238-1171
Sudbury (705) 673-1364
Simcoe County (705) 725-0613

Keele (Toronto) CCC
(416) 762-8171

Peel Area (416) 277-6464

Hamilton Area (416) 572-2695

Western Ontario
(519) 645-5314

London Area
(519) 645-4253

Parole Offices^^

Thunder Bay Area
(807) 623-3381

Guelph Area
(519) 821-2250

Eastern Ontario District
(613) 545-8734

Windsor Area
(519) 252-4425

Portsmouth (613) 545-8362

Brantford Area
(519) 756-7820

Peterborough Area
(705) 742-8889

St. Catherines Area
(416) 684-4386

Timmins Area (705) 264-9535

Sudbury Area (705) 671-0600

Needle Exchanges

Sault Saint Marie Area
(705) 942-3121

Toronto:
Addiction Research Foundation
(416) 595-6128
Alexandra Park (416) 360-6131
Anishnawbe Health Toronto
(416) 360-0486
Hassle Free Clinic
(416) 922-0603
Open Door Centre
(416) 366-7124
Parkdale Community Health Centre
(416) 537-2455
Shout Clinic
(416) 927-8553
Street Outreach Services
(416) 926-0744
The Works (mobile van)
(416) 392-0520
Youthlink - InnerCity
(416) 922-3335

Ottawa Area (613) 996-7011

Central Ontario District
(416) 604-4390

Barrie Area (705) 722-4190

Kingston (613) 545-8800

York/Durham Area
(416) 579-9279

Toronto East Area
(416) 973-4586

Toronto Downtown Area
(416) 973-3461

** Call to find out the number of an office in your area. Ask about special programs they offer.

^^ Can help you with getting a job, a place to stay, getting money, tell you where to call for HIV info.

Hamilton:
Hamilton Health Unit
(416) 546-3500
Hamilton AIDS Network
(416) 524-4659

Toronto (Spanish) (416) 667-0238
Windsor (519) 326-3234
Woodstock (519) 537-2894

Narcotics Anonymous

Guelph: Clean Streets Stonehenge
(519) 837-1470

Kingston: Keep Six!
(613) 545-3698

London: Counterpoint Needle
Exchange
(519) 434-1601

Ottawa: SITE Clinic
(613) 232-3232

St. Catharines: Niagara Health Unit
(416) 688-3762

Sudbury: The Point
(705) 673-4287

Thunder Bay: AIDS Committee
(807) 345-1516

Windsor: AIDS Committee
(519) 973-0222

Brantford/Simcoe (519) 759-2558
Guelph/Kitchener/Waterloo/
Cambridge (519) 651-1121
Hamilton/Burlington
(416) 522-0332
Kingston (613) 544-7995
London/St. Thomas/Woodstock/
Chatham (519) 661-0119
Niagara/St. Catharines/Welland/
Fort Erie (416) 685-0075
North Shore Area/Elliott Lake
(705) 848-1502
North Bay/Sturgeon Falls
(705) 497-2304
Ottawa/Cornwall (613) 236-4674
Sarnia (519) 332-0981
Sault Ste. Marie (705) 254-6888
Sudbury (705) 674-9221
Toronto/Barrie/Orillia/Collingwood
(416) 691-9519
Thunder Bay Area (807) 343-9100
Timmins (705) 268-6696
Whitby/Oshawa/Lindsay/
Peterborough (416) 433-7944
Windsor/Leamington/Kingsville
(519) 977-8063

Alcoholics Anonymous

Barrie (705) 728-6581
Cornwall (613) 938-1984
Elliot Lake (705) 461-3150
Hamilton (416) 522-8392
Kitchener (519) 742-6183
London (519) 438-9006
Midland (705) 526-2324
Oshawa (416) 728-1020
Ottawa (613) 523-9977
Penetang (705) 549-4045
Peterborough (709) 745-6111
Sault Ste. Marie (705) 254-1312
St. Catharines (416) 935-9833
St. Thomas (519) 633-0430
Sudbury (705) 671-6356
Thunder Bay (807) 344-1712
Timmins (705) 264-9964
Toronto (416) 487-5591

Drug & Alcohol Treatment

Addiction Research Foundation
(416) 595-6053
you can ask for the telephone
numbers of other treatment centres
in Ontario

** Call to find out the number of an office in your area. Ask about special programs they offer.

^^ Can help you with getting a job, a place to stay, getting money, tell you where to call for HIV info.

Québec

AIDS Hotlines

1-800-463-5656
(418) 643-9395

Société canadienne de l'hémophilie -
Section **Québec**
(514) 848-0666

AIDS Agencies **

Coalition des organismes
communautaires québécois de lutte
contre le sida (COCQ-SIDA)
(514) 844-2477
Call for telephone numbers of other
groups in your area.

John Howard Society ** ^^
514) 933-2627

Elizabeth Fry Society ^^
(514) 528-9888

Coalition sida des sourds du Québec
1-800-363-6600

Parole Offices ^^
East & West Québec District
(514) 432-3737

GAP-SIDA Inc.
(514) 722-5655

CCC Laferrière
(514) 436-2504

Comité sida aide Montréal (C-SAM)
(514) 282-9991

CCC Benoit XV
(418) 648-5180

Comité des personnes atteintes du
VIH (CPAVIH)
(514) 282-6673

Rimouski Area
(418) 722-3288

AIDS Community Care
Montréal/SIDA bénévoles Montréal
(514) 939-0075

Chicoutimi Area
(418) 543-1234

Mouvement d'information et
d'entraide dans la lutte contre le
sida à Québec (MIELS Québec)
(418) 649-0788 (Québec)
(418) 693-8983 (Chicoutimi)

Québec Area
(418) 648-3838

Centre d'action sida Montréal
(Femmes)/Centre for AIDS Services
of Montréal (Women)
(514) 954-0170

Trois-Rivières Area
(819) 375-4777

HIV-T Support & Information Service
1-800-668-2686

Laval Area
(514) 661-8610

Rouyn-Noranda Area
(819) 762-3541

Canadian Hemophilia Society
(514) 848-0503

Hull Area
(819) 997-2662

Des Laurentides Area
(514) 432-2141

** Call to find out the number of an office in your area. Ask about special programs they offer.

^^ Can help you with getting a job, a place to stay, getting money, tell you where to call for HIV info.

Ste-Thérèse Area
(514) 434-1401

Montréal Metro District
(514) 283-1776

Granby Area
(514) 372-5861

CCC Sherbrooke
(514) 283-1789

CCC Martineau
(514) 387-3716

CCC Ogilvy
(514) 283-7870

Longueuil Area
(514) 928-4311

Ville-Marie Area
(514) 283-1210

Lafontaine Area
(514) 283-1424

Langelier Area
(514) 493-0995

Needle Exchanges

Montréal:

Cactus (514) 954-8869
L'anonyme (514) 953-2040
Spectre (514) 525-1670
CLIP (514) 937-9251
PIC-ATOOTS (514) 252-3974
Itinérants (514) 281-4010

Greenfield Park
(514) 466-5663

Chicoutimi
(418) 549-2195

Rouyon-Noranda
(819) 764-3264

Victoriaville:
exchanges at drugstores
(514) 252-3970

exchanges at hospitals, clinics and
CLSC
(819) 758-2662

Alcoholics Anonymous

Laval (514) 682-2479
Longueuil (514) 670-9480
Montréal (514) 376-9230
Region Sud-Ouest du Québec
(514) 374-3688
Québec (418) 529-0015

Narcotics Anonymous **

Montréal (514) 525-0333
Québec (418) 649-0715

** Call to find out the number of an office in your area. Ask about special programs they offer.

^^ Can help you with getting a job, a place to stay, getting money, tell you where to call for HIV info.

New Brunswick

AIDS Hotlines

1-800-561-4009
(506) 459-7518
(506) 453-2536

AIDS Agencies **

SIDA Nouveau-Brunswick/AIDS New
Brunswick
(506) 450-2782 or 1-800-561-4009

AIDS Saint John
(506) 652-2437

SIDA-AIDS Moncton
(506) 859-9616

HIV-T Support & Information Service

1-800-668-2686

Hemophilia Society New Brunswick

(506) 855-7731

John Howard Society ** ^^

(506) 457-9810

Elizabeth Fry Society ^^

New Brunswick
(506) 855-7781
St. John (506) 635-8851

Parole Offices ^^

New Brunswick/P.E.I. District
(506) 857-6350

Parrrtown CCC
(506) 636-4764

Saint John Area
(506) 636-4796

Fredericton Area
(506) 452-3275

Moncton Area
(506) 857-6350

Renous Area
(506) 622-8393

Bathurst Area
(506) 548-7751

Grand Falls Area
(506) 473-6860

Needle Exchanges

none, ask an AIDS agency if a
new one has opened

Alcoholics Anonymous **

Moncton (506) 382-5087
St. John (506) 693-9080

Narcotics Anonymous

none

** Call to find out the number of an office in your area. Ask about special programs they offer.

^^ Can help you with getting a job, a place to stay, getting money, tell you where to call for HIV info.

Nova Scotia

AIDS Hotline

(902) 425-2437 call collect

AIDS Agencies **

AIDS Nova Scotia
(902) 425-2437

Nova Scotia PWA Coalition
(902) 429-7922

AIDS Coalition of Cape Breton
(902) 567-1766

Atlantic First Nations AIDS Task
Force
(902) 539-4107

Needle Exchange

Halifax: Main Line Needle
Exchange (902) 423-9991

Alcoholics Anonymous

Canning (902) 582-7007
Dartmouth (902) 461-1119

Narcotics Anonymous **

Halifax (902) 454-2913

HIV-T Support & Information Service

1-800-668-2686

John Howard Society ** ^^

(902) 423-7915

Elizabeth Fry Society ** ^^

Halifax (902) 454-5041
Cape Breton (902) 539-6165

Parole Offices ^^

Nova Scotia District
(902) 426-3408

Carlton Centre
(902) 426-2601

Halifax Area
(902) 426-3408

Truro Area
(902) 895-3881

Kentville Area
(902) 678-1684

Sydney Area
(902) 564-7300

** Call to find out the number of an office in your area. Ask about special programs they offer.

^^ Can help you with getting a job, a place to stay, getting money, tell you where to call for HIV info.

Newfoundland & Labrador

AIDS Hotlines

1-800-563-1575

Narcotics Anonymous

Drug Dependency Program
(709) 729-0623

AIDS Agency **

Newfoundland & Labrador AIDS
Committee
(709) 579-8656

HIV-T Support & Information Service

1-800-668-2686

John Howard Society ** ^^

(709) 722-1848

Elizabeth Fry Society

none, contact an AIDS agency or
parole office

Parole Offices ^^

Newfoundland District & Area
(709) 772-5359

Corner Brook Area
(709) 637-4288

Grand Falls Area
(709) 489-5124

Needle Exchange

none, ask an AIDS agency if a new
one has opened

Alcoholics Anonymous

Gander (709) 651-2001
Grand Falls (709) 489-5443
St. John's (709) 579-5215
Corner Brook (709) 639-1682
Labrador (709) 944-6200

** Call to find out the number of an office in your area. Ask about special programs they offer.

^^ Can help you with getting a job, a place to stay, getting money, tell you where to call for HIV info.

Prince Edward Island

AIDS Hotline
1-800-566-2437

AIDS Agency **
AIDS P.E.I.
(902) 566-2437

HIV-T Support & Information Service
1-800-668-2686

John Howard Society ** ^^
(902) 566-5425

Elizabeth Fry Society
none, contact an AIDS agency or
parole office

Parole Office ^^
Charlottetown Area
(902) 566-7177

Needle Exchange
none, ask an AIDS agency if a new
one has opened

Alcoholics Anonymous
Souris/Montague (902) 838-3625
Charlottetown (902) 892-2103

Narcotics Anonymous
none

** Call to find out the number of an office in your area. Ask about special programs they offer.

^^ Can help you with getting a job, a place to stay, getting money, tell you where to call for HIV info.

Yukon & North West Territories

AIDS Hotlines

Yukon:

1-800-661-0507
(403) 668-9444 (in Whitehorse)

N.W.T.:

1-800-661-0795
(403) 873-7017

AIDS Agency **

Yukon AIDS Program
(403) 668-4465

AIDS Yukon Alliance
(403) 633-2437

HIV-T Support & Information Service

1-800-668-2686

John Howard Society

none, contact an AIDS agency or parole office

Elizabeth Fry Society

none, contact an AIDS agency or parole office

Parole Office ^^

N.W.T. Area
(403) 920-6610

Needle Exchange

Yukon AIDS Program (403) 668-4465
at Skookum Jim Friendship Centre

Alcoholics Anonymous **

Whitehorse (403) 668-5878

Narcotics Anonymous **

Whitehorse (403) 633-8474

** Call to find out the number of an office in your area. Ask about special programs they offer.

^^ Can help you with getting a job, a place to stay, getting money, tell you where to call for HIV info.

11

KEEPING TRACK OF YOUR HEALTH

The next pages are for you to use. You can write down important information which you will need to know or remember.

These pages will help you keep track of your health. Good luck in becoming active in your health care!



Legal Information

My full name is: _____

Birth date is: _____

Social Insurance Number (S.I.N.): _____

Drivers License Number: _____

Passport Number: _____

My address is: _____

My telephone number is: _____

My will is located at: _____

My Lawyer is: _____

Address and telephone: _____

My Executor is: _____

Address and telephone: _____

My Power of Attorney is: _____

Address and telephone: _____

My Doctor is: _____

Address and telephone: _____

My Closest Relative is: _____

Address and telephone: _____

Name _____:
Address and telephone: _____

Name _____:
Address and telephone: _____

Name _____:
Address and telephone: _____

Name _____:
Address and telephone: _____

Name _____:
Address and telephone: _____

Name _____:
Address and telephone: _____

Name _____:
Address and telephone: _____

Name _____:
Address and telephone: _____

**Tracking Treatments:
Medication, Vitamins & Alternative Therapies**

Name of Treatment	Date Started	Date Stopped	Dosage (amount)	Side effects

Personal Health Record

Date	Who You Saw	Your Weight	T4 Cell Count	Medications	Vitamins	Side-Effects

Tests & Results

Questions To Ask

Answers

Instructions From Doctor

Personal Health Record

Date	Who You Saw	Your Weight	T4 Cell Count	Medications	Vitamins	Side-Effects

Tests & Results

Questions To Ask

Answers

Instructions From Doctor

Personal Health Record

Date	Who You Saw	Your Weight	T4 Cell Count	Medications	Vitamins	Side-Effects

Tests & Results

Questions To Ask

Answers

Instructions From Doctor

Personal Health Record

Date	Who You Saw	Your Weight	T4 Cell Count	Medications	Vitamins	Side-Effects

Tests & Results

Questions To Ask

Answers

Instructions From Doctor

